Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2009

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
MEDINA GENERAL HOSPITAL PENSION PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 04/01/1976

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
MEDINA HOSPITAL, INC.

1000 EAST WASHINGTON STREET
MEDINA, OH 44256-2170

2b Employer Identification Number (EIN)
34-0733166

2c Sponsor's telephone number
330-725-1000

2d Business code (see instructions)
622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	RON ROBINSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2010	RON ROBINSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
MEDINA HOSPITAL, INC.

1000 EAST WASHINGTON STREET
MEDINA, OH 44256-2170

3b Administrator's EIN
34-0733166

3c Administrator's telephone number
330-725-1000

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	1307
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**	0
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	0
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	0
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	0
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	46
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1G

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)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)	X	Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

(1)	X	**R** (Retirement Plan Information)
(2)		**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	X	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	X		**H** (Financial Information)
(2)			**I** (Financial Information – Small Plan)
(3)	X	2	**A** (Insurance Information)
(4)	X		**C** (Service Provider Information)
(5)			**D** (DFE/Participating Plan Information)
(6)			**G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MEDINA GENERAL HOSPITAL PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
MEDINA HOSPITAL, INC.

D Employer Identification Number (EIN)
34-0733166

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
AXA EQUITABLE LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	1573	0	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	0
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	126910
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)	4731		
	(4) Transferred from separate account	7c(4)			
	(5) Other (specify below)	7c(5)	57		
	▶ MARKET VALUE ADJUSTMENT				
	(6) Total additions			7c(6)	4788
d	Total of balance and additions (add **b** and **c(6)**)			7d	131698
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	16452		
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)			
	(4) Other (specify below)	7e(4)	115246		
	▶ TRANSFER TO CCHS RETIREMENT PLAN				
	(5) Total deductions			7e(5)	131698
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance 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.**

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MEDINA GENERAL HOSPITAL PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
MEDINA HOSPITAL, INC.

D Employer Identification Number (EIN)
34-0733166

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
LINCOLN FINANCIAL GROUP

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year (f) From	Policy or contract year (g) To
35-0472300	65676	892409-007	0	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid (c) Amount	Fees and other commissions paid (d) Purpose	(e) Organization code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		**(e)** Organization code
	(c) Amount	**(d)** Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☒ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	3793371
c	Additions: (1) Contributions deposited during the year	7c(1)			
	(2) Dividends and credits	7c(2)			
	(3) Interest credited during the year	7c(3)			
	(4) Transferred from separate account	7c(4)	89748		
	(5) Other (specify below)	7c(5)			
	▶				
	(6) Total additions			7c(6)	89748
d	Total of balance and additions (add **b** and **c(6)**)			7d	3883119
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)			
	(2) Administration charge made by carrier	7e(2)			
	(3) Transferred to separate account	7e(3)	2330026		
	(4) Other (specify below)	7e(4)	1553093		
	▶ TRANSFER TO CCHS RETIREMENT PLAN				
	(5) Total deductions			7e(5)	3883119
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

a ☐ Health (other than dental or vision) **b** ☐ Dental **c** ☐ Vision **d** ☐ Life insurance
e ☐ Temporary disability (accident and sickness) **f** ☐ Long-term disability **g** ☐ Supplemental unemployment **h** ☐ Prescription drug
i ☐ Stop loss (large deductible) **j** ☐ HMO contract **k** ☐ PPO contract **l** ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
MEDINA GENERAL HOSPITAL PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
MEDINA HOSPITAL, INC.

D Employer Identification Number (EIN)
34-0733166

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2009			
2	Assets:			
a	Market value	**2a**		28935564
b	Actuarial value	**2b**		31829120
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	240	10093966
b	For terminated vested participants	**3b**	300	4348384
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		899698
	(2) Vested benefits	**3c(2)**		12691698
	(3) Total active	**3c(3)**	842	13591396
d	Total	**3d**	1382	28033746
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	**4a**		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		8.13 %
6	Target normal cost	**6**		1111267

Statement by Enrolled Actuary

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

SIGN HERE

09/27/2010
Signature of actuary — Date

THOMAS G. SCHRYER, A.S.A.
Type or print name of actuary

08-02957
Most recent enrollment number

FINDLEY DAVIES, INC.
Firm name

216-875-1917
Telephone number (including area code)

1300 E. 9TH, SUITE 850
CLEVELAND, OH 44114-1516
Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	6898034	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	732846	0
9	Amount remaining (Item 7 minus item 8)	6165188	0
10	Interest on item 9 using prior year's actual return of -21.57 %	-1329831	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of _____%		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	4835357	0

Part III Funding percentages

14	Funding target attainment percentage	14	96.29 %
15	Adjusted funding target attainment percentage	15	113.54 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	109.70 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/22/2009	71490		07/16/2009	71490	
02/18/2009	71490		08/12/2009	71490	
03/19/2009	71490		09/16/2009	71490	
04/15/2009	71490		10/15/2009	71490	
05/13/2009	71490		11/19/2009	71490	
06/16/2009	71490		12/29/2009	71486	
			Totals ► 18(b)	857876	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	825116

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b** 2

22 Weighted average retirement age **22** 64

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] Prescribed - separate [ ] Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ..... [ ] Yes [X] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... [X] Yes [ ] No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment..... [X] Yes [ ] No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment..... **27**

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)..... **29** 0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)..... **30** 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)..... **31** 1111267

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment.....	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)..... **34** 1111267

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	286151		286151

36 Additional cash requirement (item 34 minus item 35)..... **36** 825116

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)..... **37** 825116

38 Interest-adjusted excess contributions for current year (see instructions)..... **38** 0

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)..... **39** 0

40 Unpaid minimum required contribution for all years **40** 0

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2009** **This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MEDINA GENERAL HOSPITAL PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MEDINA HOSPITAL, INC.

D Employer Identification Number (EIN)
34-0733166

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

AXA EQUITABLE LIFE INSURANCE CO

13-5570651

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

LINCOLN FINANCIAL GROUP

35-0472300

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

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

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

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

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

(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 ☐

(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
(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

a	Name: ERNST & YOUNG LLP	**b** EIN:	34-6565596
c	Position: ACCOUNTANT		
d	Address: 111 MONUMENT CIRCLE SUITE 2600 INDIANAPOLIS, IN 46204	**e** Telephone:	317-681-7000

Explanation: A CHANGE IN ACCOUNTANTS WAS MADE IN AN EFFORT TO REDUCE COSTS.

a	Name: THOMAS G. SCHRYER, A.S.A.	**b** EIN:	34-1213174
c	Position: ACTUARY		
d	Address: 1300 EAST 9TH STREET SUITE 850 CLEVELAND, OH 44114-1516	**e** Telephone:	216-875-1917

Explanation: MEDINA HOSPITAL, INC. WAS ACQUIRED BY THE CLEVELAND CLINIC FOUNDATION WHO ALREADY HAD AN ENROLLED ACTUARY.

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 H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MEDINA GENERAL HOSPITAL PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MEDINA HOSPITAL, INC.

D Employer Identification Number (EIN)
34-0733166

Part I Asset and Liability Statement

1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	11702	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	94567	0
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(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)	24909013	0
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3920281	0
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	28935563	0
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	28935563	0

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	857876	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		857876
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	18	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	4731	
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		4749
	(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)	1185973	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1185973
	(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)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	57	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		57
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		5015290
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		7063945
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1296860	
(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)		1296860
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		1296860
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		5767085
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		34702648

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) [X] Disclaimer (4) [ ] Adverse

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? [X] Yes [ ] No

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

(1) Name: MAYER HOFFMAN MCCANN P.C. (2) EIN: 43-1947695

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.)	4a		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.)	4b		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.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i		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.)	4j	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?	4k	X		
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
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.	4n			

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)
CCHS RETIREMENT PLAN	34-0714585	001

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2009

This Form is Open to Public Inspection.

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan
MEDINA GENERAL HOSPITAL PENSION PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
MEDINA HOSPITAL, INC.

D Employer Identification Number (EIN)
34-0733166

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 51-0055023 13-5570651

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** 9

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☒ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☒ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

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):

---

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: 0% Investment-Grade Debt: 0% High-Yield Debt: 0% Real Estate: 0% Other: 100%

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): N/A - ASSETS TRANSFERED

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator

MEDINA GENERAL HOSPITAL PENSION PLAN

We were engaged to audit the accompanying statement of net assets available for benefits of The Medina General Hospital Pension Plan (the "Plan") as of December 31, 2009, and the statement of changes in net assets available for benefits for the year then ended, and the supplemental schedule of reportable transactions for the year ended December 31, 2009. These financial statements and supplemental schedule are the responsibility of the Plan's management. The statement of net assets available for benefits of the Plan as of December 31, 2008, was audited by other auditors. 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 ("ERISA"), the Plan administrator instructed the other auditors not to perform and they did not perform, any auditing procedures with respect to the information certified by the trustees. Their report, dated October 12, 2009, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements other than that derived from the information certified by the trustees, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by Wilmington Trust Company and AXA Equitable Life Insurance Company, the trustees of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustees hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the trustees as of December 31, 2009 and for the year then ended that the information provided to the Plan administrator by the trustees 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 2009 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the 2009 financial statements and supplemental schedule, other than that derived from the information certified by the trustees, 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 ERISA.

Effective December 31, 2009, the Plan was merged into The CCHS Retirement Plan.

Mayer Hoffman McCann, P.C.

Cleveland, Ohio
October 12, 2010

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2009

This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan

Medina General Hospital, Inc. Pension Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

Medina General Hospital, Inc.

D Employer Identification Number (EIN)

34-0733166

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2009

2	Assets:			
	a Market value		**2a**	28,935,564
	b Actuarial value		**2b**	31,829,120
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	240	10,093,966
	b For terminated vested participants	**3b**	300	4,348,384
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		899,698
	(2) Vested benefits	**3c(2)**		12,691,698
	(3) Total active	**3c(3)**	842	13,591,396
	d Total	**3d**	1,382	28,033,746
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions		**4a**	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	8.13 %
6	Target normal cost		**6**	1,111,267

Statement by Enrolled Actuary

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

SIGN HERE

TGS — Signature of actuary

9/27/10 — Date

Thomas G. Schryer, A.S.A. — Type or print name of actuary

08-02957 — Most recent enrollment number

Findley Davies, Inc. — Firm name

(216)875-1917 — Telephone number (including area code)

1300 E. 9th, Suite 850

Cleveland OH 44114-1516 — Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	6,898,034	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	732,846	0
9	Amount remaining (Item 7 minus item 8)	6,165,188	0
10	Interest on item 9 using prior year's actual return of (21.57)%	(1,329,831)	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		0
	b Interest on (a) using prior year's effective rate of _____%		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11**d** - item 12)	4,835,357	0

Part III Funding percentages

14	Funding target attainment percentage	14	96.29 %
15	Adjusted funding target attainment percentage	15	113.54 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	109.70 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/22/2009	71,490		07/16/2009	71,490	
02/18/2009	71,490		08/12/2009	71,490	
03/19/2009	71,490		09/16/2009	71,490	
04/15/2009	71,490		10/15/2009	71,490	
05/13/2009	71,490		11/19/2009	71,490	
06/16/2009	71,490		12/29/2009	71,486	
			Totals ► 18(b)	857,876	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	825,116

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) — **21b**: 2

22 Weighted average retirement age — **22**: 64

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] Prescribed - separate [ ] Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. [ ] Yes [X] No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. [X] Yes [ ] No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. [X] Yes [ ] No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment — **27**:

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years — **28**: 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) — **29**: 0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) — **30**: 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) — **31**: 1,111,267

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount — **33**:

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33) — **34**: 1,111,267

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	286,151	0	286,151

36 Additional cash requirement (item 34 minus item 35) — **36**: 825,116

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) — **37**: 825,116

38 Interest-adjusted excess contributions for current year (see instructions) — **38**: 0

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) — **39**: 0

40 Unpaid minimum required contribution for all years — **40**: 0

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods – including –
Schedule SB, line 22 – Description of Weighted Average Retirement Age – and –
Schedule SB, line 25 – Change in Method
Medina General Hospital, Inc. Pension Plan
January 1, 2009 Valuation
EIN/PN: 34-0733166 / 001

APPENDIX B

STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

Interest Rates

Funding: Full Yield Curve with each duration using the average of its interest rates for all business days in the October immediately preceding the valuation date:

a. Effective Interest Rate using the above rates	8.13%

FAS 35:

Present Value of Vested and Accumulated Benefits	8.50%

FAS 87 Expense:

a. Discount Rate (liabilities)	6.00%
b. Long-Term Rate (trust income)	8.00%

Salary Scale

Actual individual pay histories have been used with missing years filled in using the appropriate salary scale below.

Funding:	5.50%
FAS 35:	5.50%
FAS 87 Expense:	4.00%

Mortality

Healthy: For Funding Target – Mandated pre- and post-commencement tables for the valuation year (male and female).

For all other purposes – 1994 Group Annuity Mortality Static Tables (male and female) projected to 2010 by Scale AA (male and female).

Disabled: For Funding Target – Mandated pre- and post-commencement tables for the valuation year (male and female).

For all other purposes – 1993 Pension Benefit Guaranty Corporation rates for disabled persons in receipt of Social Security Disability Benefits (male and female).

APPENDIX B (Continued)

Rates of Retirement

Age	Regular Early Retirement Rate	Special Early Retirement Rate
55	2%	N/A
56-59	1%	N/A
60	7%	N/A
61	7%	N/A
62	27%	31%
63	7%	11%
64	7%	11%
65	55%	55%
66-70	26%	26%
71	100%	100%

Weighted Average Retirement Age is 64. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Rates of Disability

100% of Table S-10 of the 11th Railroad Retirement Board Valuation (modified). Sample rates and ages are as follows.

Age(s)	Rate
25	.06%
40	.12
55	1.07

Rates of Turnover

Based on age and length of service as follows:

	Completed Years of Service					
Age	0	1	2	3	4	5+
25	.332	.282	.149	.116	.083	.101
35	.346	.294	.156	.121	.087	.045
40	.325	.276	.146	.114	.081	.045
45	.303	.258	.166	.106	.076	.045
55	.202	.172	.091	.071	.051	.045

Assumptions Made In Valuing Spouse's Benefit

Fifty percent of the employees included in the valuation are assumed to be married. The wife is assumed to be three years younger than the husband. Regarding current retirees, it has been assumed that 85% of the deaths of retirees' spouses have ***NOT*** been reported.

Annual Increases to Maximum Benefits and Plan Compensation Limits

Funding: 0.00%

FAS 87 Expense: 1.00%

APPENDIX B (Continued)

Annual Increases to Social Security	Taxable Wage Base Funding: 3.25% FAS 87 Expense: 2.50%
Provision for Expenses	None.
FAS 87 Measurement Date	January 1
Fiscal Year	The 12-month period ending each December 31.
Asset Method	*Funding:* Market Value of Assets, plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the prior year effective rate minus the end of the year actual market value. Receivable contributions will be discounted for interest; discounting did not apply for valuation dates prior to 2009. The actuarial value of assets will be no less than 90% and no more than 110% of market value (including interest-adjusted accrued but unpaid contributions). A characteristic of this asset valuation method is that, due to legal constraints, its long-term average is expected to be approximately 98% of the market value. *FAS 35:* Market Value of Assets (per paragraph 11 of FAS 35) plus any contributions for the prior plan year that were unpaid as of the valuation date (per paragraph 10 of FAS 35). No other method is allowed. *FAS 87 Expense:* Market Value of Assets - other methods are allowed.
Date Last Method Changed	Assets – January 1, 2008 Funding – January 1, 2008
Employees Valued	All active employees of the Hospital as of the valuation date were valued as well as the inactive participants of the plan.

APPENDIX B (Continued)

Optional Forms	All married participants are assumed to elect the QJSA form and all single participants are assumed to elect a life annuity.
Changes in Assumptions and Methods since the Last Actuarial Valuation	The funding target was previously calculated using the segment rates. Asset soothing was not used last year. Expenses, if any, are now included in the Target Normal Cost for funding purposes only. FAS 87 assumptions revised: Discount Rate was 6.5% last year, and the Salary Scale was 4.5% The only assumption changes for funding were to prescribed actuarial assumptions or as a result of At-Risk status. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any Change in Actuarial Assumptions along with Form 5500's Schedule SB.

APPENDIX A

SUMMARY OF PRINCIPAL PLAN PROVISIONS

Plan Sponsor	Medina General Hospital, Inc.
EIN/PN	34-0733166/001
Effective Date	April 1, 1976; last amended January 1, 2003.
Plan Year	The 12-month period beginning each January 1.
Participation	All Covered Employees age 21 or over who have completed 12 months of service.
Covered Employees	Employees, except those classified as (i) per diem or (ii) active full-time high school students. Covered employees who become per diem remain in the plan with frozen benefits although improvements in the Plan's benefit formula have been applied to such "frozen" benefits.
Compensation	A participant's basic rate of compensation as of the last payroll period in each Plan Year, not to exceed $200,000, indexed for inflation; this "$200,000" limit applies to years prior to 2002 but only for employees active after 2001. The limitation increases each year but prior years' limited Compensation figures will not be increased.
Average Monthly Compensation	A participant's Compensation, averaged over the 5 consecutive completed Plan Years producing the highest average.
SSRA (Social Security Retirement Age)	65 for employees born before 1938, 67 for employees born after 1954, and 66 for others.
Excess Monthly Compensation	The excess of (i) a Participant's Average Monthly Compensation over (ii) the monthly average of the Social Security Taxable Wage Bases in the 35 consecutive calendar years that end with the year in which the employee attains SSRA, defined above. Wage bases for years after termination, if any, are assumed to equal the wage base for the year of termination.
Credited Service	A full year of Credited Service is earned for each Plan Year that an employee works 1976 hours as a Covered Employee; pro rata Credited Service is earned if fewer hours are worked.
Vesting Service	The elapsed time from the later of an employee's date of hire and his 18th birthday. An employee who is rehired within one year of his termination of employment continues to use his original hire date for vesting purposes.

APPENDIX A (Continued)

Normal Retirement Benefit

Eligibility:

An employee may retire on the first day of the month coincident with or next following the later of his 65th birthday and the 5th anniversary of hire.

Monthly Benefit:

The Normal Retirement Benefit is a monthly pension commencing on the participant's Normal Retirement Date, payable during his lifetime; on the death of the participant, 50% of this amount will be continued to his surviving spouse (if any). ***Note:*** the accrual percentages in a) and b) below ***for service accrued after January 1, 2006*** are the rates shown in **bold type** except for a closed group of people who elected to 1) keep full accrual in this plan, 2) ***not get*** Hospital-paid 403(b) contributions, and 3) have that election persist even upon being rehired in the future. The benefit is equal to the sum of (a), (b) and (c) below minus any Accrued Benefits reflected in prior lump sum settlements:

(a) For each of the first 30 years of ***total*** Credited Service, a pension credit equal to:

1% **(or ½%)** of the participant's Average Monthly Compensation,

PLUS

1/2 **(or ¼)** of 1% of the participant's Excess Monthly Compensation.

(b) For each year of ***total*** Credited Service in excess of 30, a pension credit equal to 1/2 **(or ¼)** of 1% of the participant's Average Monthly Compensation;

(c) For service prior to January 1, 1977, an additional monthly pension equal to the actuarial equivalent of a participant's net monthly benefit, if any, accrued under the Prior Plan.

If an employee is paid for at least one day in the last full pay period scheduled for the calendar year of termination then the benefit will be calculated two ways and the higher amount will be paid. The first excludes the pay for the year in which termination occurs and calculates Excess Monthly Compensation based on the year of termination. The second includes the pay for the year in which termination occurs and calculates Excess Monthly Compensation based on the year following the year of termination. Each pay period is two weeks long and runs from Sunday through Saturday; one ended on December 23, 2006.

APPENDIX A (Continued)

Early Retirement Benefit	*Eligibility:* Age 55 and 10 years of Vesting Service. *Monthly Benefit:* The Early Retirement Benefit is based on the same formula described above for Normal Retirement using the participant's Credited Service and Average Monthly Compensation as of his Early Retirement Date, reduced 5/12 of 1% for each month early retirement precedes the normal retirement date.
Special Early Retirement Benefit	*Eligibility:* Age 62 and age plus Vesting Service equal to 85 or greater. *Monthly Benefit:* The Special Early Retirement Benefit is based on the same formula described above for Normal Retirement using the participant's Credited Service and Average Monthly Compensation as of his Special Early Retirement Date, unreduced for early commencement.
Late Retirement Benefit	*Eligibility:* An employee may continue employment beyond Normal Retirement Date and retire any time thereafter. *Monthly Benefit:* The Late Retirement Benefit is based on the same formula described above for Normal Retirement using the participant's Credited Service, Average Monthly Compensation, and Excess Monthly Compensation as of his Late Retirement Date. The benefit accrued under the plan prior to January 1, 1977 is subject to actuarial increase if it commences after age 65.
Termination Benefit	*Eligibility:* Upon termination of employment prior to retirement after completion of at least five years of Vesting Service.

APPENDIX A (Continued)

Termination Benefit (continued)	*Monthly Benefit:* A deferred vested benefit shall be payable monthly commencing on his Normal Retirement Date. An employee with at least ten years of Vesting Service can elect benefits as early as age 55 and the amount will be reduced 5/12 of 1% for each month early retirement precedes the normal retirement date. The amount of the fully deferred benefit shall equal the participant's Vested Percentage times his Accrued Benefit (based on his Credited Service and Average Monthly Compensation as of his Termination Date). The Vested Percentage is based on his Years of Vesting Service, as follows (see Item H below): Years of Vesting Service / Vested Percentage Less than 5 / 0% 5 or more / 100%
Death Benefit	*Eligibility:* 100% vested (including terminees) and married. *Monthly Benefit:* A death benefit, commencing at the date the participant would have been age 55 (or date of death if later), equal to 50% of that to which the participant would have been entitled had he (i) survived at least to age 55 with the accrued benefit he had when he died, (ii) elected Early Retirement, (iii) accepted the spouse's annuity benefit form, and (iv) died immediately thereafter. The spouse's benefit described in E.1 above does not apply in this circumstance.
Maximum Benefit Limit	The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.
Benefits Available as Lump Sums	This plan pays only small benefit amounts (lump sums of $5,000 or less).
Normal Form of Annuity	Life Annuity with 50% continuation to the employee's spouse at benefit commencement (if married at least a year at commencement).

APPENDIX A (Continued)

Optional Forms of Benefits (all actuarially equivalent)	Life Annuity – monthly payments for the life of the participant. Available only if unmarried. Joint and 50%, 75%, or 100% Annuity – monthly payments for the life of the participant with the chosen percentage of such amount continuing to a surviving spouse. 5-Year, 10-Year, or 15-Year Certain and Continuous – monthly payments for the life of the participant with a minimum of 60, 120, or 180 payments made. Lump sums are calculated using statutory mortality and interest rates. A stability period of the calendar year is used with the average segment rates in the November prior to the stability period. 85% of participants are assumed to be married to a spouse 3 years older and 1) entitled to unreduced 50% joint and survivor benefits and 2) preretirement death benefits (reflected in such values). There is a minimum calculated the same way except mortality rates are based on the 1951 Group Annuity Table projected to 1970 by Scale C with a five year age setback for employees and no setback for spouses and 7% interest is used. The conversion factors for other optional forms of payment are based on the 1951 Group Annuity Table projected to 1970 by Scale C with a five year age setback for employees and no setback for spouses and 7% interest.
Plan Compensation Limit	The Section 401(a)(17) Maximum Compensation that can be recognized for benefit calculation purposes.
Changes in Plan Provisions	Statutory limitations on compensation and/or benefits have increased since last year and such increases are treated as amendments but only when calculating contribution levels.

APPENDIX B (Continued)

Annual Increases to Social Security	Taxable Wage Base Funding: 3.25% FAS 87 Expense: 2.50%
Provision for Expenses	None.
FAS 87 Measurement Date	January 1
Fiscal Year	The 12-month period ending each December 31.
Asset Method	*Funding:* Market Value of Assets, plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the prior year effective rate minus the end of the year actual market value. Receivable contributions will be discounted for interest; discounting did not apply for valuation dates prior to 2009. The actuarial value of assets will be no less than 90% and no more than 110% of market value (including interest-adjusted accrued but unpaid contributions). A characteristic of this asset valuation method is that, due to legal constraints, its long-term average is expected to be approximately 98% of the market value. *FAS 35:* Market Value of Assets (per paragraph 11 of FAS 35) plus any contributions for the prior plan year that were unpaid as of the valuation date (per paragraph 10 of FAS 35). No other method is allowed. *FAS 87 Expense:* Market Value of Assets - other methods are allowed.
Date Last Method Changed	Assets – January 1, 2008 Funding – January 1, 2008
Employees Valued	All active employees of the Hospital as of the valuation date were valued as well as the inactive participants of the plan.

APPENDIX B (Continued)

Optional Forms	All married participants are assumed to elect the QJSA form and all single participants are assumed to elect a life annuity.
Changes in Assumptions and Methods since the Last Actuarial Valuation	The funding target was previously calculated using the segment rates. Asset soothing was not used last year. Expenses, if any, are now included in the Target Normal Cost for funding purposes only. FAS 87 assumptions revised: Discount Rate was 6.5% last year, and the Salary Scale was 4.5% The only assumption changes for funding were to prescribed actuarial assumptions or as a result of At-Risk status. Therefore, the plan did not need IRS approval to change assumptions and there is no need to disclose any Change in Actuarial Assumptions along with Form 5500's Schedule SB.

APPENDIX B (Continued)

Rates of Retirement

Age	Regular Early Retirement Rate	Special Early Retirement Rate
55	2%	N/A
56-59	1%	N/A
60	7%	N/A
61	7%	N/A
62	27%	31%
63	7%	11%
64	7%	11%
65	55%	55%
66-70	26%	26%
71	100%	100%

Weighted Average Retirement Age is 64. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Rates of Disability

100% of Table S-10 of the 11th Railroad Retirement Board Valuation (modified). Sample rates and ages are as follows.

Age(s)	Rate
25	.06%
40	.12
55	1.07

Rates of Turnover

Based on age and length of service as follows:

	Completed Years of Service					
Age	0	1	2	3	4	5+
25	.332	.282	.149	.116	.083	.101
35	.346	.294	.156	.121	.087	.045
40	.325	.276	.146	.114	.081	.045
45	.303	.258	.166	.106	.076	.045
55	.202	.172	.091	.071	.051	.045

Assumptions Made In Valuing Spouse's Benefit

Fifty percent of the employees included in the valuation are assumed to be married. The wife is assumed to be three years younger than the husband. Regarding current retirees, it has been assumed that 85% of the deaths of retirees' spouses have ***NOT*** been reported.

Annual Increases to Maximum Benefits and Plan Compensation Limits

Funding: 0.00%

FAS 87 Expense: 1.00%

Schedule SB, Line 26 - Schedule of Active Participant Data

JANUARY 1, 2009 VALUATION
MEDINA GENERAL HOSPITAL INC. PENSION PLAN - BASIC RUN Nov. Yield Curve
(EIN: 34|0733166; PN: 001)

Each cell shows the number of active participants on the top line and average annual plan compensation on the second

Attained Age	YEARS OF CREDITED (BENEFIT) SERVICE									
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & up
Under 25	.	13 (*)	.	.	.	.	.	.	.	.
25 to 29	3 (*)	35 (*)	7 (*)	.	.	.	.	.	.	.
30 to 34	3 (*)	37 (*)	13 (*)	2 (*)	.	.	.	.	.	.
35 to 39	5 (*)	44 (*)	26 (*)	21 (*)	3 (*)	.	.	.	.	.
40 to 44	1 (*)	35 (*)	33 (*)	14 (*)	12 (*)	3 (*)	.	.	.	.
45 to 49	2 (*)	33 (*)	41 (*)	20 (*)	10 (*)	11 (*)	7 (*)	.	.	.
50 to 54	.	33 (*)	32 (*)	21 (*)	28 (*)	13 (*)	12 (*)	11 (*)	1 (*)	.
55 to 59	.	19 (*)	24 (*)	20 (*)	15 (*)	8 (*)	3 (*)	10 (*)	5 (*)	.
60 to 64	.	9 (*)	18 (*)	6 (*)	10 (*)	9 (*)	5 (*)	4 (*)	1 (*)	2 (*)
65 to 69	.	1 (*)	5 (*)	2 (*)	1 (*)	.	1 (*)	.	.	.
70 & up	.	2 (*)	.	1 (*)	.	.	.	.	.	1 (*)

* Average compensation is not shown since fewer than 1,000 actives are reflected in the valuation.

Schedule SB, line 32 – Schedule of Shortfall Amortization Bases
Medina General Hospital, Inc. Pension Plan
January 1, 2009 Valuation
EIN/PN: 34-0733166 / 001

EXHIBIT VII

SCHEDULE OF SHORTFALL AMORTIZATION BASES

Plan Year Beginning **1/01/2009**

	Date Established	Present Value of Payments	Remaining Years	Shortfall Amortization Installment
Shortfall Amortization Bases	1/01/2009	$ 0	N/A	$ 0
	Total	$ 0		$ 0
Waiver Amortization Bases	1/01/2009	$ 0	N/A	$ 0
	Total	$ 0		$ 0

MEDINA GENERAL HOSPITAL PENSION PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2009 and 2008

	2009	2008
ASSETS		
Investments, at fair value		
Money market funds	$ -	$ 94,567
Mutual funds	-	24,909,013
	-	25,003,580
Investments, at contract value		
AXA Equitable Life Insurance Company	-	126,910
Lincoln Financial Group Stable Value Account	-	3,793,371
	-	3,920,281
Total Investments	-	28,923,861
Receivables		
Investment income	-	11,702
NET ASSETS AVAILABLE FOR BENEFITS	$ -	$ 28,935,563

See Notes to Financial Statements

MEDINA GENERAL HOSPITAL PENSION PLAN

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Year Ended December 31, 2009

ADDITIONS		
Investment income		
Net appreciation in fair value of investments	$	5,015,347
Interest		4,749
Dividends		1,185,973
		6,206,069
Employer contributions		857,876
TOTAL ADDITIONS		7,063,945
DEDUCTIONS		
Benefits paid to participants		1,296,860
Transfer to CCHS Retirement Plan		34,702,648
TOTAL DEDUCTIONS		35,999,508
NET DECREASE		(28,935,563)
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year		28,935,563
End of year	$	-

See Notes to Financial Statements

MEDINA GENERAL HOSPITAL PENSION PLAN

NOTES TO FINANCIAL STATEMENTS

(1) Description of Plan

The following description of the Medina General Hospital Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan document or Summary Plan Description for a more complete description of the Plan's provisions. Copies are available from the Division of Human Resources at The Cleveland Clinic Health System (CCHS).

General - The Plan is a noncontributory defined benefit plan that covers substantially all employees of Medina Hospital (the Hospital and Plan Sponsor) and provides for retirement, disability, and death benefits. The Plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA).

Participants are 100% vested upon completion of five years of vested service or if employed on their Normal Retirement Age. Participants are eligible for normal retirement payments upon reaching age 65. The amount of individual pensions is based upon several factors including, among other things, compensation, years of service and age. The Plan also provides for the payment of early retirement benefits, as well as the payment of benefits to the surviving spouse of a participant.

The Plan Sponsor has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to plan participants. The Plan Sponsor's present intention is to make annual contributions in amounts sufficient to fund the Plan's current year service cost and the initial past service cost plus interest over a period of 25 years. The Plan has met the ERISA minimum funding requirements. Administrative expenses of the Plan, including actuarial, accounting, and legal services, are currently paid by the Plan Sponsor.

Effective January 1, 2006, the Plan was amended modifying the benefit formula for employees hired on or after October 1, 2005, and to allow employees hired before October 1, 2005 to elect between the existing formula and the new benefit formula. The new benefit formula is a reduction of benefit under the Plan in exchange for receiving a matching contribution under the MGH Retirement Match Plan.

Effective at the close of business on December 31, 2009, the Plan was merged into the CCHS Retirement Plan. At that time, certain participants had the option of having their benefits administered under the provisions of the Plan or the provisions of The CCHS Retirement Plan.

(2) Summary of significant accounting policies

Basis of accounting - The financial statements of the Plan are prepared under the accrual method of accounting.

Use of estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Accordingly, actual results may differ from those estimates.

(2) Summary of significant accounting policies (continued)

Investment valuation and income recognition - Investments in money market funds and mutual funds are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for discussions of fair value measurements. Contracts with insurance companies are valued at contract value as reported to the Plan by AXA Equitable Life Insurance Company and Lincoln Financial Group.

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

Payment of benefits - Benefits are recorded when paid.

(3) Investments

The following table presents investments that represent 5% or more of the Plan's net assets:

	December 31,	
	2009	2008
American Washington Mutual Inv Fund-R5	-	5,420,472
Growth Fund American Inc. Class R-5	-	5,335,536
Lincoln Financial Group Stable Value Account III (contract value)	-	3,793,371
Pimco Long Duration Total Return IS	-	2,898,801
Vanguard Bond Index Fund Inc Long Term Portfolio Fund	-	2,885,688
Morgan Stanley L/D Fixed Income Fd I	-	2,832,629

During 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated exclusively as a result of investments in mutual funds.

(4) Information prepared and certified by the trustees

The plan administrator has elected the method of annual reporting compliance permitted by 29 CFR 2520.103-8 of the Department of Labor Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, Wilmington Trust Company and AXA Equitable Life Insurance Company, the Trustees of the Plan, have certified that the following data included in the accompanying 2009 financial statements and supplemental schedule is complete and accurate with respect to investments:

- Investments
- Net appreciation in fair value of investments
- Interest and dividends
- Schedule of reportable transactions

The Plan's independent public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental schedule.

(5) Fair value measurements

Authoritative guidance provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy assigns the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under the authoritative guidance are described below:

- Level 1 - Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

- Level 2 - Inputs to the valuation methodology include quoted prices for similar assets and liabilities in active markets; quoted prices for identical or similar assets in inactive markets; inputs other than quoted market prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

- Level 3 - Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

A financial instrument's level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

(5) Fair value measurements (continued)

The following is a description of the valuation methodologies used at December 31, 2008.

Money market funds: Valued at amortized cost which approximates fair value.

Mutual funds: Valued at the net asset value of shares held at the daily closing price reported on the active market.

Insurance contracts: The contract value represents contributions plus earnings, less withdrawals.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The following table sets forth by level, within the fair value hierarchy, the Plan's investments at fair value at December 31, 2008.

	Investments at Fair Value at December 31, 2008			
	Level 1	Level 2	Level 3	Total
Money market funds	$ 94,567	$ -	$ -	$ 94,567
Mutual funds	24,909,013	-	-	24,909,013
Lincoln Financial Group Stable Value Account (contract value)	-	-	3,793,371	3,793,371
AXA Equitable Life Insurance Company (contract value)	-	-	126,910	126,910
Total investments at fair value	$ 25,003,580	$ -	$ 3,920,281	$ 28,923,861

(5) Fair value measurements (continued)

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 investments.

	AXA Equitable Life Insurance Company	Lincoln Financial Group Stable Value Account
Balance as of January 1, 2008	$ 140,732	$ 5,220,831
Purchases, issuances, and settlements, net	(13,822)	(1,427,460)
Balance as of December 31, 2008	126,910	3,793,371
Purchases, issuances, and settlements, net	(11,664)	(2,240,278)
Transfer to CCHS Retirement Plan	(115,246)	(1,553,093)
Balance as of December 31, 2009	$ -	$ -

(7) Actuarial present value of accumulated plan benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the plan are based on employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years preceding the valuation date. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employees' services rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is the amount that results from applying actuarial assumptions to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment. The actuarial present value of accumulated plan benefits is presented based on an end-of-year benefit information date.

(7) Actuarial present value of accumulated plan benefits (continued)

The significant actuarial assumptions used in the December 31, 2009 and 2008 valuations are as follows:

	2009	2008
Long-term rate of return	8.00% per year	8.50% per year
Mortality	IRS 2010 prescribed	1994 Group Annuity Morality Table projected to 2010 by Scale AA
Cost method	Projected unit credit	Frozen entry age
Retirement	Varies, with average retirement age of 63	Age 65

The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

A summary of actuarial present value of accumulated plan benefits as of the end of each plan year is as follows:

	2009	2008
VESTED BENEFITS		
Participants currently receiving payments	$ -	$ 10,281,804
Other participants	-	15,630,588
TOTAL VESTED BENEFITS	-	25,912,392
NONVESTED BENEFITS	-	989,128
TOTAL BENEFITS	$ -	$ 26,901,520

(7) Actuarial present value of accumulated plan benefits (continued)

The change in the actuarial present value of accumulated plan benefits for each year consists of the following:

	2009	2008
Actuarial present value of accumulated plan benefits at beginning of year	$ 26,901,520	$ 24,838,018
Change in acturial assumptions	1,351,235	-
Increase due to benefits accumulated	1,424,488	1,151,864
Increase due to passage of time	2,233,150	2,058,431
Decrease due to benefits paid	(1,296,860)	(1,146,793)
Transfer to CCHS Retirement Plan	(30,613,532)	-
Actuarial present value of accumulated plan benefits at end of year	$ -	$ 26,901,520

(8) Contracts with insurance companies

The Plan maintains an investment in Lincoln Financial Group Stable Value Account. The internal rate on the contract is adjusted quarterly and is based upon the three year average of the Lehman Intermediate U.S. Government/Credit Index (or comparable index) minus 1.15%, as of the month prior to the beginning of the quarter. The minimum crediting interest risk is 1.75%. There are no reserves against the contract value for credit risk of the contract issues.

The Plan may discontinue the contract with Lincoln at any time. However, funds withdrawn from the account within a twelve month period following the discontinuance date may be at a value less than the current contract value based on the provisions of the contract.

The Plan also maintains an investment with AXA Equitable Life Insurance Company, which is used to pay benefits and purchase annuities for retirees who were participants in a predecessor plan. The account bears interest at a variable rate (4.01% and 3.29% for the years ended December 31, 2009 and 2008, respectively).

(9) Tax status

The Plan has received a determination letter from the Internal Revenue Service dated June 11, 2008, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and that the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its tax-qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes the Plan, is qualified and the related trust is tax-exempt.

(10) Subsequent events

Management has evaluated subsequent events through October 12, 2010, the date at which the financial statements were available to be issued.

MEDINA GENERAL HOSPITAL PENSION PLAN

SCHEDULE H, LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Year Ended December 31, 2009

EIN: 34-0733166
Plan Number: 001

(a) Identity of Party Involved	(b) Description of Assets	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred With Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
Category (iii) – Series of Transactions in same security in excess of 5% Plan assets								
Wilmington Trust Company	Wilmington Prime MM Fund W Class							
	31 Purchases	$ 1,396,164				$ 1,396,164	$ 1,396,164	$ -
	26 Sales		$ 1,375,033			$ 1,375,033	1,375,033	-
Wilmington Trust Company	Lincoln Financial Group Stable Value							
	13 Purchases	$ 89,748				$ 89,748	$ 89,748	$ -
	23 Sales		$ 2,330,026			$ 2,330,026	2,330,026	-