

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 <u>01/01/2009</u> and ending <u>12/31/2009</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>COMMUNITY HOSPITAL RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ► <u>005</u> 1c Effective date of plan <u>07/18/1966</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>COMMUNITY MERCY HEALTH PARTNERS</u> <u>4600 MCAULEY PLACE</u> <u>CINCINNATI, OH 45242</u>	2b Employer Identification Number (EIN) <u>31-0785684</u> 2c Sponsor's telephone number <u>513-981-6133</u> 2d Business code (see instructions) <u>622000</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/15/2010</u>	<u>KATHLEEN GUBSER</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

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

COMMUNITY MERCY HEALTH PARTNERS

4600 MCAULEY PLACE
CINCINNATI, OH 45242**3b** Administrator's EIN

31-0785684

3c Administrator's telephone number

513-981-6133

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

COMMUNITY HOSPITAL OF SPRINGFIELD AND CLARK COUNTY

4b EIN

31-0722120

4c PN

001

5 Total number of participants at the beginning of the plan year**5**

1227

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**

402

b Retired or separated participants receiving benefits.....**6b**

68

c Other retired or separated participants entitled to future benefits.....**6c**

714

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

1184

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

2

f Total. Add lines **6d** and **6e**.....**6f**

1186

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**

1

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 1I

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)(1) ☒

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

9b Plan benefit arrangement (check all that apply)(1) ☒

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a Pension Schedules**(1) ☒**R** (Retirement Plan Information)(2) ☐**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary(3) ☒**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary**b General Schedules**(1) ☒**H** (Financial Information)(2) ☐**I** (Financial Information - Small Plan)(3) ☒**A** (Insurance Information)(4) ☒**C** (Service Provider Information)(5) ☐**D** (DFE/Participating Plan Information)(6) ☐**G** (Financial Transaction Schedules)

SCHEDULE 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 COMMUNITY HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500. COMMUNITY MERCY HEALTH PARTNERS	D Employer Identification Number (EIN) 31-0785684	

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
AMERICAN UNITED 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
35-0145825	60895	B00343	572	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

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	
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. Specify nature of costs ▶	6d	
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 ▶ GROUP ANNUITY CONTRACT		
b Balance at the end of the previous year	7b	291966
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)	
(5) Other (specify below)	7c(5)	
(6) Total additions	7c(6)	10831
d Total of balance and additions (add b and c(6))	7d	302797
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	7807
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
(5) Total deductions	7e(5)	7807
f Balance at the end of the current year (subtract e(5) from d)	7f	294990

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)	0
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)	0
(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)	0
(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 COMMUNITY HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) 005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF COMMUNITY MERCY HEALTH PARTNERS	D Employer Identification Number (EIN) 31-0785684
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information		
1	Enter the valuation date: Month 01 Day 01 Year 2009		
2	Assets:		
a	Market value	2a	26212663
b	Actuarial value	2b	28833929
3	Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	60 2951616
b	For terminated vested participants	3b	723 16622104
c	For active participants:		
(1)	Non-vested benefits	3c(1)	16948
(2)	Vested benefits	3c(2)	15319007
(3)	Total active	3c(3)	443 15335955
d	Total	3d	1226 34909675
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	6.77 %
6	Target normal cost	6	0

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	09/28/2010
Signature of actuary	Date
PAUL J. GRIFFIN	08-04466
Type or print name of actuary	Most recent enrollment number
ACTUARIAL DESIGNS & SOLUTIONS	207-879-9200
Firm name	Telephone number (including area code)
200 US ROUTE 1, SUITE 120 SCARBOROUGH, ME 04074	
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)	5182438	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	5182438	0
10	Interest on item 9 using prior year's actual return of <u>-24.80</u> %	-1285245	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		1492754
b	Interest on (a) using prior year's effective rate of <u>6.20</u> %		92551
c	Total available at beginning of current plan year to add to prefunding balance		1585305
d	Portion of (c) to be added to prefunding balance.....		1585305
12	Reduction in balances due to elections or deemed elections.....	3897193	679116
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	906189

Part III Funding percentages			
14	Funding target attainment percentage.....	14	80.00 %
15	Adjusted funding target attainment percentage.....	15	80.00 %
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	98.14 %
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
04/14/2010	200000	0			
Totals ►			18(b)	200000	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 183888
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: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ 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 ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ 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	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	4887355	845368
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	845368
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	661480
36 Additional cash requirement (item 34 minus item 35).....	36	183888
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	183888
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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan COMMUNITY HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY MERCY HEALTH PARTNERS	D Employer Identification Number (EIN) 31-0785684	

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
ADVISORY RESEARCH, INC.
36-2831881

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

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

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

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

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

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

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

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

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

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

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

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

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

KEY BANK NATIONAL ASSOCIATION

34-6881356

(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?
13 19 62	NONE	7304	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

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

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
			Yes ☐ No ☐	Yes ☐ No ☐		Yes ☐ No ☐

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
KEY BANK NATIONAL ASSOCIATION	62	0

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
KEY BANK NATIONAL ASSOCIATION 34-6881356	CHECK FLOAT REVENUE BASED ON SHORT-TERM INTEREST CREDIT DIRECTLY LINKED TO THE FED FUNDS TARGET RATE.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone:

Explanation:

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 COMMUNITY HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ►	005
C Plan sponsor's name as shown on line 2a of Form 5500 COMMUNITY MERCY HEALTH PARTNERS	D Employer Identification Number (EIN) 31-0785684	

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)	1650000	200000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	108403	89707
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	802625	424560
(2) U.S. Government securities.....	1c(2)	5206015	4730811
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	4522822	4309287
(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)	13997174	19239634
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	291966	294990
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	26579005	29288989

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	26579005	29288989
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	200000	
(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)		200000

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5200	
(B) U.S. Government securities	2b(1)(B)	178742	
(C) Corporate debt instruments	2b(1)(C)	187141	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		371083

(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)	381707	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		381707

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

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	8055874	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	8039715	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		16159

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	46049	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		46049
(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)		4332782
c Other income.....	2c		10831
d Total income. Add all income amounts in column (b) and enter total.....	2d		5358611

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2641323	
(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)		2641323
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)	7304	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		7304
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2648627

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2709984
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

3 Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

a The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

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

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

(1) Name: ERNST & YOUNG

(2) EIN: 34-6565596

d The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

Part IV Compliance Questions

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		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?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
---	--	--

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

A Name of plan <u>COMMUNITY HOSPITAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>005</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COMMUNITY MERCY HEALTH PARTNERS</u>	D Employer Identification Number (EIN) <u>31-0785684</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>34-6881356</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>39</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☒ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☒ Yes	☐ No	☐ N/A

Part III	Amendments
-----------------	-------------------

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

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

Stock: 57% Investment-Grade Debt: 39% High-Yield Debt: _____% Real Estate: _____% Other: 4%

- 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): _____

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

The Community Hospital Retirement Plan
Years Ended December 31, 2009 and 2008
With Report of Independent Auditors

Ernst & Young LLP



The Community Hospital Retirement Plan

Financial Statements and Supplemental Schedules

Years Ended December 31, 2009 and 2008

Table of Contents

Report of Independent Auditors.....	1
Financial Statements	
Statements of Net Assets Available for Benefits.....	2
Statements of Changes in Net Assets Available for Benefits.....	3
Notes to Financial Statements.....	4
Supplemental Schedules	
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	14
Schedule H, Line 4j – Schedule of Reportable Transactions.....	18

Report of Independent Auditors

Community Mercy Health Partners

We were engaged to audit the accompanying statements of net assets available for benefits of The Community Hospital Retirement Plan as of December 31, 2009 and 2008, and the related statements of changes in net assets available for benefits for the years then ended and supplemental schedules of assets (held at end of year) as of December 31, 2009 and reportable transactions for the year ended December 31, 2009. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 4, which was certified by KeyBank, N.A. and American United Life Insurance Company, the custodians of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the custodians is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the investment information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Ernst & Young LLP

October 14, 2010

The Community Hospital Retirement Plan

Statements of Net Assets Available for Benefits

	December 31	
	2009	2008
Assets		
Investments:		
Money market fund	\$ 424,560	\$ 802,625
Mutual funds	19,239,634	13,997,174
Corporate bonds	4,309,287	4,522,822
US government agency securities	2,520,438	2,574,011
US treasury securities	2,210,373	2,632,004
Unallocated insurance contract	294,990	291,966
Total investments	28,999,282	24,820,602
Receivables:		
Contribution from employer	200,000	1,650,000
Accrued income	89,707	108,403
Total receivables	289,707	1,758,403
Net assets available for benefits	<u>\$ 29,288,989</u>	<u>\$ 26,579,005</u>

See accompanying notes.

The Community Hospital Retirement Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2009	2008
Additions		
Investment income:		
Interest and dividends	\$ 755,814	\$ 1,051,441
Net appreciation in the fair value of investments	4,394,989	—
Employer contribution	200,000	1,650,000
Total additions	5,350,803	2,701,441
Deductions		
Net depreciation in the fair value of investments	—	9,531,874
Benefits paid	2,633,516	3,944,877
Administrative expenses	7,304	8,495
Total deductions	2,640,820	13,485,246
Net increase (decrease) in net assets available for benefits	2,709,983	(10,783,805)
Net assets available for benefits at beginning of year	26,579,005	37,362,810
Net assets available for benefits at end of year	<u>\$ 29,288,989</u>	<u>\$ 26,579,005</u>

See accompanying notes.

The Community Hospital Retirement Plan

Notes Financial Statements

December 31, 2009 and 2008

1. Description of the Plan

The Community Hospital Retirement Plan (the Plan) is a noncontributory defined benefit plan which provides retirement benefits for substantially all employees of the previously existing Community Hospital of Springfield and Clark County (the Hospital), which is now part of Springfield Regional Medical Center. The provisions of the Plan apply to an employee, or became, a participant on or after January 1, 1989 and before December 31, 2001. All employees participating in the Plan are also fully vested in the assets and benefits of a predecessor plan which have been included in the accompanying financial statements.

In 2004, Catholic Healthcare Partners, transferred its membership in Mercy Health System – Western Ohio Region (MHP) and Community Hospital Health Services Foundation (CHF), transferred its membership in the Hospital to Community Mercy Health Partners (CMHP), a newly formed company. CHP and CHF are the corporate members of CMHP each owning 50% of CMHP. Sponsorship of the Plan was transferred from the Hospital to CMHP on December 17, 2006.

The Hospital amended the Plan effective December 31, 2001, to freeze participation and benefits. No employee may start to participate in the Plan after that date, so only eligible employees who were already participants on December 31, 2001, shall earn benefits under the Plan. Benefits became frozen on that date as well, so no years of credited service after 2001 and no compensation earned after 2001 shall count when calculating any participant's benefit. Years of service towards vesting may continue to be earned after 2001.

CMHP has agreed to voluntarily contribute such additional amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan members. CMHP's present intention is to make additional contributions to pay for any unfunded plan liability that may result if the Plan were to be terminated. The Plan has met the Employee Retirement Income Security Act (ERISA) minimum funding requirements.

Should the Plan terminate at some future time, its net assets will generally not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guarantee, while other benefits may not be provided for at all.

The Community Hospital Retirement Plan

Notes to Financial Statements (continued)

1. Description of the Plan

Expenses relating to purchases, sales or transfers of the Plan's investments are charged to the particular investment fund to which the expenses relate. All other administrative expenses are paid by the Hospital on behalf of the Plan.

2. Significant Accounting Policies

Information about the Plan agreement, the vesting and benefit provisions, and the PBGC's benefit guarantee is contained in the Plan's Summary Plan Description. Copies of this pamphlet are available from CMHP.

Basis of Presentation

The accompanying financial statements have been prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

Contributions

Employer contributions are accrued in the period in which they become an obligation of the CMHP.

Benefit Payments

Benefit payments to participants are recorded when paid.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is defined as 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 (an exit price). See Note 5 for further discussion and disclosures related to fair value measurements.

The Community Hospital Retirement Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

In accordance with ASC 820, *Fair Value Measurements and Disclosures*, assets and liabilities measured at fair value are categorized into the following fair value hierarchy:

Level 1 – Fair value is based on unadjusted quoted prices for identical assets or liabilities in an active market that the Plan has the ability to access at the measurement date.

Level 2 – Fair value is based on quoted prices in markets that are not active, quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability.

Level 3 – Fair value is based on prices or valuation techniques that require inputs that are both significant to the fair value measurements and unobservable. These inputs reflect management's judgment about the assumptions that a market participant would use in pricing the investment and are based on the best available information, some of which may be internally developed.

New Accounting Pronouncements

In April 2009, the Financial Accounting Standards Board (FASB) issued FASB Staff Position 157-4, *Determining Fair Value When the Volume and Level of Activity for the Asset or Liability Have Significantly Decreased and Identifying Transactions That Are Not Orderly* (FSP 157-4). FSP 157-4 amended the guidance codified in ASC 820 to provide additional guidance on estimating fair value when the volume and level of activity for an asset or liability have significantly decreased in relation to its normal market activity. FSP 157-4 also provided additional guidance on circumstances that may indicate that a transaction is not orderly and on defining major categories of debt and equity securities to comply with the disclosure requirements of ASC 820. The Plan adopted the guidance in FSP 157-4 for the reporting period ended December 31, 2009. Adoption of FSP 157-4 did not have a material effect on the Plan's net assets available for benefits or its changes in net assets available for benefits.

In May 2009, the FASB issued FASB Statement No. 165, *Subsequent Events*, which was codified into ASC 855, *Subsequent Events*, to provide general standards of accounting for and disclosure of events that occur after the balance sheet date, but before financial statements are issued or are available to be issued. ASC 855 was amended in February 2010. The Plan has adopted ASC 855, as amended.

The Community Hospital Retirement Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

In January 2010, the FASB issued Accounting Standards Update 2010-06, *Improving Disclosures about Fair Value Measurements*, (ASU 2010-06). ASU 2010-06 amended certain of the disclosures required under ASC 820. The guidance in ASU 2010-06 clarified that disclosures should be presented separately for each “class” of assets and liabilities measured at fair value and provided guidance on how to determine the appropriate classes of assets and liabilities to be presented. ASU 2010-06 also clarified the requirement for entities to disclose information about both the valuation techniques and inputs used in estimating Level 2 and Level 3 fair value measurements. In addition, ASU 2010-06 introduced new requirements to disclose the amounts (on a gross basis) and reasons for any significant transfers between Levels 1, 2 and 3 of the fair value hierarchy and present information regarding the purchases, sales, issuances and settlements of Level 3 assets and liabilities on a gross basis. With the exception of the requirement to present changes in Level 3 measurements on a gross basis, which is delayed until 2011, the guidance in ASU 2010-06 becomes effective for reporting periods beginning after December 15, 2009. Plan management is currently evaluating the effect that the provisions of ASU 2010-06 will have on the Plan’s financial statements.

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 3) represent the actuarial present value of estimated 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, and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are based on employees’ compensation during the last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the highest five consecutive years, of the final ten 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 employee service rendered to the valuation.

Subsequent Events

Management evaluated subsequent events for the Plan through October 14, 2010, the date the financial statements were available to be issued.

The Community Hospital Retirement Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits

The Plan's actuary has estimated the actuarial present value of accumulated plan benefits which is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants 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 accumulated plan benefit information is as follows:

	December 31, 2008
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 2,743,520
Other participants	29,171,306
	<u>31,914,826</u>
Nonvested benefits	11,298
Total actuarial present value of accumulated plan benefits	<u><u>\$ 31,926,124</u></u>

The Community Hospital Retirement Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

The changes in accumulated plan benefits are as follows:

	December 31, 2008
Actuarial present value of accumulated plan benefits at beginning of year	\$ 32,922,331
(Decrease) increase during the year attributed to:	
Benefits (net actuarial losses) accumulated	469,643
Increase for interest due to the decrease in the discount period	2,479,027
Benefits paid	<u>(3,944,877)</u>
Net decrease	<u>(996,027)</u>
Actuarial present value of accumulated plan benefits at end of year	<u><u>\$ 31,926,124</u></u>

Significant assumptions underlying the actuarial computations for 2009 and 2008 are as follows:

Assumed rate of return	8.0%
Retirement	At normal retirement age (65)
Mortality basis	RP 2000 Mortality table projected to 2008 using scale AA

These actuarial assumptions are based on the presumption that the Plan was frozen effective December 31, 2001. If the Plan were to terminate, different actuarial assumptions and other factors would be applicable in determining the actuarial present value of accumulated plan benefits.

The Community Hospital Retirement Plan

Notes to Financial Statements (continued)

4. Investments

KeyBank, N.A. and American United Life Insurance Company, the Plan custodians, hold the Plan's investments and execute all investment transactions. All investment information disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2009 and 2008, and interest and dividends and net appreciation (depreciation) in the fair value of investments for the years then ended, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by the Plan custodians.

During the years ended December 31, 2009 and 2008, the Plan's investments (including investments bought, sold, as well as held during the year) appreciated (depreciated) in fair value as follows:

	<u>2009</u>	<u>2008</u>
Mutual funds	\$ 4,332,780	\$(9,423,333)
U.S. government agency securities	–	407,125
U.S. treasury securities	702,201	5,210
Corporate bonds	(639,992)	(520,876)
Net appreciation (depreciation) in fair value of investments	<u>\$ 4,394,989</u>	<u>\$(9,531,874)</u>

The fair value of individual investments that represent 5% or more of the Plan's net assets available for benefit are as follows:

	<u>December 31</u>	
	<u>2009</u>	<u>2008</u>
Vanguard 500 Index Portfolio	\$ 11,979,473	\$ 10,187,423
American Pacific Euro Growth Fund	4,912,892	3,060,281
T Rowe Price International Stock Fund	2,347,269	**

**Investment did not represent 5% of Plan's net assets available for benefits in 2008.

The Community Hospital Retirement Plan

Notes to Financial Statements (continued)

5. Fair Value Measurements

The following table sets forth by level, within the fair value hierarchy, the Plan's assets carried at fair value as of December 31, 2009:

	Level 1	Level 2	Level 3	Total
Money market fund	\$ 424,560	\$ —	\$ —	\$ 424,560
Mutual funds:				
International fund	2,347,269	—	—	2,347,369
Index fund	11,979,473	—	—	11,979,473
Growth Fund	4,912,892	—	—	4,912,892
Corporate bonds	—	4,309,287	—	4,309,287
US government agency securities	—	2,520,438	—	2,520,438
US treasury securities	2,210,373	—	—	2,210,373
Unallocated insurance contract	—	294,990	—	294,990
Total	\$ 21,874,567	\$ 7,124,715	\$ —	\$ 28,999,282

The following table sets forth by level, within the fair value hierarchy, the Plan's assets carried at fair value as of December 31, 2008:

	Level 1	Level 2	Level 3	Total
Money market fund	\$ 802,625	\$ —	\$ —	\$ 802,625
Mutual funds:				
International fund	749,470	—	—	749,470
Index fund	10,187,423	—	—	10,187,423
Growth fund	3,060,281	—	—	3,060,281
Corporate bonds	—	4,522,822	—	4,522,822
US government agency securities	—	2,574,011	—	2,574,011
US treasury securities	2,632,004	—	—	2,632,004
Unallocated insurance contract	—	291,966	—	291,966
Total	\$ 17,431,803	\$ 7,388,799	\$ —	\$ 24,820,602

The Community Hospital Retirement Plan

Notes to Financial Statements (continued)

5. Fair Value Measurements (continued)

Following is a description of the valuation methodologies used for major categories of assets and liabilities measured at fair value.

Mutual funds and money market values – Valued at the closing price reported on the major market on which the individual securities are traded and are classified within level 1 of the valuation hierarchy.

Corporate bonds – Fair values are estimated by using pricing models, quoted prices of securities with similar characteristics or discounted cash flows, or published bid-ask spreads and are classified within level 2 of the valuation hierarchy.

US government agency securities – Fair values are estimated by using pricing models quoted prices of securities with similar characteristics or discounted cash flows, or published bid-ask spreads and they are classified within level 2 of the valuation hierarchy.

US treasury securities – are valued at the closing price reported on the major market on which the individual securities are traded and are classified within level 1 of the valuation hierarchy.

Unallocated insurance contract – Valued at fair value by discontinuing the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer.

The level in the fair value hierarchy within which the fair value measurement is classified is determined based the lowest level input that is significant to the fair value measure in its entirety.

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 different fair value measurements at the reporting date.

The Community Hospital Retirement Plan

Notes to Financial Statements (continued)

6. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service dated April 25, 2002, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Subsequent to this issuance of the determination letter, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax-exempt.

7. Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption processes, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

Supplemental Schedules

Community Hospital Retirement Plan

EIN #31-0785684 Plan #005

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

December 31, 2009

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
Money Market Fund			
Victory Institutional Money Market Fund Investor Class	424,560 units	\$ 424,560	\$ 424,560
Mutual Funds			
T Rowe Price International Stock Fund	186,291 units	2,053,548	2,347,269
Vanguard 500 Index Portfolio	116,679 units	8,322,159	11,979,473
American Pacific Euro Growth Fund	128,140 units	4,075,810	4,912,892
Total Mutual Funds		14,451,517	19,239,634
Corporate Bonds			
Abbot Laboratories	\$200,000 principal amount, 5.60%, due 11/30/17	223,130	217,202
American Express Credit	\$250,000 principal amount, 7.30%, due 8/20/13	259,885	280,970
Caterpillar Financial Svcs Corp	\$300,000 principal amount, 5.05%, due 12/1/10	310,143	312,108
E I Dupont DE Nemours & Co	\$500,000 principal amount, 4.13% due 03/06/13	470,575	521,185
FPL Group Capital Inc	\$360,000 principal amount, 5.63% due 09/01/11	367,373	382,943
General Electric Corp.	\$370,000 principal amount, 5.50%, due 6/4/14	373,863	392,045

Community Hospital Retirement Plan

EIN #31-0722120

Plan #001

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

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
Corporate Bonds (continued)			
Goldman Sachs Group Inc	\$200,000 principal amount, 5.15%, due 1/15/14	201,262	211,572
Goldman Sachs Group Inc	\$200,000 principal amount, 6.25%, due 9/1/17	213,300	214,482
Honeywell International Inc	\$250,000 principal amount, 7.50%, due 3/1/10	252,463	253,008
International Business Machines	\$250,000 principal amount, 4.75%, due 11/29/12	246,348	268,585
SBC Communication Inc	\$250,000 principal amount, 5.10%, due 9/15/14	251,468	268,915
SBC Communications Inc	\$250,000 principal amount 5.30%, due 11/15/10	258,823	259,885
Wal Mart Stores Inc	\$400,000 principal amount, 4.13%, due 2/15/11	402,708	414,340
Wells Fargo Co	\$300,000 principal amount, 5.63%, due 12/11/17	317,646	312,048
Total Corporate Bonds		4,148,985	4,309,287

Community Hospital Retirement Plan

EIN #31-0722120

Plan #001

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

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
United States Government Agency Securities			
Federal Home Loan Banks	\$415,000 principal amount, 5.00% due 2/11/15	415,436	448,980
Federal Home Loan Banks	\$300,000 principal amount, 5.50% due 6/12/15	313,677	336,282
Federal Home Loan Banks	\$250,000 principal amount, 2.63% due 5/20/11	246,663	256,015
Federal Home Loan Banks	\$950,000 principal amount, 3.88% due 2/15/12	913,663	1,000,474
Federal Home Loan Banks	\$200,000 principal amount, 3.88% due 6/14/13	198,420	211,500
Fannie Mae	\$250,000 principal amount, 5.00% due 10/15/11	267,088	267,188
Total United States Government Treasury Securities		2,354,945	2,520,438
United States Treasury Notes	\$500,000 principal amount, 4.75%, due 5/15/14	490,859	550,155
United States Treasury Notes	\$500,000 principal amount, 4.00%, due 2/15/15	510,391	531,405

Community Hospital Retirement Plan

EIN #31-0722120

Plan #001

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

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
United States Government Treasury Securities (continued)			
United States Treasury Notes	\$400,000 principal amount, 4.00%, due 3/15/10	397,563	403,016
United States Treasury Notes	\$346,219.250 principal amount, 2.00%, due 4/15/12	358,727	361,799
United States Treasury Notes	\$357,955.50 principal amount, 0.625%, due 4/15/13	357,064	363,998
Total United States Government Treasury Securities		2,114,604	2,210,373
Unallocated Insurance Contract*	Guaranteed minimum 3.25% per annum	294,990	294,990
Total investments		<u>\$ 23,789,600</u>	<u>\$ 28,999,282</u>

*Represents party in interest to the Plan.

Community Hospital Retirement Plan

EIN #31-0785684 Plan #005

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2009

Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain (Loss)
Category (iii) – Series of transactions in excess of 5% of plan assets						
Victory Institutional Money Market Fund	Money Market Fund					
	1 purchase	\$ 1,650,000		\$ 1,650,000	\$ 1,650,000	\$ –
	0 sales		\$ –	–	–	–
Vanguard 500 Index Portfolio	Open End Fund					
	1 purchase	\$ 470,000		\$ 470,000	\$ 470,000	–
	2 sales		\$ 1,090,000	874,765	1,013,680	76,320
Victory Institutional Money Market Fund	Money Market Fund					
	36 purchases	\$ 5,196,853		\$ 5,196,853	\$ 5,196,853	\$ –
	41 sales		\$ 5,574,918	5,574,918	5,574,918	–

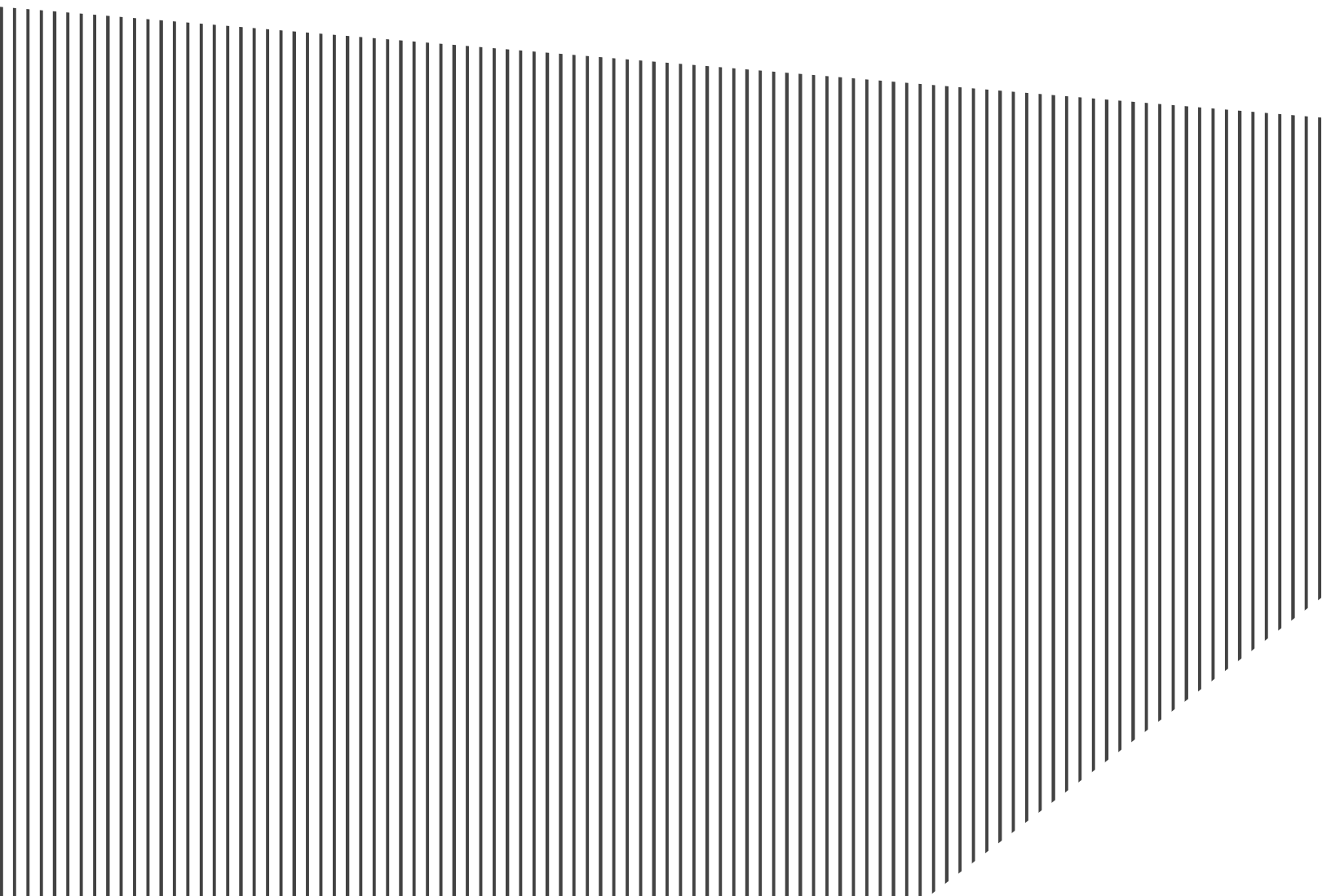
There were no category (i), (ii), or (iv) reportable transactions during 2009.

About Ernst & Young

Ernst & Young is a global leader in assurance, tax, transaction and advisory services. Worldwide, our 144,000 people are united by our shared values and an unwavering commitment to quality. We make a difference by helping our people, our clients and our wider communities achieve their potential.

For more information, please visit www.ey.com

Ernst & Young refers to the global organization of member firms of Ernst & Young Global Limited, each of which is a separate legal entity. Ernst & Young Global Limited, a UK company limited by guarantee, does not provide services to clients. This Report has been prepared by Ernst & Young LLP, a client serving member firm located in the United States.



Schedule SB, line 26 – Schedule of Active Participants
Community Hospital Retirement Plan
EIN / PN: 31-0722120 / 001
Plan Year: 2009

Attained Age	Years of credited 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			
	N	Avg.	No.	Comp.	Avg.	No.	Comp.	Avg.	No.	Comp.	Avg.	No.	Comp.	Avg.	No.	Comp.	Avg.	No.	Comp.	Avg.	No.	Comp.
Under 25	0		0			0			0			0			0			0			0	
25 to 29	0		0			0			0			0			0			0			0	
30 to 34	0		3			20			3			0			0			0			0	
35 to 39	0		0			17			17			0			0			0			0	
40 to 44	0		1			18			15			11			0			0			0	
45 to 49	0		0			16			9			10			21			2			0	
50 to 54	0		0			19			15			11			22			20			3	
55 to 59	0		2			19			6			9			12			10			13	
60 to 64	0		0			14			6			7			7			8			9	
65 to 69	0		0			4			1			0			2			2			0	
70 & up	0		0			4			0			0			0			0			0	

Funding Assumptions

Actuarial assumptions are estimates of the occurrence of future events affecting the costs of the plan such as mortality rates, changes in compensation levels, retirement ages, rates of investment earnings, expenses, etc. The assumptions have been chosen to anticipate the long-range experience of the plan. The enrolled actuary will certify to the reasonableness of these assumptions, as required by ERISA.

The actuarial assumptions used in this year's valuation are as follows:

Yield Curve

Funding Target Calculation

Discount Period	Discount Rate
4 to 5 years	6.90%
14 to 15 years	7.28%
29 to 30 years	6.51%
Mortality:	IRS 2008 Generational Mortality Table
Turnover:	Sarason Table T-6
Salary Increases:	N/A
Retirement Age:	Normal Retirement Age under the plan or attained age at the end of the year, if greater.
Expenses in Target Normal Cost:	0
Percent Married	80% of participants are assumed to be married
Spouse Age Difference	Females are 3 years younger than males
Taxable Wage Base Increase:	3.50% per annum
Assumed Payment Form	Lump Sum

Funding Methods

Valuation Date:	January 1, 2009
Asset Valuation	Plan assets are valued with an averaging method described in 430(g)(3)(B).
Liabilities	Liabilities are calculated using the traditional unit credit method in accordance with IRS section 430 and related guidance.

Community Hospital Retirement Plan

EIN #31-0785684 Plan #005

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2009

Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on		Net Gain (Loss)
					Transaction Date		

Category (iii) – Series of transactions in excess of 5% of plan assets

Victory Institutional Money Market Fund	Money Market Fund						
	1 purchase	\$ 1,650,000		\$ 1,650,000	\$ 1,650,000	\$	–
	0 sales		\$ –	–	–	–	–
Vanguard 500 Index Portfolio	Open End Fund						
	1 purchase	\$ 470,000		\$ 470,000	\$ 470,000		–
	2 sales		\$ 1,090,000	874,765	1,013,680		76,320
Victory Institutional Money Market Fund	Money Market Fund						
	36 purchases	\$ 5,196,853		\$ 5,196,853	\$ 5,196,853	\$	–
	41 sales		\$ 5,574,918	5,574,918	5,574,918		–

There were no category (i), (ii), or (iv) reportable transactions during 2009.

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 COMMUNITY HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	005
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF COMMUNITY MERCY HEALTH PARTNERS	D Employer Identification Number (EIN) 31-0785684	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2009</u>			
2 Assets:			
a Market value	2a	26212663	
b Actuarial value	2b	28833929	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	60	2951616
b For terminated vested participants	3b	723	16622104
c For active participants:			
(1) Non-vested benefits	3c(1)		16948
(2) Vested benefits	3c(2)		15319007
(3) Total active	3c(3)	443	15335955
d Total	3d	1226	34909675
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	6.77%	
6 Target normal cost	6	0	

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	 Signature of actuary	<u>09/28/2010</u> Date <u>0804466</u> Most recent enrollment number <u>207-879-9200</u> Telephone number (including area code)
<u>Paul J. Griffin</u> Type or print name of actuary <u>Actuarial Designs & Solutions</u> Firm name <u>200 US Route 1, Suite 120</u> <u>Scarborough ME 04074</u> 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 ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

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)	5182438	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	5182438	0
10 Interest on item 9 using prior year's actual return of <u>-24.80%</u>	-1285245	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		1492754
b Interest on (a) using prior year's effective rate of <u>6.20%</u>		92551
c Total available at beginning of current plan year to add to prefunding balance		1585305
d Portion of (c) to be added to prefunding balance		1585305
12 Reduction in balances due to elections or deemed elections	3897193	679116
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	906189

Part III Funding percentages

14 Funding target attainment percentage	14	80.00 %
15 Adjusted funding target attainment percentage	15	80.00 %
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	98.14 %
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
04/14/2010	200000	0			
Totals ▶			18(b)	200000	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 183888

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: %	☒ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ 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 ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ 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	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	4887355	845368
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	845368
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	661480
36 Additional cash requirement (item 34 minus item 35)	36	183888
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	183888
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

Plan Provisions

Plan Name	Community Hospital Retirement Plan
Effective Dates:	Original Plan: July 18, 1966 Most Recent Restatement: January 1, 2001 Most Recent Amendment: December 31, 2002
Employee:	Any person employed by Community Hospital
Eligibility Requirements:	Service: 1 Year of Service Age: 21
Plan Entry Date:	An eligible employee will enter the plan on the January 1 or July 1 following satisfaction of the eligibility requirements
Year of Service:	<i>Vesting</i> Service Prior to January 1, 1989: Service shall be the amount of vesting service accrued or which would have been accrued under the provisions of the Prior Plan for periods of employment prior to January 1, 1989. Service From and After January 1, 1989: A full year of service shall be granted for each Plan Year after December 31, 1988 during which an employee completes or is credited with 1,000 or more hours of service as an Active Participant <i>Benefit Accrual</i> Past Credited Service Prior to January 1, 1989: Credited Service is used to determine the amount of a Participant's benefits. Credited Service prior to January 1, 1989 is granted in accordance with the provision of the Prior Plan for Prior Plan Participants on December 31, 1988 Future Credited Service from January 1, 1989: A participant shall be granted one year of Credited Service during each Plan Year ending after January 1, 1989 during which he completes or is credited with 1,000 or more hours of service as an Active Participant.
Normal Retirement Date:	First day of the month coincident with or next following the later of attainment of age 65.
Compensation:	W-2 earnings during the calendar year including contributions to benefit plans under Section 125, 402(g) (3), 403(b) and 457 and 132(f)(4) not included in gross income) Compensation in excess of \$200,000 or earned after 1/1/2002 will not be taken into account for purposes of Benefit Accrual

Plan Provisions (continued)

Average Compensation	Compensation averaged over the 5 consecutive years out of the last 10 years prior to his/her Normal Retirement Date producing the highest average prior to termination of employment or retirement.
Normal Retirement Benefit:	The greater of A or B A. 2% of Final Average Compensation minus 1.667% of Primary Social Security benefit multiplied by years of Credited Service up to thirty years B. The Participant's Employer Account Balance under the Prior Plan accumulated with credited interest to the date of determination
Accrued Benefit:	The amount of the Normal Retirement Benefit multiplied by a fraction, the numerator of which is credited Service up to the date of determination and the denominator of which is the credited Service assuming the participant would have remained employed and accrued Service at the maximum annual rate from his/her Employment Commencement Date until his/her Normal Retirement Date. In no event will the pension benefit be less than that which can be provided by the Employer Account Balance under the prior plan as of December 31, 1988 with interest to the date of determination
Early Retirement Benefit	Eligibility: A participant's age plus the years of service is equal to 65. Benefit: The early retirement benefit is equal to a participant's vested Accrued Benefit as of the date of termination, reduced by $1/180$ for each of the first 6 months and $1/360$ for the next 60 months that the Early Retirement Date precedes Normal Retirement Date.
Deferred Retirement Benefit:	Eligibility: Continuation of employment beyond Normal Retirement Date. Benefit: The deferred retirement benefit commencing on the first day of the month following the date of retirement shall be determined in the same manner as the participant had retired at age 65 except that Final Average Compensation and Credited Service (up to 30 years) at actual retirement date shall be used in the calculation.

Plan Provisions (continued)

Pre-Retirement Death Benefit:

Eligibility: Vested Status

Benefit: a monthly benefit equal to the benefit that would have been payable if the participant had retired on the day before his death and elected the 50% Joint and Survivor Annuity Option.

The death benefit for a participant in the Prior Plan with an Employer Account Balance as of December 31, 1988 will be the greater of the death benefit above and that which can be provided by the Employer Account Balance with interest credited to date of death. If a participant is not married at time of death, a death benefit will be paid to his or her beneficiary equal to the Employer Account Balance credited with interest to date of death.

Disability Benefits:

Eligibility: Total and permanent disability

Benefit: The accrued normal retirement benefit as of the date of disablement, with payments beginning on the first of the month coincident with or next following such date. If the participant is eligible to receive disability benefits under a long-term disability program or other disability provided by the Employer, or form Worker's Compensation or any other related program, disability benefits will not be payable until such other disability benefits expire.

Vesting:

Participants will be vested in their accrued benefits, based on Years of Service, in accordance with the following schedule:

<u>Years of Service</u>	<u>Vesting Percent</u>
Less than 5 years	0%
5 years or more	100%

Forms of Benefit Payment:

- Life Annuity (Normal Form)
- 5-Year Certain and Life Annuity
- 10-Year Certain and Life Annuity
- 50% Joint and Survivor Annuity with named beneficiary
- 66 2/3% Joint and Survivor Annuity with named beneficiary
- 100% Joint and Survivor Annuity with named beneficiary
- Lump sum (upon eligibility for retirement only)

Optional forms are actuarially equivalent based upon 7.0% interest and the 1971 Group Annuity Mortality Table, for males projected to 1990 by scale D. No age set back for participant, and six years for an eligible beneficiary.

The actuarial basis for lump sum payments is the 1983 GAM Table blended 50% male/50% female and the 30-Year Treasury Bill rate in effect at the beginning of the plan year in which the single sum is payable.

Community Hospital Retirement Plan

EIN #31-0785684 Plan #005

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

December 31, 2009

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
Money Market Fund			
Victory Institutional Money Market Fund Investor Class	424,560 units	\$ 424,560	\$ 424,560
Mutual Funds			
T Rowe Price International Stock Fund	186,291 units	2,053,548	2,347,269
Vanguard 500 Index Portfolio	116,679 units	8,322,159	11,979,473
American Pacific Euro Growth Fund	128,140 units	4,075,810	4,912,892
Total Mutual Funds		14,451,517	19,239,634
Corporate Bonds			
Abbot Laboratories	\$200,000 principal amount, 5.60%, due 11/30/17	223,130	217,202
American Express Credit	\$250,000 principal amount, 7.30%, due 8/20/13	259,885	280,970
Caterpillar Financial Svcs Corp	\$300,000 principal amount, 5.05%, due 12/1/10	310,143	312,108
E I Dupont DE Nemours & Co	\$500,000 principal amount, 4.13% due 03/06/13	470,575	521,185
FPL Group Capital Inc	\$360,000 principal amount, 5.63% due 09/01/11	367,373	382,943
General Electric Corp.	\$370,000 principal amount, 5.50%, due 6/4/14	373,863	392,045

Community Hospital Retirement Plan

EIN #31-0722120

Plan #001

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

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
Corporate Bonds (continued)			
Goldman Sachs Group Inc	\$200,000 principal amount, 5.15%, due 1/15/14	201,262	211,572
Goldman Sachs Group Inc	\$200,000 principal amount, 6.25%, due 9/1/17	213,300	214,482
Honeywell International Inc	\$250,000 principal amount, 7.50%, due 3/1/10	252,463	253,008
International Business Machines	\$250,000 principal amount, 4.75%, due 11/29/12	246,348	268,585
SBC Communication Inc	\$250,000 principal amount, 5.10%, due 9/15/14	251,468	268,915
SBC Communications Inc	\$250,000 principal amount 5.30%, due 11/15/10	258,823	259,885
Wal Mart Stores Inc	\$400,000 principal amount, 4.13%, due 2/15/11	402,708	414,340
Wells Fargo Co	\$300,000 principal amount, 5.63%, due 12/11/17	317,646	312,048
Total Corporate Bonds		4,148,985	4,309,287

Community Hospital Retirement Plan

EIN #31-0722120

Plan #001

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

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
United States Government Agency Securities			
Federal Home Loan Banks	\$415,000 principal amount, 5.00% due 2/11/15	415,436	448,980
Federal Home Loan Banks	\$300,000 principal amount, 5.50% due 6/12/15	313,677	336,282
Federal Home Loan Banks	\$250,000 principal amount, 2.63% due 5/20/11	246,663	256,015
Federal Home Loan Banks	\$950,000 principal amount, 3.88% due 2/15/12	913,663	1,000,474
Federal Home Loan Banks	\$200,000 principal amount, 3.88% due 6/14/13	198,420	211,500
Fannie Mae	\$250,000 principal amount, 5.00% due 10/15/11	267,088	267,188
Total United States Government Treasury Securities		2,354,945	2,520,438
United States Treasury Notes	\$500,000 principal amount, 4.75%, due 5/15/14	490,859	550,155
United States Treasury Notes	\$500,000 principal amount, 4.00%, due 2/15/15	510,391	531,405

Community Hospital Retirement Plan

EIN #31-0722120

Plan #001

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

Identity of Issue, Borrower, Lessor or Similar Party	Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	Cost	Current Value
United States Government Treasury Securities (continued)			
United States Treasury Notes	\$400,000 principal amount, 4.00%, due 3/15/10	397,563	403,016
United States Treasury Notes	\$346,219.250 principal amount, 2.00%, due 4/15/12	358,727	361,799
United States Treasury Notes	\$357,955.50 principal amount, 0.625%, due 4/15/13	357,064	363,998
Total United States Government Treasury Securities		2,114,604	2,210,373
Unallocated Insurance Contract*	Guaranteed minimum 3.25% per annum	294,990	294,990
Total investments		<u>\$ 23,789,600</u>	<u>\$ 28,999,282</u>

*Represents party in interest to the Plan.

Schedule SB, Line 32 – Shortfall Amortization Charge
Community Hospital Retirement Plan
EIN / PN: 31-0722120 / 001
Plan Year: 2009

Shortfall Amortization Charge

1. Funding target	34,909,675
2. Adjusted plan assets	
(a) Actuarial assets	28,833,929
(b) Funding Standard Carryover Balance	0
(c) Prefunding Balance (PFB)	906,189
(d) Adjusted assets: (a)-(b)-(c), not less than 0	27,927,740
3. Funding shortfall: (2)-(3)(d), not less than 0	6,981,935
4. Current shortfall amortization installments	
(i) Year -1 base (6 years remaining)	0
(ii) Year -2 base (5 years remaining)	0
(iii) Year -3 base (4 years remaining)	0
(iv) Year -4 base (3 years remaining)	0
(v) Year -5 base (2 years remaining)	0
(vi) Year -6 base (1 years remaining)	0
(b) Total annual installments	0
(c) Present value of installments to be made	
(i) On the valuation date	0
(ii) In 1 year	0
(iii) In 2 years	0
(iv) In 3 years	0
(v) In 4 years	0
(vi) In 5 years	0
(d) Total present value of annual installments	0
5. Exemption from new shortfall amortization base	
(a) Target liability percentage	94%
(b) Shortfall funding target: (2)x(a)	32,815,095
(c) Prefunding Balance if used to reduce the MRC, else 0	906,189
(d) Exempt?: [(3)(a)-(c)]>=(b)	No
6. Shortfall amortization base	
(a) Adjusted funding shortfall: (6)(b)-(3)(d), not less than 0	4,887,355
(b) New current year base: (a)-(5)(d), or 0 if exempt	4,887,355
(c) New 7-year installment amount	845,368
7. Shortfall amortization charge: (5)(b)+(7)(c), not less than 0	845,368

Schedule SB, Line 25, Method Change
Community Hospital Retirement Plan
EIN / PN: 31-0722120 / 001
Plan Year: 2009

Method Change

A change in funding method was made for the above indicated plan year.

Asset Valuation Change: The value of plan assets calculated as of January 1, 2009, has been determined using a 3 year average, within a 90% - 110% corridor, as permitted under Code Section 430 (g)(3)(B), instead of using fair market value of assets.

Interest Rate Change: The actuarial value of plan liabilities calculated as of January 1, 2009, has been determined using the full yield curve as specified in Code Section 430(h)(2)(D), instead of using segment rates as specified in Code Section 430(h)(2)(B) and (C).

The IRS has granted automatic approval for these changes for plan years beginning in 2009.

Attachment to Schedule SB, Line 22

Community Hospital Retirement Plan

EIN/PN: 31-0722120 / 001

Plan Year: 2009

Description of Weighted Average Retirement Age

Age	Incidence of Retirement	Survival %	Probability of Retirement	Weighted Rate
55	0.0%	100.0%	0.0%	-
56	0.0%	100.0%	0.0%	-
57	0.0%	100.0%	0.0%	-
58	0.0%	100.0%	0.0%	-
59	0.0%	100.0%	0.0%	-
60	0.0%	100.0%	0.0%	-
61	0.0%	100.0%	0.0%	-
62	0.0%	100.0%	0.0%	-
63	0.0%	100.0%	0.0%	-
64	0.0%	100.0%	0.0%	-
65	100.0%	100.0%	100.0%	65.0
66	100.0%	0.0%	0.0%	-
67	100.0%	0.0%	0.0%	-
68	100.0%	0.0%	0.0%	-
69	100.0%	0.0%	0.0%	-
70	100.0%	0.0%	0.0%	-
Weighted Average Retirement Age:				65.0