

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
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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; ☐ 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	1b Three-digit plan number (PN) ▶	003
UHHS 401(K) MATCHED RETIREMENT SAVINGS PLAN		1c Effective date of plan
		01/01/1999
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)	2b Employer Identification Number (EIN)	2c Sponsor's telephone number
UHHS	34-0714775	216-844-1000
11100 EUCLID AVE CLEVELAND, OH 44106-6035	11100 EUCLID AVE CLEVELAND, OH 44106-6035	2d Business code (see instructions)
		524140

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.	10/14/2010	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") UHHS 11100 EUCLID AVE CLEVELAND, OH 44106-6035	3b Administrator's EIN 34-0714775 3c Administrator's telephone number 216-844-1000
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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	2461
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	1420
b Retired or separated participants receiving benefits.....	6b	19
c Other retired or separated participants entitled to future benefits.....	6c	872
d Subtotal. Add lines 6a , 6b , and 6c	6d	2311
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	2
f Total. Add lines 6d and 6e	6f	2313
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	2313
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	2
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:
 2E 2F 2G 2J 2R 2T 3D

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
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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 UHHS 401(K) MATCHED RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 UHHS	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 INVESTMENTS INSTITUTIONAL
04-2647786

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
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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 37 65 71 60	RECORDKEEPER	21308	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.	
ABF SM CAP VAL INV - STATE STREET B 04-1867445	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.	
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.	
BARON ASSET FUND - DST SYSTEMS, INC 43-1581814	0.40%	

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.	
GS MIDCAP VALUE INST - GOLDMAN, SAC 13-5108880	0.10%	
(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.	
JANUS OVERSEAS T - JANUS SERVICES L 43-1804048	0.33%	
(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.	
LOOMIS BOND INST - BOSTON FINANCIAL 04-2526037	0.20%	

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.	
MSIF INTL REAL EST I - MORGAN STANL 13-3799749	0.10%	
(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.	
MSIF SM CO GRTH P - MORGAN STANLEY 13-3799749	0.35%	

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.
NB PARTNERS TRUST - STATE STREET BA ONE LINCOLN STREET BOSTON, MA 02111		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%
(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.
PIONEER GLB HI YLD A - PIONEER INVE 04-2890696		0.60%

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
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 WORLD A - FRANKLIN TEMPLE 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
FIDELITY INVESTMENTS INSTITUT	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.	
MANAGERS PIMCO BOND FUND 800 CONNECTICUT AVE NORWALK, CT 06854	16.00	

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 INSTITUT	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.
MERK HARD CURRENCY FUND INVESTOR CL	THREE CANAL PLAZA SUITE 600 PORTLAND, ME 04100	0.40%
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	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 TOTAL RETURN CLASS D	1345 AVENUE OF THE AMERICAS NEW YORK, NY 10105	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 INSTITUT	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.
SOUND SHORE FD INC	8 SOUND SHORE DRIVE, SUITE 180 GREENWICH, CT 06830	0.40%

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 INSTITUT	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.
T ROWE PRICE GROWTH STOCK 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.02%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	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.
T ROWE PRICE HEALTH SCIENCES 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	0.02%

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUT	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.
THORNBURG INTL VALUE CL A 2300 NORTH RIDGETOP RD SANTA FE, NM 87506	0.25% + 12.00

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:

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 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 UHHS 401(K) MATCHED RETIREMENT SAVINGS PLAN				B Three-digit plan number (PN) ▶ 003	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 UHHS				D Employer Identification Number (EIN) 34-0714775	
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)					
a Name of MTIA, CCT, PSA, or 103-12 IE: FID MGD INC PORT					
b Name of sponsor of entity listed in (a): FIDELITY MANAGEMENT TRUST COMPANY					
c EIN-PN 04-3022712-024		d Entity code C		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6571630	
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)	
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)	
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)	
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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	

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
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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
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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
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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
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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 <u>01/01/2009</u> and ending <u>12/31/2009</u>		
A Name of plan <u>UHHS 401(K) MATCHED RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UHHS</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)	12215	13803
	(2) Participant contributions	1b(2)	406136	129217
	(3) Other	1b(3)		
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1013098	965884
	(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)		
	(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)	538032	498800
	(9) Value of interest in common/collective trusts	1c(9)	7770434	6571630
	(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)	42698780	59547004
	(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	52438695	67726338

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	165340	0
k Total liabilities (add all amounts in lines 1g through 1j)	1k	165340	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	52273355	67726338
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	337862	
(B) Participants	2a(1)(B)	4271597	
(C) Others (including rollovers)	2a(1)(C)	441306	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5050765
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	643	
(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)	39424	
(F) Other	2b(1)(F)	431865	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		471932
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1149861	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1149861
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		12572965
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		19245523

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3757675	
(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)		3757675
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)	34865	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		34865
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3792540

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		15452983
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 <u>UHHS 401(K) MATCHED RETIREMENT SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UHHS</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>04-6568107</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	

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	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
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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(es). 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 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 HEALTH SYSTEM
401(k) RETIREMENT SAVINGS PLAN**

Financial Statements and Supplemental Schedule

December 31, 2009 and 2008

(With Independent Auditors' Report Thereon)

**UNIVERSITY HOSPITALS HEALTH SYSTEM
401(k) RETIREMENT SAVINGS PLAN**

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1 Schedule H, Line 4i – Schedule of Assets Held (At End of Year), December 31, 2009	11
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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
One Cleveland Center
Suite 2600
1375 East Ninth Street
Cleveland, OH 44114-1796

Independent Auditors' Report

Plan Administrator
University Hospitals Health System
401(k) Retirement Savings Plan:

We were engaged to audit the financial statements and supplemental schedule of the University Hospitals Health System 401(k) Retirement Savings 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

October 14, 2010

UNIVERSITY HOSPITALS HEALTH SYSTEM
401(k) RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31, 2009 and 2008

	<u>2009</u>	<u>2008</u>
Investments:		
Cash and cash equivalents	\$ 965,884	1,013,098
Mutual funds	59,547,004	42,698,780
Common/collective trusts	6,571,630	7,770,434
Total investments	<u>67,084,518</u>	<u>51,482,312</u>
Receivables:		
Participant loans	498,800	538,032
Participant contributions	129,217	406,136
Employer contributions	13,803	12,215
Total receivables	<u>641,820</u>	<u>956,383</u>
Excess contributions payable	<u>—</u>	<u>165,340</u>
Net assets available for benefits before adjustment	67,726,338	52,273,355
Adjustment from fair value to contract value for interest in collective trust relating to fully benefit-responsive investment contracts	<u>122,200</u>	<u>419,153</u>
Net assets available for benefits	<u><u>\$ 67,848,538</u></u>	<u><u>52,692,508</u></u>

See accompanying notes to financial statements.

**UNIVERSITY HOSPITALS HEALTH SYSTEM
401(k) RETIREMENT SAVINGS 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	\$ 1,324,840	2,504,790
Net appreciation (depreciation) in fair value of investments	<u>12,572,965</u>	<u>(27,649,062)</u>
Total investment income (loss)	<u>13,897,805</u>	<u>(25,144,272)</u>
Contributions:		
Participants	4,271,597	3,897,243
Employer	337,862	318,906
Participant rollovers	<u>441,306</u>	<u>2,680,257</u>
Total contributions	<u>5,050,765</u>	<u>6,896,406</u>
Total investment income (loss) and contributions	<u>18,948,570</u>	<u>(18,247,866)</u>
Deductions from net assets attributed to:		
Benefit payments	3,757,675	4,017,172
Administrative expenses	<u>34,865</u>	<u>24,778</u>
Total deductions	<u>3,792,540</u>	<u>4,041,950</u>
Net increase (decrease) in net assets available for benefits	15,156,030	(22,289,816)
Net assets available for benefits at beginning of year	<u>52,692,508</u>	<u>74,982,324</u>
Net assets available for benefits at end of year	<u><u>\$ 67,848,538</u></u>	<u><u>52,692,508</u></u>

See accompanying notes to financial statements.

UNIVERSITY HOSPITALS HEALTH SYSTEM
401(k) RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2009 and 2008

(1) Description of Plan

The following brief description of the University Hospitals Health System 401(k) Retirement Savings 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 became effective June 1, 1999 and is a matched defined contribution plan sponsored by University Hospitals Health System, Inc. (UHHS) (the Company or Plan Sponsor), covering substantially all employees of University Compcare, University Primary Care Practices, Inc., and University Hospitals Management Services Organization, Inc. There are no service or age requirements of employees to participate in the Plan. Participation in the Plan for newly enrolled employees begins the first day of each month. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

On December 26, 2007 and December 31, 2007, the board of directors of UHHS, as permitted by the plan document, adopted and approved an amendment and instrument of merger, respectively, to the Plan to transfer the University Hospitals Faculty Services 401(k) Plan (UHFS Plan) and the University Hospitals Faculty Services Coordinated 401(k) Plan (Coordinated Plan) (together the 2007 Merged Plans) into the UHHS 401(k) Retirement Savings Plan effective December 31, 2007.

(b) Employee Contributions

Each year participants may defer and contribute up to 50% of pretax annual compensation as defined in the Plan, up to the maximum allowed under the Internal Revenue Code.

(c) Employer Contributions

The Plan Sponsor matches 50% of an eligible participant's contribution to the Plan, up to 6% of the participant's compensation (after completion of one-year service and attaining age 18). University Primary Care Practices, Inc. participants are not eligible for employer contributions.

(d) Participant Rollovers

The Plan permits rollover contributions, which represent distributions from another qualified retirement plan or a plan established under Internal Revenue Code section 457(b) of a former employer.

UNIVERSITY HOSPITALS HEALTH SYSTEM
401(k) RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2009 and 2008

(e) Participant Accounts

Each participant's account is credited with the employee's contributions, and investment earnings, appreciation, or depreciation in the fair value of assets. The investment balances are participant directed. Participants may change their investment options at any time, as well as their deferral percentage. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

(f) Vesting

Participants are immediately 100% vested in their voluntary contributions plus actual earnings thereon. Vesting in the Company'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).

(g) Payment of Benefits

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

(h) Forfeitures

The forfeited balances of terminated participants' nonvested accounts are used to reduce future company matching contributions. Forfeitures were \$12,620 and \$11,665 for the plan years ended December 31, 2009 and 2008, respectively.

(i) Participant Loans

Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum amount equal to the lesser of \$50,000 or 50% of their vested account balance. The loans are secured by the balance in the participant's account and bear interest at rates that range from 4.25% to 9.00%, which are commensurate with local prevailing rates as determined by the plan administrator. The loans have maturities of various dates through 2027. Principal and interest are paid ratably through payroll deductions. Participant loans are valued at amortized cost, which represents the unpaid principal.

(j) Expenses

Certain administrative expenses are paid by the Plan and other 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.

UNIVERSITY HOSPITALS HEALTH SYSTEM
401(k) RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2009 and 2008

Investment contracts held by a defined contribution plan are required to be reported at fair value. 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 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 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 are prepared on a contract value 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.

(c) *Investment Valuation and Income Recognition*

Investments of the Plan are valued 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. Common/collective trusts are valued at fair value and are adjusted to contract value.

Net appreciation (depreciation) includes the Plan's gains and losses in investments bought and sold as well as held during the year. 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.

(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.

UNIVERSITY HOSPITALS HEALTH SYSTEM
401(k) RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2009 and 2008

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 available for benefits are separately identified (*). Common/collective trusts are presented at contract value (**).

	<u>2009</u>		<u>2008</u>	
Investments at fair value:				
Cash and cash equivalents	\$ 965,884		1,013,098	
Mutual funds:				
Fidelity Contrafund	5,729,313	*	4,563,163	*
Fidelity Freedom 2010	3,863,293	*	3,154,315	*
Fidelity Freedom 2020	6,834,751	*	4,839,611	*
Fidelity Freedom 2030	5,712,419	*	3,802,445	*
Fidelity Magellan	4,892,102	*	3,669,989	*
Other mutual funds	32,515,126		22,669,257	
Common/collective trusts:				
Fidelity Managed Income Portfolio Fund	6,693,830	* **	8,189,587	* **
Total investments	<u>\$ 67,206,718</u>		<u>51,901,465</u>	

During the years ended December 31, 2009 and 2008, the 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	\$ 643	1,776
Mutual funds	1,149,861	2,171,824
Common/collective trusts	134,912	284,538
	1,285,416	2,458,138
Participant loan interest income	39,424	46,652
Total interest and dividend income	1,324,840	2,504,790
Net appreciation (depreciation) in investments at fair value as determined by quoted market price for mutual funds	12,572,965	(27,649,062)
Total investment income (loss)	<u>\$ 13,897,805</u>	<u>(25,144,272)</u>

UNIVERSITY HOSPITALS HEALTH SYSTEM
401(k) RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2009 and 2008

(4) Fair Value Measurements

The Financial Accounting Standards Board established 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.

Level 1 instruments consist of mutual funds and cash and cash equivalents. 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. Common/collective trusts are priced daily based on a blended rate of the contracts' rate of return and the daily income earned.

December 31, 2009	Level 1	Level 2	Level 3	Total
Assets:				
Cash and cash equivalents	\$ 965,884	—	—	965,884
Mutual funds	59,547,004	—	—	59,547,004
Common/collective trusts	—	6,571,630	—	6,571,630
Total assets	<u>\$ 60,512,888</u>	<u>6,571,630</u>	<u>—</u>	<u>67,084,518</u>
December 31, 2008	Level 1	Level 2	Level 3	Total
Assets:				
Cash and cash equivalents	\$ 1,013,098	—	—	1,013,098
Mutual funds	42,698,780	—	—	42,698,780
Common/collective trusts	—	7,770,434	—	7,770,434
Total assets	<u>\$ 43,711,878</u>	<u>7,770,434</u>	<u>—</u>	<u>51,482,312</u>

UNIVERSITY HOSPITALS HEALTH SYSTEM
401(k) RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2009 and 2008

(5) Plan Terminations

Although it has not expressed any intention to do so, the Company has the right under the Plan to terminate the Plan, subject to the provisions of ERISA. Participants will become 100% vested in their accounts if the Plan is terminated.

(6) Tax Status

The Company adopted a prototype nonstandardized profit sharing plan with a cash or deferral arrangement that received a favorable opinion letter from the Internal Revenue Service (IRS) dated October 9, 2003, which stated that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended and restated since receiving the letter and 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 Company also believes that the Plan 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, 2009 and 2008.

(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.

(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.

UNIVERSITY HOSPITALS HEALTH SYSTEM
401(k) RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2009 and 2008

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 to Form 5500:

	<u>December 31, 2009</u>	<u>December 31, 2008</u>
Net assets available for benefits per the financial statements	\$ 67,848,538	52,692,508
Less adjustment from contract value to fair value for fully benefit responsive investment contracts	<u>122,200</u>	<u>419,153</u>
Net assets available for benefits per Form 5500	<u>\$ 67,726,338</u>	<u>52,273,355</u>

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

	<u>December 31, 2009</u>	<u>December 31, 2008</u>
Total investment gain (loss) income per the financial statements	\$ 13,897,805	(25,144,272)
Less adjustment from contract value to fair value for fully benefit responsive investment contracts	<u>(296,953)</u>	<u>343,172</u>
Total investment gain income (loss) per Form 5500	<u>\$ 14,194,758</u>	<u>(25,487,444)</u>

(11) Subsequent Events

The System intends to transfer the assets and liabilities of the University Hospitals Holdings, Inc. 401(k) Plan into the Plan.

The System evaluated all activity of the Plan through October 14, 2010. There were no reportable events.

**UNIVERSITY HOSPITALS HEALTH SYSTEM
401(k) RETIREMENT SAVINGS PLAN**

EIN: 34-0714775

Plan number: 002

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	Cash and cash equivalents:		
	Management	Brokeragelink	804,895.150 shares \$	804,895
	Trust Company	Fidelity Retire Govt Money Market	110,880.120 shares	110,880
		Fidelity Retire Money Market Fund	50,109.310 shares	50,109
		Total cash and cash equivalents		965,884
		Mutual funds:		
		ABF Small Cap Value Inv	781.708 shares	12,116
		Ariel Appreciation	2,272.269 shares	80,552
		Baron Asset Fund	3,987.870 shares	184,279
		Brokeragelink	N/A	589,855
		Fid Fidelity	1,106.388 shares	31,355
		Fidelity Asset Manager 20%	8,282.218 shares	99,221
		Fidelity Exp & Multinational	6,428.257 shares	126,122
		Fidelity Focused High Income	2,878.572 shares	26,397
		Fidelity Freedom 2020	544,601.686 shares	6,834,751
		Fidelity Leveraged Co Stock	12,067.103 shares	276,578
		Fidelity 130/30 Large Cap	83.942 shares	554
		Fidelity Asset Manager 30%	78.975 shares	723
		Fidelity Asset Manager 50%	28,989.325 shares	401,502
		Fidelity Asset Manager 60%	454.014 shares	3,923
		Fidelity Asset Manager 70%	40,960.745 shares	586,967
		Fidelity Asset Manager 85%	3,882.084 shares	45,226
		Fidelity Balanced	38,792.112 shares	634,639
		Fidelity Blue Chip Growth	38,581.261 shares	1,464,159
		Fidelity Blue Chip Value	6,723.873 shares	66,970
		Fidelity Canada	8,488.674 shares	411,531
		Fidelity Cap Appreciation	3,607.016 shares	77,298
		Fidelity Capital & Income	11,758.796 shares	101,361
		Fidelity China Region	4,297.674 shares	119,862
		Fidelity Contrafund	98,306.671 shares	5,729,313
		Fidelity Convertible Sec	438.706 shares	9,564
		Fidelity Disciplined Equity	10,021.515 shares	210,552
		Fidelity Diversified Intl	21,709.312 shares	607,861
		Fidelity Dividend Growth	9,494.623 shares	224,738
		Fidelity Dynamic Strat	415.771 shares	3,517
		Fidelity EMEA	374.247 shares	2,852
		Fidelity Emerging Markets	7,202.711 shares	162,853
		Fidelity Equity Income	10,209.399 shares	399,596
		Fidelity Equity Income II	6,484.291 shares	105,888
		Fidelity Europe	3,320.832 shares	97,865
		Fidelity Europe Cap Appreciation	1,722.866 shares	30,564
		Fidelity Fifty	2,043.116 shares	30,728
		Fidelity Float Rt Hi Income	2,760.439 shares	25,976
		Fidelity Focused Stock	317.899 shares	3,497
		Fidelity Four in One Index	10,201.213 shares	247,481
		Fidelity Freedom 2000	29,493.134 shares	334,747
		Fidelity Freedom 2005	15,568.156 shares	156,149
		Fidelity Freedom 2010	308,816.414 shares	3,863,293
		Fidelity Freedom 2015	162,068.543 shares	1,688,754
		Fidelity Freedom 2025	203,481.554 shares	2,114,173
		Fidelity Freedom 2030	461,050.790 shares	5,712,419
		Fidelity Freedom 2035	102,725.066 shares	1,053,959

**UNIVERSITY HOSPITALS HEALTH SYSTEM
401(k) RETIREMENT SAVINGS PLAN**

EIN: 34-0714775

Plan number: 002

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 Freedom 2040	272,880.414 shares \$	1,953,824
		Fidelity Freedom 2045	1,307.835 shares	11,077
		Fidelity Freedom 2050	7,099.086 shares	59,277
		Fidelity Freedom Income	28,830.619 shares	309,641
		Fidelity Global Balanced	526.103 shares	10,580
		Fidelity Global Comdty Stock	0.352 shares	5
		Fidelity GNMA	11,092.113 shares	125,895
		Fidelity Government Income	21,471.240 shares	223,086
		Fidelity Gr Strategies	2,584.247 shares	42,046
		Fidelity Growth & Income	168,839.573 shares	2,711,564
		Fidelity Growth Company	9,234.202 shares	636,975
		Fidelity Growth Discovery	8,175.728 shares	90,751
		Fidelity High Income	6,677.925 shares	56,490
		Fidelity Independence	3,929.516 shares	78,276
		Fidelity Inflat Prot Bond	2,688.452 shares	30,138
		Fidelity Intermediate Bond	21,420.937 shares	217,423
		Fidelity Intermediate Govt Income	9,887.036 shares	105,594
		Fidelity International Growth	156.843 shares	1,173
		Fidelity International Value	2,031.576 shares	16,212
		Fidelity Intl Cap Appreciation	1,210.847 shares	13,731
		Fidelity Intl Discovery	5,818.659 shares	176,596
		Fidelity Intl Real Estate	5,565.253 shares	48,974
		Fidelity Intl Small Cap	16,590.966 shares	291,171
		Fidelity Intl Small Cap Opp	1,586.790 shares	13,615
		Fidelity Invst Grade Bond	63,843.237 shares	449,456
		Fidelity Japan	3,241.293 shares	32,802
		Fidelity Japan Small Co	1,275.267 shares	10,610
		Fidelity Large Cap Growth	524.513 shares	4,264
		Fidelity Large Cap Stock	5,710.555 shares	85,601
		Fidelity Large Cap Value	6,681.363 shares	65,076
		Fidelity Latin America	1,212.814 shares	62,884
		Fidelity Low Priced Stock	22,118.068 shares	706,451
		Fidelity Magellan	76,058.805 shares	4,892,102
		Fidelity Mega Cap Stock	17,617.816 shares	155,037
		Fidelity Mid Cap Enh Index	2,157.501 shares	17,864
		Fidelity Mid Cap Growth	2,565.441 shares	25,500
		Fidelity Mid Cap Stock	18,678.041 shares	437,440
		Fidelity Mid Cap Value	6,040.308 shares	77,135
		Fidelity Mortgage Sec	114.961 shares	1,204
		Fidelity NASDAQ Comp Index	2,889.130 shares	86,876
		Fidelity New Markets Inc	5,600.444 shares	84,175
		Fidelity New Millennium	3,624.602 shares	89,274
		Fidelity Nordic	167.944 shares	4,598
		Fidelity OTC Portfolio	15,022.232 shares	686,816
		Fidelity Overseas	18,824.699 shares	582,248
		Fidelity Pacific Basin	1,546.308 shares	31,390
		Fidelity Puritan	27,776.508 shares	446,091
		Fidelity Real Estate Income	3,205.293 shares	29,521
		Fidelity Real Estate Invs	11,573.697 shares	233,326
		Fidelity Select Automotive	35.778 shares	1,126
		Fidelity Select Banking	56.874 shares	867
		Fidelity Select Biotech	286.267 shares	18,748
		Fidelity Select Chemicals	476.226 shares	35,841

**UNIVERSITY HOSPITALS HEALTH SYSTEM
401(k) RETIREMENT SAVINGS PLAN**

EIN: 34-0714775

Plan number: 002

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 Comm Equip	89.047 shares	\$ ** 1,849
		Fidelity Select Computers	82.568 shares	** 3,764
		Fidelity Select Cons Staples	183.665 shares	** 11,165
		Fidelity Select Constr/House	77.599 shares	** 2,257
		Fidelity Select Defense	1,307.874 shares	** 79,035
		Fidelity Select Electronics	565.837 shares	** 23,482
		Fidelity Select Energy	1,465.955 shares	** 64,722
		Fidelity Select Energy Services	1,447.954 shares	** 84,184
		Fidelity Select Environment	179.461 shares	** 2,791
		Fidelity Select Financial	290.262 shares	** 16,841
		Fidelity Select Gold	3,142.378 shares	** 134,588
		Fidelity Select Healthcare	204.141 shares	** 21,780
		Fidelity Select Home Finance	521.550 shares	** 5,727
		Fidelity Select Industrials	173.714 shares	** 3,149
		Fidelity Select Insurance	290.001 shares	** 11,472
		Fidelity Select Leisure	112.079 shares	** 7,453
		Fidelity Select Materials	294.754 shares	** 15,911
		Fidelity Select Med Eq & Sys	1,058.279 shares	** 25,896
		Fidelity Select Medical Del	319.987 shares	** 13,772
		Fidelity Select Multimedia	86.513 shares	** 2,953
		Fidelity Select Natural Gas	455.865 shares	** 14,373
		Fidelity Select Natural Res	3,280.195 shares	** 93,322
		Fidelity Select Software	502.816 shares	** 38,169
		Fidelity Select Technology	1,837.360 shares	** 138,666
		Fidelity Select Telecomm	33.323 shares	** 1,334
		Fidelity Select Transport	385.805 shares	** 15,178
		Fidelity Select Utilities	276.557 shares	** 12,368
		Fidelity Select Wireless	463.471 shares	** 3,133
		Fidelity Short Term Bond	82.386 shares	** 685
		Fidelity Small Cap Discovery	3,837.795 shares	** 59,639
		Fidelity Small Cap Enh Index	5,227.057 shares	** 42,078
		Fidelity Small Cap Growth	10,701.407 shares	** 132,911
		Fidelity Small Cap Independ	3,234.079 shares	** 45,018
		Fidelity Small Cap Stock	16,852.235 shares	** 268,625
		Fidelity Small Cap Value	6,956.272 shares	** 88,206
		Fidelity Southeast Asia	5,679.042 shares	** 144,418
		Fidelity Stock Selector	0.660 shares	** 14
		Fidelity Strat Div & Inc	246.619 shares	** 2,353
		Fidelity Strat Real Ret	1,190.139 shares	** 10,128
		Fidelity Strategic Income	5,632.716 shares	** 60,890
		Fidelity Telecom & Utilities	706.902 shares	** 9,911
		Fidelity Total Bond	6,608.913 shares	** 69,195
		Fidelity Trend	28.795 shares	** 1,620
		Fidelity US Bond Index	43,624.311 shares	** 482,485
		Fidelity Value	4,495.158 shares	** 255,954
		Fidelity Value Discovery	3,045.920 shares	** 39,201
		Fidelity Value Strategies	648.314 shares	** 14,334
		Fidelity Worldwide	2,071.968 shares	** 33,297
		Fidelity Select Brokerage	611.795 shares	** 29,030
		Fidelity Select Pharmaceuticals	2,278.835 shares	** 24,794
		GS Midcap Value Inst	240.089 shares	** 7,003
		Janus Overseas T	11,945.604 shares	** 507,688
		Loomis Bond Inst	1,988.832 shares	** 26,531

**UNIVERSITY HOSPITALS HEALTH SYSTEM
401(k) RETIREMENT SAVINGS PLAN**

EIN: 34-0714775

Plan number: 002

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
		MSIF Global Franchise P	2,973.642 shares \$ **	40,560
		MSIF Mid Cap Growth P	1,947.533 shares **	53,187
		MSIF Small Co Growth P	5,131.439 shares **	53,675
		NB Partners Trust	35,621.986 shares **	654,376
		Pac Cap Small Cap Y	309.293 shares **	3,523
		PIMCO Total Return Adm	96,348.622 shares **	1,040,565
		Pioneer Global Hi Yield A	32,782.907 shares **	315,699
		Spartan 500 Index	4,809.624 shares **	369,956
		Spartan 500 Index	32,633.136 shares **	1,286,725
		Spartan Extended Market Index	2,571.668 shares **	78,179
		Spartan Int Tr Index Inv	3,133.156 shares **	32,115
		Spartan International Index	5,516.066 shares **	184,512
		Spartan Lt Tr Index Inv	3,839.583 shares **	38,588
		Spartan St Tr Index Inv	2,372.127 shares **	24,528
		Spartan Total Market Index	7,347.847 shares **	231,972
		Templeton Dev Markets A	7,452.927 shares **	164,263
		Templeton World A	6,199.188 shares **	86,603
		Vanguard Infl Prot Sec	8,917.932 shares **	111,919
		Total mutual funds		<u>59,547,004</u>
		Common/collective trusts:		
		Fidelity Managed Income Portfolio Fund	6,693,829.940 shares **	<u>6,571,630</u>
		Total common/collective trusts		<u>6,571,630</u>
*	Participant loans	Participant loans with interest rates ranging from 4.25% to 9.00% and various maturity dates through 2027	++	<u>498,800</u>
		Total participant loans	++	<u>498,800</u>
		Total investments		<u>\$ 67,583,318</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.

++ Cost of participant loans is \$0 as indicated in the instructions to Form 5500.

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 HEALTH SYSTEM
401(k) RETIREMENT SAVINGS PLAN**

EIN: 34-0714775

Plan number: 002

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:		
		Brokeragelink	804,895.150 shares \$	804,895
		Fidelity Retire Govt Money Market	110,880.120 shares	110,880
		Fidelity Retire Money Market Fund	50,109.310 shares	50,109
		Total cash and cash equivalents		<u>965,884</u>
		Mutual funds:		
		ABF Small Cap Value Inv	781.708 shares	12,116
		Ariel Appreciation	2,272.269 shares	80,552
		Baron Asset Fund	3,987.870 shares	184,279
		Brokeragelink	N/A	589,855
		Fid Fidelity	1,106.388 shares	31,355
		Fideilty Asset Manager 20%	8,282.218 shares	99,221
		Fideilty Exp & Multinational	6,428.257 shares	126,122
		Fideilty Focused High Income	2,878.572 shares	26,397
		Fideilty Freedom 2020	544,601.686 shares	6,834,751
		Fideilty Leveraged Co Stock	12,067.103 shares	276,578
		Fidelity 130/30 Large Cap	83.942 shares	554
		Fidelity Asset Manager 30%	78.975 shares	723
		Fidelity Asset Manager 50%	28,989.325 shares	401,502
		Fidelity Asset Manager 60%	454.014 shares	3,923
		Fidelity Asset Manager 70%	40,960.745 shares	586,967
		Fidelity Asset Manager 85%	3,882.084 shares	45,226
		Fidelity Balanced	38,792.112 shares	634,639
		Fidelity Blue Chip Growth	38,581.261 shares	1,464,159
		Fidelity Blue Chip Value	6,723.873 shares	66,970
		Fidelity Canada	8,488.674 shares	411,531
		Fidelity Cap Appreciation	3,607.016 shares	77,298
		Fidelity Capital & Income	11,758.796 shares	101,361
		Fidelity China Region	4,297.674 shares	119,862
		Fidelity Contrafund	98,306.671 shares	5,729,313
		Fidelity Convertible Sec	438.706 shares	9,564
		Fidelity Disciplined Equity	10,021.515 shares	210,552
		Fidelity Diversified Intl	21,709.312 shares	607,861
		Fidelity Dividend Growth	9,494.623 shares	224,738
		Fidelity Dynamic Strat	415.771 shares	3,517
		Fidelity EMEA	374.247 shares	2,852
		Fidelity Emerging Markets	7,202.711 shares	162,853
		Fidelity Equity Income	10,209.399 shares	399,596
		Fidelity Equity Income II	6,484.291 shares	105,888
		Fidelity Europe	3,320.832 shares	97,865
		Fidelity Europe Cap Appreciation	1,722.866 shares	30,564
		Fidelity Fifty	2,043.116 shares	30,728
		Fidelity Float Rt Hi Income	2,760.439 shares	25,976
		Fidelity Focused Stock	317.899 shares	3,497
		Fidelity Four in One Index	10,201.213 shares	247,481
		Fidelity Freedom 2000	29,493.134 shares	334,747
		Fidelity Freedom 2005	15,568.156 shares	156,149
		Fidelity Freedom 2010	308,816.414 shares	3,863,293
		Fidelity Freedom 2015	162,068.543 shares	1,688,754
		Fidelity Freedom 2025	203,481.554 shares	2,114,173
		Fidelity Freedom 2030	461,050.790 shares	5,712,419
		Fidelity Freedom 2035	102,725.066 shares	1,053,959

**UNIVERSITY HOSPITALS HEALTH SYSTEM
401(k) RETIREMENT SAVINGS PLAN**

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December 31, 2009

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	Fidelity Japan	3,241.293 shares	**	32,802
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		Fidelity Select Telecomm	**	1,334
		Fidelity Select Transport	**	15,178
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		Vanguard Infl Prot Sec	8,917.932 shares **	111,919
		Total mutual funds		<u>59,547,004</u>
		Common/collective trusts:		
		Fidelity Managed Income Portfolio Fund	6,693,829.940 shares **	<u>6,571,630</u>
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*	Participant loans	Participant loans with interest rates ranging from 4.25% to 9.00% and various maturity dates through 2027	++	<u>498,800</u>
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