

Part V Other Information (Note the statement requirements in the instructions for Part V.)

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0		
b	Did the organization file Form 1120-POL for this year?		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b		
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9 39a		
b	Gross receipts, included on line 9, for public use of club facilities 39b		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ _____ ; section 4912 ▶ _____ ; section 4955 ▶ _____		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶ _____		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		✓
41	List the states with which a copy of this return is filed. ▶ None Required		
42a	The organization's books are in care of ▶ <u>Philip Mazanec</u> Telephone no. ▶ <u>216 696-6900</u> Located at ▶ <u>1226 Huron Road Cleveland, OH</u> ZIP + 4 ▶ <u>44115</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		✓
	If "Yes," enter the name of the foreign country: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.?		✓
	If "Yes," enter the name of the foreign country: ▶ _____		
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 <input type="checkbox"/>		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ		✓

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

- 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46	Yes	No
- 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

47	Yes	No
- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48	Yes	No
- 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a	Yes	No
- b If "Yes," was the related organization a section 527 organization?

49b	Yes	No
	✓	
- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000 . . . ▶ _____

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

Sign Here
 Signature of officer: *[Handwritten Signature]* Date: 11/11/10
 Type or print name and title: _____

Paid Preparer's Use Only
 Preparer's signature: *[Handwritten Signature]* Date: 11-1-10 Check if self-employed:
 Firm's name (or yours if self-employed), address, and ZIP + 4: Maloney + Novotny LLC, 1111 Superior Ave. Suite #700 Cleveland, OH 44114
 EIN: _____ Phone no.: 216 363-0100

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Statement 1

The Center for Health Affairs

1226 Huron Rd.

Cleveland, OH 44115

Federal ID Number:

34-1541843

Form 990 E-Z Part 1 Line 16 - Other Expenses

Bank Fees	\$ 861
Contract Services for Human Resources	2,088
Contract Services for Accounting	1,896
Contract Services for IT	3,132

Total - Line 16 Other Expenses	<u>\$ 7,977</u>
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Statement 2

The Center for Health Affairs

1226 Huron Rd.

Cleveland, OH 44115

Federal ID Number: 34-1541843

Form 990 E-Z Part II Line 26 Total Liabilities

	2008	2009
Accounts Payable	\$ 188,812	\$ 186,816
Accrued Expenses	5,821	3,180
Total - Line 16 Other Expenses	<u>\$ 194,633</u>	<u>\$ 189,996</u>

Statement 3
The Center for Health Affairs
1226 Huron Rd. E
Cleveland, OH 44115
Federal Id # 34-1541843
From 990 EZ Part IV

2009 CHA BOARD OF TRUSTEES

Board Title	Name and Address	Compensation	Contributions to EE Benefit Plans & Deferred Compensation	Expense Account
CHA Board Chair	Ms. Cynthia Moore-Hardy President & CEO, LHS LakeWest Medical Center 36000 Euclid Ave Willoughby, OH 44094	None	None	None
President & CEO	Mr. Bill Ryan President & CEO The Center for Health Affairs 1226 Huron Road E Cleveland, OH 44115	None	None	None
Vice-Chair	Mr. Richard Frenchie Chief Development & Community Relations Officer University Hospitals Geauga Medical Center 13207 Ravenna Road Chardon, OH 44024	None	None	None
Secretary	Dr. John Clough 1226 Huron Rd. E Cleveland, OH 44115	None	None	None
GCHA Board Chair	Ms. Beverly Lozar VP, Professional & Support Svcs. St. Vincent Charity Medical Center 2351 East 22nd Street Cleveland, OH 44115	None	None	None
Treasurer	Mr. Thomas McDonald Thomas McDonald Partners 959 West St. Clair Avenue Cleveland, OH 44113	None	None	None
Member	Mr. Kevin Miller President & CEO Ashtabula County Medical Center 2420 Lake Ave Ashtabula, OH 44004	None	None	None
Member	Mr. David Kilarski President & CEO Marymount Hospital 12300 McCracken Rd Garfield Heights, OH 44125	None	None	None

Statement 3
The Center for Health Affairs
1226 Huron Rd. E
Cleveland, OH 44115
Federal Id # 34-1541843
From 990 EZ Part IV

2009 CHA BOARD OF TRUSTEES

**Contributions
to EE Benefit Plans**

Board Title	Name and Address	Compensation	& Deferred Compensation	Expense Account
Member	Ms. Heidi Gartland Vice President, Government Relations University Hospitals Case Medical Center 11100 Euclid Ave, Mailstop: MPV 6003 Cleveland, OH 44106	None	None	None
Secretary	Ms. Janice Murphy President Fairview Hospital & Lakewood Hospital 18101 Lorain Ave Cleveland, OH 44111	None	None	None
Member	Mr. Mark Moran CEO & President, MetroHealth System MetroHealth Medical Center 2500 MetroHealth Drive Cleveland, OH 44109	None	None	None
Member	Mr. Michael Szubski Sr Vice President & CFO University Hospitals Mailstop: MSC 9205 3605 Warrensville Ctr Rd Shaker Heights, OH 44122	None	None	None
Member	Ms. Patricia Ruffin President & Chief Executive Officer Parma Community General Hospital 7007 Powers Blvd Parma, OH 44129	None	None	None
Member	Mr. Paul Carleton Managing Director Carleton Advisors LLC 1801 East Ninth Street, Suite 1425 Cleveland, OH 44114	None	None	None
Member	Mr. Jack Gustin 1226 Huron Road E Cleveland, OH 44115	None	None	None
Legal Counsel	Mr. Jack Diamond, Attorney Brennan, Manna & Diamond, LLC 75 East Market St The Carnegie Bldg Akron, OH 44308	None	None	None

MAD
8/5/10

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization CENTER FOR HEALTH AFFAIRS	Employer identification number 31-1541843
	Number, street, and room or suite no. If a P.O. box, see instructions. 1226 HURON ROAD	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. CLEVELAND, OH 44115	

Check type of return to be filed (File a separate application for each return):

<input checked="" type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

STOPI Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of MARK MELVIN
Telephone No. 216 255-3595 FAX No.
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

- I request an additional 3-month extension of time until 11/15/2010
- For calendar year 2009, or other tax year beginning _____ and ending _____
- If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
- State in detail why you need the extension THE ORGANIZATION REQUESTS ADDITIONAL TIME TO OBTAIN THE INFORMATION NEEDED TO FILE A COMPLETE AND ACCURATE RETURN.

8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	\$	0.
8b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	\$	0.
8c	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Christy B. Malone Title Date AUG 16 2010

MALONEY + NOVOTNY LLC
1111 SUPERIOR AVENUE, SUITE 700
CLEVELAND, OH 44114