

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 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>UHHS 401(K) RETIREMENT SAVINGS PLAN</u>	1b Three-digit plan number (PN) ▶	<u>003</u>
		1c Effective date of plan	<u>01/01/1999</u>
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) <u>34-0714775</u>		
	2c Sponsor's telephone number <u>216-844-1000</u>		
	2d Business code (see instructions) <u>621111</u>		
<u>11100 EUCLID AVE</u> <u>CLEVELAND, OH 44106-6035</u>	<u>11100 EUCLID AVE</u> <u>CLEVELAND, OH 44106-6035</u>		

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	09/15/2011	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

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") UHS 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
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5 Total number of participants at the beginning of the plan year	5	2313
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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	2970
b Retired or separated participants receiving benefits.....	6b	16
c Other retired or separated participants entitled to future benefits.....	6c	988
d Subtotal. Add lines 6a , 6b , and 6c	6d	3974
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	5
f Total. Add lines 6d and 6e	6f	3979
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	2278
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	11

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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 2S 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)
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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
			2010
			This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning **01/01/2010** and ending **12/31/2010**

A Name of plan UHHS 401(K) 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)
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You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation FID.INV.INST.OPS.CO. 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	18513	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		
ABF SM CAP VAL INV - BOSTON FINANCI	0.40%	
04-2526037		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
ARIEL APPRECIATION - US BANCORP FUN	0.38%	
39-0281260		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
BARON ASSET FUND - DST SYSTEMS, INC	0.40%	
43-1581814		

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		
GS MIDCAP VALUE INST - GOLDMAN, SAC	0.10%	
13-5108880		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
JANUS OVERSEAS T - JANUS SERVICES L	0.34%	
43-1804048		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
LOOMIS BOND INST - BOSTON FINANCIAL	0.20%	
04-2526037		

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 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%	
(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 605 THIRD AVENUE 2ND FLOOR NEW YORK, NY 10158-0180	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.	
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%	
(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%	

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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 2010 This Form is Open to Public Inspection.	
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010					
A Name of plan UHHS 401(K) 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) 6815007	
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)	
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	

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
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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 2010 This Form is Open to Public Inspection
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan UHHS 401(K) 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	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)	13803	18781
	(2) Participant contributions	1b(2)	129217	137471
	(3) Other	1b(3)	0	150385
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	965884	70409
	(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)	498800	520208
	(9) Value of interest in common/collective trusts	1c(9)	6571630	6815007
	(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)	59547004	69625787
	(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	67726338	77338048

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	67726338	77338048
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	204760	
(B) Participants	2a(1)(B)	4344699	
(C) Others (including rollovers)	2a(1)(C)	644858	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		5194317

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	397	
(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)	30313	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		30710

(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)	1335980	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1335980

(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)		267327
(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)		7447844
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		14276178

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4446155	
(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)		4446155
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		971
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)	19527	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		19527
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4466653

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		9809525
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		197815

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)
UNIVERSITY HOSPITALS HEALTH SYSTEM 403(B) MATCHED RETIREMENT SAVINGS PLAN	34-0714775	003

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
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>UHHS 401(K) 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
---------------	----------------------

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)
----------------	--

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.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

a The current year	14a	
b The plan year immediately preceding the current plan year	14b	
c The second preceding plan year	14c	

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

a The corresponding number for the plan year immediately preceding the current plan year	15a	
b The corresponding number for the second preceding plan year	15b	

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

a Enter the number of employers who withdrew during the preceding plan year	16a	
b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



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

Financial Statements and Supplemental Schedule

December 31, 2010 and 2009

(With Independent Auditors' Report Thereon)

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

Table of Contents

	Page
Independent Auditors' Report	1
Statements of Net Assets Available for Benefits, December 31, 2010 and 2009	2
Statements of Changes in Net Assets Available for Benefits, Years ended December 31, 2010 and 2009	3
Notes to Financial Statements	4

Schedule

Schedule H, Line 4i – Schedule of Assets Held (At End of Year), December 31, 2010	12
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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 and for the years ended December 31, 2010 and 2009, 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, 2010 and 2009 that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. 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

August 31, 2011

UNIVERSITY HOSPITALS HEALTH SYSTEM
401(k) RETIREMENT SAVINGS PLAN

Statements of Net Assets Available for Benefits

December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Investments:		
Cash and cash equivalents	\$ 70,409	965,884
Mutual funds	69,625,787	59,547,004
Common/collective trusts	<u>6,815,007</u>	<u>6,571,630</u>
Total investments	<u>76,511,203</u>	<u>67,084,518</u>
Receivables:		
Participant loans	520,208	498,800
Participant contributions	137,471	129,217
Employer contributions	18,781	13,803
Rollovers	<u>150,385</u>	<u>—</u>
Total receivables	<u>826,845</u>	<u>641,820</u>
Net assets available for benefits before adjustment	77,338,048	67,726,338
Adjustment from fair value to contract value for interest in collective trust relating to fully benefit-responsive investment contracts	<u>(55,413)</u>	<u>122,200</u>
Net assets available for benefits	<u>\$ 77,282,635</u>	<u>67,848,538</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, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Investment income:		
Interest and dividend income	\$ 1,456,404	1,324,840
Net appreciation in fair value of investments	<u>7,447,844</u>	<u>12,572,965</u>
Total investment income	<u>8,904,248</u>	<u>13,897,805</u>
Contributions:		
Participants	4,344,699	4,271,597
Employer	204,760	337,862
Participant rollovers	<u>644,858</u>	<u>441,306</u>
Total contributions	<u>5,194,317</u>	<u>5,050,765</u>
Total investment income and contributions	<u>14,098,565</u>	<u>18,948,570</u>
Deductions from net assets attributed to:		
Benefit payments	4,447,126	3,757,675
Administrative expenses	19,527	34,865
Transfers from this plan	<u>197,815</u>	<u>—</u>
Total deductions	<u>4,664,468</u>	<u>3,792,540</u>
Net increase in net assets available for benefits	9,434,097	15,156,030
Net assets available for benefits at beginning of year	<u>67,848,538</u>	<u>52,692,508</u>
Net assets available for benefits at end of year	<u><u>\$ 77,282,635</u></u>	<u><u>67,848,538</u></u>

See accompanying notes to financial statements.

UNIVERSITY HOSPITALS HEALTH SYSTEM
401(k) RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2010 and 2009

(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).

(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 (IRC).

(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 IRC section 457(b) of a former employer.

(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).

UNIVERSITY HOSPITALS HEALTH SYSTEM
401(k) RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2010 and 2009

(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 \$11,759 and \$12,620 for the plan years ended December 31, 2010 and 2009, 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.

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 present 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.

UNIVERSITY HOSPITALS HEALTH SYSTEM
401(k) RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2010 and 2009

(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, 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, 2010 and 2009

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>2010</u>		<u>2009</u>	
Investments at fair value:				
Cash and cash equivalents	\$ 70,409		965,884	
Mutual funds:				
Fidelity Contrafund	6,309,358	*	5,729,313	*
Fidelity Freedom 2010	4,086,567	*	3,863,293	*
Fidelity Freedom 2020	8,084,684	*	6,834,751	*
Fidelity Freedom 2030	6,763,150	*	5,712,419	*
Fidelity Magellan	4,780,100	*	4,892,102	*
Other mutual funds	39,601,928		32,515,126	
Common/collective trust:				
Fidelity Managed Income Portfolio Fund	6,759,594	* **	6,693,830	* **
Total investments	<u>\$ 76,455,790</u>		<u>67,206,718</u>	

During the years ended December 31, 2010 and 2009, the net appreciation 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>2010</u>	<u>2009</u>
Interest and dividend income:		
Cash and cash equivalents	\$ 397	643
Mutual funds	1,335,980	1,149,861
Common/collective trusts	89,714	134,912
	<u>1,426,091</u>	<u>1,285,416</u>
Participant loan interest income	<u>30,313</u>	<u>39,424</u>
Total interest and dividend income	1,456,404	1,324,840
Net appreciation in investments at fair value		
as determined by quoted market price for mutual funds	<u>7,447,844</u>	<u>12,572,965</u>
Total investment income	<u>\$ 8,904,248</u>	<u>13,897,805</u>

UNIVERSITY HOSPITALS HEALTH SYSTEM
401(k) RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2010 and 2009

(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. There are no Level 3 instruments.

December 31, 2010	Level 1	Level 2	Level 3	Total
Assets:				
Cash and cash equivalents	\$ 70,409	—	—	70,409
Mutual funds:				
Fixed income	6,706,671	—	—	6,706,671
International	4,120,143	—	—	4,120,143
Mid/large cap	57,576,382	—	—	57,576,382
Small cap	1,173,533	—	—	1,173,533
Other	49,058	—	—	49,058
Total mutual funds	69,625,787	—	—	69,625,787
Common/collective trusts	—	6,815,007	—	6,815,007
Total assets	\$ 69,696,196	6,815,007	—	76,511,203

UNIVERSITY HOSPITALS HEALTH SYSTEM
401(k) RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2010 and 2009

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>

(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 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, 2010 and 2009.

The Company is required to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the organization has taken an uncertain position that more likely than not would be sustained upon examination by the IRS. The System has concluded that as of December 31, 2010, there are no uncertain tax positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The System believes the Plan is no longer subject to income tax examinations for years prior to 2007.

(7) Related-Party Transactions

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

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

Notes to Financial Statements

December 31, 2010 and 2009

(8) Risks and Uncertainties

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

(9) Investment Contract with Insurance Company

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

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

The MIP is valued daily and it is the policy of the Trustee to use its best efforts to maintain a stable net asset value of \$1.00 per unit. The MIP uses independent pricing services to value its investments. The market value spot yield for Plan years ending December 31, 2010 and 2009 was 2.68% and 3.16% respectively.

(10) Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2010 and 2009 to Form 5500:

	December 31, 2010	December 31, 2009
Net assets available for benefits per the financial statements	\$ 77,282,635	67,848,538
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	(55,413)	122,200
Net assets available for benefits per Form 5500	<u>\$ 77,338,048</u>	<u>67,726,338</u>

UNIVERSITY HOSPITALS HEALTH SYSTEM
401(k) RETIREMENT SAVINGS PLAN

Notes to Financial Statements

December 31, 2010 and 2009

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

	December 31, 2010	December 31, 2009
Total investment income per the financial statements	\$ 8,904,248	13,897,805
Adjustment from contract value to fair value for fully benefit-responsive investment contracts	<u>(177,613)</u>	<u>(296,953)</u>
Total investment income per Form 5500	<u>\$ 9,081,861</u>	<u>14,194,758</u>

(11) Subsequent Events

All activity of the Plan has been evaluated through August 31, 2011. 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, 2010

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
*	Fidelity Management Trust Company	Cash and cash equivalents:		
		Fidelity Cash Reserves	\$ 8,867.64 shares	8,868
		Fidelity Ret Govt MM	49,378.400 shares	49,378
		Fidelity Retire Mmkt	12,163.130 shares	12,163
		Total cash and cash equivalents		70,409
		Mutual funds:		
		ABF Sm Cap Val Inv	865.907 shares	16,807
		Ariel Appreciation	3,268.027 shares	138,532
		Baron Asset Fund	3,695.985 shares	204,277
		Brokeragelink	1,677.306 shares	49,058
		Fidelity 130/30 Lg Cap	83.942 shares	608
		Fidelity Asset Mgr 20%	8,657.569 shares	110,730
		Fidelity Asset Mgr 30%	93.296 shares	900
		Fidelity Asset Mgr 50%	29,819.511 shares	459,817
		Fidelity Asset Mgr 70%	46,883.958 shares	765,615
		Fidelity Asset Mgr 85%	3,829.468 shares	51,315
		Fidelity Balanced	39,360.289 shares	717,538
		Fidelity Blue Chip Growth	35,051.985 shares	1,589,608
		Fidelity Blue Chip Value	6,412.466 shares	69,319
		Fidelity Canada	6,637.479 shares	385,969
		Fidelity Cap Appreciation	2,783.547 shares	70,535
		Fidelity Capital & Income	16,824.464 shares	158,655
		Fidelity China Region	3,076.951 shares	100,032
		Fidelity Contrafund	93,154.553 shares	6,309,358
		Fidelity Convertible Sec	573.970 shares	14,608
		Fidelity Disciplined Eqty	10,611.528 shares	239,078
		Fidelity Diversified Intl	22,470.500 shares	677,486
		Fidelity Dividend Growth	10,674.704 shares	303,482
		Fidelity Dynamic Strat	682.888 shares	6,535
		Fidelity EMEA	1,170.292 shares	11,059
		Fidelity Emerg Mkts	4,131.315 shares	108,860
		Fidelity Emerging Asia	2,011.016 shares	61,577
		Fidelity Equity Income	9,956.133 shares	440,659
		Fidelity Equity Income II	5,107.307 shares	93,208
		Fidelity Europe	2,248.356 shares	70,419
		Fidelity Europe Cap App	1,794.291 shares	34,163
		Fidelity Exp & Multinatl	6,090.427 shares	132,832
		Fidelity Fidelity	1,544.444 shares	49,654
		Fidelity Fifty	1,658.621 shares	29,241
		Fidelity Float Rt Hi Inc	3,785.644 shares	37,061
		Fidelity Focused High Inc	1,889.853 shares	17,406
		Fidelity Focused Stock	792.186 shares	10,813
		Fidelity Four in One Idx	10,567.217 shares	285,315
		Fidelity Freedom 2000	28,924.028 shares	345,353
		Fidelity Freedom 2005	21,546.055 shares	232,913
		Fidelity Freedom 2010	300,704.647 shares	4,086,567
		Fidelity Freedom 2015	192,389.118 shares	2,181,693
		Fidelity Freedom 2020	586,271.472 shares	8,084,684
		Fidelity Freedom 2025	237,436.180 shares	2,735,265
		Fidelity Freedom 2030	491,151.036 shares	6,763,150
		Fidelity Freedom 2035	145,257.156 shares	1,666,100
		Fidelity Freedom 2040	318,820.948 shares	2,553,756
		Fidelity Freedom 2045	5,584.281 shares	52,995
		Fidelity Freedom 2050	6,185.120 shares	58,016
		Fidelity Freedom Income	160,068.124 shares	1,805,568
		Fidelity Glob Comdty Stk	4.053 shares	69
		Fidelity Global Balanced	786.332 shares	17,535
		Fidelity GNMA	9,797.543 shares	112,378
		Fidelity Govt Income	17,625.706 shares	183,836

**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, 2010

(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 Gr Strategies	2,422.916 shares	\$ **	49,524
	Fidelity Growth & Income	138,301.745 shares	**	2,530,922
	Fidelity Growth Company	7,965.773 shares	**	662,354
	Fidelity Growth Discovery	9,351.474 shares	**	127,928
	Fidelity High Income	12,134.319 shares	**	108,481
	Fidelity Independence	4,270.467 shares	**	103,986
	Fidelity Inflat Prot Bond	2,977.442 shares	**	34,657
	Fidelity Intermed Bond	30,198.104 shares	**	318,590
	Fidelity Intl Cap Apprec	1,436.608 shares	**	18,518
	Fidelity Intl Discovery	7,506.077 shares	**	248,001
	Fidelity Intl Growth	853.890 shares	**	7,403
	Fidelity Intl Real Estate	6,326.792 shares	**	59,345
	Fidelity Intl Sm Cap Opp	2,395.929 shares	**	24,894
	Fidelity Intl Small Cap	11,565.108 shares	**	245,874
	Fidelity Intl Value	2,556.722 shares	**	20,812
	Fidelity Intm Govt Income	19,761.890 shares	**	210,686
	Fidelity Invst Gr Bd	63,797.056 shares	**	471,460
	Fidelity Japan	3,834.924 shares	**	42,875
	Fidelity Japan Small Co	1,314.095 shares	**	12,077
	Fidelity Large Cap Growth	4,248.658 shares	**	41,382
	Fidelity Large Cap Stock	5,639.160 shares	**	99,306
	Fidelity Large Cap Value	8,155.713 shares	**	85,798
	Fidelity Latin America	1,889.525 shares	**	111,539
	Fidelity Lc Val Enh Indx	74.087 shares	**	551
	Fidelity Leveraged Co Stk	13,143.044 shares	**	373,525
	Fidelity Low Pr Stk	20,685.810 shares	**	793,921
	Fidelity Magellan	66,695.966 shares	**	4,780,100
	Fidelity Mega Cap Stock	18,520.210 shares	**	185,017
	Fidelity Mid Cap Enh Indx	2,452.979 shares	**	23,696
	Fidelity Mid Cap Growth	2,962.503 shares	**	36,854
	Fidelity Mid Cap Stock	17,793.565 shares	**	513,344
	Fidelity Mid Cap Value	4,228.195 shares	**	67,440
	Fidelity Mortgage Sec	3,322.213 shares	**	35,980
	Fidelity NASDAQ Comp Indx	2,984.529 shares	**	105,055
	Fidelity New Markets Inc	6,636.682 shares	**	103,864
	Fidelity New Millen	3,991.476 shares	**	116,272
	Fidelity Nordic	238.685 shares	**	8,196
	Fidelity OTC Portfolio	11,595.927 shares	**	636,964
	Fidelity Overseas	15,495 shares	**	503,278
	Fidelity Pacific Basin	2,347.580 shares	**	61,201
	Fidelity Puritan	27,770.802 shares	**	497,375
	Fidelity Real Estate Inc	7,034.178 shares	**	73,155
	Fidelity Real Estate Invs	13,189.011 shares	**	338,826
	Fidelity Sel Air Transprt	97.929 shares	**	4,147
	Fidelity Sel Automotive	122.532 shares	**	5,537
	Fidelity Sel Banking	4,113.386 shares	**	76,139
	Fidelity Sel Biotech	419.449 shares	**	30,603
	Fidelity Sel Brokerage	605.581 shares	**	31,763
	Fidelity Sel Chemicals	514.556 shares	**	49,140
	Fidelity Sel Comm Equip	58.505 shares	**	1,551
	Fidelity Sel Computers	110.077 shares	**	6,211
	Fidelity Sel Cons Discr	817.327 shares	**	20,033
	Fidelity Sel Cons Staples	348.574 shares	**	23,825
	Fidelity Sel Constr/House	1,227.794 shares	**	43,046
	Fidelity Sel Consumer Fin	636.764 shares	**	7,234
	Fidelity Sel Defense	1,127.642 shares	**	82,566
	Fidelity Sel Electronics	689.161 shares	**	33,335
	Fidelity Sel Energy	1,513.732 shares	**	79,138
	Fidelity Sel Energy Svcs	2,010.227 shares	**	149,501
	Fidelity Sel Env Alt Engy	356.673 shares	**	6,349

Schedule

**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, 2010

(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 Sel Financial	388.904 shares	\$ **	23,953
	Fidelity Sel Gold	4,434.479 shares	**	235,515
	Fidelity Sel Healthcare	318.197 shares	**	39,651
	Fidelity Sel Industrials	174.480 shares	**	4,128
	Fidelity Sel Insurance	331.934 shares	**	15,661
	Fidelity Sel Leisure	181.702 shares	**	16,562
	Fidelity Sel Materials	367.862 shares	**	24,978
	Fidelity Sel Med Eq & Sys	1,333.199 shares	**	36,770
	Fidelity Sel Medical Del	266.179 shares	**	13,224
	Fidelity Sel Natural Gas	2,797.991 shares	**	93,005
	Fidelity Sel Natural Res	4,013.426 shares	**	139,707
	Fidelity Sel Pharmaceutcl	2,200.344 shares	**	27,130
	Fidelity Sel Retailing	2.067 shares	**	111
	Fidelity Sel Software	607.136 shares	**	53,100
	Fidelity Sel Technology	2,505.572 shares	**	239,558
	Fidelity Sel Telecomm	45.894 shares	**	2,131
	Fidelity Sel Transport	607.101 shares	**	33,646
	Fidelity Sel Utilities	303.597 shares	**	14,688
	Fidelity Sel Wireless	133.522 shares	**	1,028
	Fidelity Short Term Bond	83.992 shares	**	711
	Fidelity Sm Cap Discovery	5,615.238 shares	**	114,944
	Fidelity Sm Cp Enh Indx	5,757.348 shares	**	58,092
	Fidelity Small Cap Growth	11,822.894 shares	**	185,501
	Fidelity Small Cap Stock	16,524.049 shares	**	323,871
	Fidelity Small Cap Value	9,251.406 shares	**	144,414
	Fidelity Stk Sel All Cap	0.663 shares	**	17
	Fidelity Stk Sel Sm Cap	3,324.625 shares	**	61,539
	Fidelity Strat Div & Inc	290.992 shares	**	3,070
	Fidelity Strategic Income	8,530.446 shares	**	94,603
	Fidelity Telecom & Util	946.636 shares	**	15,099
	Fidelity Total Bond	11,170.948 shares	**	119,753
	Fidelity Trend	81.046 shares	**	5,461
	Fidelity US Bd Index	43,504.130 shares	**	492,902
	Fidelity Value	3,532.701 shares	**	242,661
	Fidelity Value Discovery	2,715.681 shares	**	39,758
	Fidelity Value Strategies	687.475 shares	**	19,146
	Fidelity Worldwide	1,950.155 shares	**	36,390
	GS Midcap Value Inst	455.564 shares	**	16,469
	Janus Overseas T	13,106.39 shares	**	663,708
	Loomis Bond Inst	3,010.163 shares	**	42,955
	MSIF Glb Franchise P	2,638.327 shares	**	39,839
	MSIF Mid Cap Grth P	2,715.390 shares	**	98,297
	MSIF Sm Co Grth P	4,829.535 shares	**	64,088
	NB Partners Trust	35,221.679 shares	**	745,291
	PIMCO Tot Return Adm	127,973.943 shares	**	1,388,517
	Pioneer Glb Hi Yld A	6,592.643 shares	**	69,552
	Spartan 500 Index	42,876.385 shares	**	1,907,142
	Spartan Extnd Mkt Index	2,915.867 shares	**	111,299
	Spartan Int Tr Indx Inv	5,139.979 shares	**	54,844
	Spartan Intl Index	8,838.919 shares	**	310,865
	Spartan Lt Tr Indx Inv	6,618.765 shares	**	69,166
	Spartan St Tr Indx Inv	2,494.657 shares	**	26,194
	Spartan Total Mkt Index	10,792.931 shares	**	393,187
	Templeton Dev Mkts A	7,751.193 shares	**	197,888
	Templeton World A	2,713.659 shares	**	40,271
	Vang Infl Prot Sec	13,122.032 shares	**	170,586

**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, 2010

(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
			\$	
			**	
			**	
		Total mutual funds		69,625,787
		Common/collective trusts:		
		Fid Mgd Inc Port 6,759,594.420 shares	**	6,815,007
		Total common/collective trusts		6,815,007
*	Participant loans	Participant loans with interest rates ranging from 4.25% to 9.00% and various maturity dates through 2027	++	520,208
		Total participant loans	++	520,208
		Total investments		\$ 77,031,411

* 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.

Schedule

UNIVERSITY HOSPITALS HOLDINGS, INC. 401(k) PLAN

EIN: 34-1768931

Plan Number: 002

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

December 31, 2010

(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
*	VALIC	Cash equivalents:		
		Money Market I Fund	18,556.573 shares	\$
		Money Market II Fund	44,614.350 shares	**
				**
		Total cash equivalents		**
				95,523
*	VALIC	Mutual funds:		
		Aggressive Growth Lifestyle	6,367.903 shares	**
		Ariel Appreciation Fund	27,198.474 shares	**
		Ariel Fund	18,239.115 shares	**
		Asset Allocation Fund	356.386 shares	**
		Blue Chip Growth Fund	14,356.812 shares	**
		Capital Appreciation Fund	1,604.875 shares	**
		Capital Conservation	12,424.804 shares	**
		Core Bond Fund	13,770.442 shares	**
		Core Equity Fund	40,278.481 shares	**
		Dividend Value	16,765.330 shares	**
		Foreign Value	208,599.515 shares	**
		Global Equity	61,744.929 shares	**
		Global Social Awareness Fund	11,215.679 shares	**
		Global Strategy	49,607.734 shares	**
		Government Securities Fund	46,503.082 shares	**
		Growth & Income Fund	1,131.389 shares	**
		Growth Fund	108,177.803 shares	**
		Health Sciences Fund	62,619.970 shares	**
		High Yield Bond Fund	12,334.077 shares	**
		Inflation Protected Fund	1,048.407 shares	**
		International Equities Fund	8,657.521 shares	**
		International Government Bond Fund	73,078.306 shares	**
		International Growth I Fund	162,970.71 shares	**
		International Small Cap Equity	8,963.372 shares	**
		Large Cap Core	3,362.555 shares	**
		Large Cap Value Fund	2,666.729 shares	**
		Large Capital Growth	81,836.969 shares	**
		Mid Cap Growth Fund	21,581.394 shares	**
		Mid Cap Index Fund	25,240.646 shares	**
		Mid Cap Strategic Growth	49,587.342 shares	**
		Mid Cap Value Fund	7,044.428 shares	**
		Moderate Growth Lifestyle	52,436.306 shares	**
		NASDAQ-100(R) Index Fund	34,188.220 shares	**
		Science & Technology Fund	47,044.647 shares	**
		Small Cap Aggressive Growth	9,100.883 shares	**
		Small Cap Fund	121,069.987 shares	**
		Small Cap Growth Fund	8,525.700 shares	**
		Small Cap Index Fund	3,602.977 shares	**
		Small Cap Special Value	9,694.539 shares	**
		Small Cap Value Fund	7,766.642 shares	**
		Small Mid Growth Fund	1,372.841 shares	**
		Stock Index Fund	113,959.316 shares	**
		Strategic Bond Fund	33,395.502 shares	**
		Value Fund	6,627.122 shares	**
				8,321

UNIVERSITY HOSPITALS HOLDINGS, INC. 401(k) PLAN

EIN: 34-1768931

Plan Number: 002

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

December 31, 2010

(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
		Vanguard Lifestrategy Conservative Fund	9,890.852 shares	\$ ** 15,806
		Vanguard Lifestrategy Growth Fund	4,039.219 shares	** 6,291
		Vanguard Long-Term Inv-Grade Fund	19,148.701 shares	** 44,880
		Vanguard Long-Term Treasury Fund	30,778.249 shares	** 73,196
		Vanguard Wellington Fund, Inc.	42,747.780 shares	** 114,772
		Vanguard Windsor II	14,2589.908 shares	** 323,458
		Total mutual funds	**	4,148,717
*	VALIC	Deposit administration accounts:		
		Fixed Account Plus Fund +	**	834,507
		Short Term Fixed Account +	**	185,146
		Total deposit administration accounts	**	1,019,653
*	Participant loans	Participant loans with interest rates ranging from 3.00% to 4.50% and various maturity dates through 2015	†	106,384
		Total investments	\$ **	5,370,277

* Party-In-Interest.

+ Stated at contract value.

** 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 VALIC, the Plan's custodian, with the exception of participant loans.

See accompanying independent auditors' report.