

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009			
A This return/report is for:	☐ a multiemployer plan;	☐ a 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 SUMMA HEALTH SYSTEM RETIREMENT INCOME PLAN AND TRUST	1b Three-digit plan number (PN) ►	001	
	1c Effective date of plan	01/01/1993	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) SUMMA AKRON CITY AND ST. THOMAS HOSPITALS P. O. BOX 2090 AKRON, OH 44309-2090	2b Employer Identification Number (EIN) 34-0714755	2c Sponsor's telephone number 330-996-8523	2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2010	NINO CIRALDO
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SUMMA AKRON CITY AND ST. THOMAS HOSPITALS P. O. BOX 2090 AKRON, OH 44309-2090	3b Administrator's EIN 34-0714755 3c Administrator's telephone number 330-996-8523
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name SUMMA HEALTH SYSTEM HOSPITAL	4b EIN 34-0714755 4c PN 010
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5 Total number of participants at the beginning of the plan year	5	8282
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	5537
b Retired or separated participants receiving benefits.....	6b	1768
c Other retired or separated participants entitled to future benefits.....	6c	2020
d Subtotal. Add lines 6a , 6b , and 6c	6d	9325
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	9325
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	116

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1B 1G

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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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
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan SUMMA HEALTH SYSTEM RETIREMENT INCOME PLAN AND TRUST	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. SUMMA AKRON CITY AND ST. THOMAS HOSPITALS	D Employer Identification Number (EIN) 34-0714755	

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.
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1 Coverage Information:

(a) Name of insurance carrier THE EQUITABLE ASSURANCE GROUP
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(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
13-5570651	62944	0695	265	01/01/2009	12/31/2009

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 6506312**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 6639052**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 578586(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 578586**d** Total of balance and additions (add **b** and **c(6)**). **7d** 7217638**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 680287(2) Administration charge made by carrier **7e(2)** 31039(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 711326**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 6506312

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan SUMMA HEALTH SYSTEM RETIREMENT INCOME PLAN AND TRUST	B Three-digit plan number (PN) ▶ 001	
C Plan sponsor's name as shown on line 2a of Form 5500. SUMMA AKRON CITY AND ST. THOMAS HOSPITALS	D Employer Identification Number (EIN) 34-0714755	

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.
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1 Coverage Information:

(a) Name of insurance carrier AETNA LIFE INSURANCE COMPANY
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(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
06-1067464	97101	GM-1012	100	01/01/2009	12/31/2009

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4 Current value of plan's interest under this contract in the general account at year end **4** 4653793**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☒ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 4624209**c** Additions: (1) Contributions deposited during the year **7c(1)**(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 268787(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 268787**d** Total of balance and additions (add **b** and **c(6)**). **7d** 4892996**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 199502(2) Administration charge made by carrier **7e(2)** 39701(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 239203**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 4653793

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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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 <u>SUMMA HEALTH SYSTEM RETIREMENT INCOME PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>SUMMA AKRON CITY AND ST. THOMAS HOSPITALS</u>	D Employer Identification Number (EIN) <u>34-0714755</u>
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 <u>107592004</u>
b	Actuarial value 2b <u>118351204</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>1768</u> <u>43256949</u>
b	For terminated vested participants 3b <u>2020</u> <u>20530920</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>695105</u>
(2)	Vested benefits 3c(2) <u>52098544</u>
(3)	Total active 3c(3) <u>5537</u> <u>52793649</u>
d	Total 3d <u>9325</u> <u>116581518</u>
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 <u>8.09</u> %
6	Target normal cost 6 <u>3147080</u>

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	<u>09/22/2010</u>
Signature of actuary	Date
<u>PETER R. HORSTMAN</u>	<u>08-06241</u>
Type or print name of actuary	Most recent enrollment number
<u>HEWITT ASSOCIATES</u>	<u>216-573-9700</u>
Firm name	Telephone number (including area code)
<u>CROWN CENTRE 5005 ROCKSIDE ROAD</u> <u>INDEPENDENCE, OH 44131-6828</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)	14201901	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	781415	0
9	Amount remaining (Item 7 minus item 8).....	13420486	0
10	Interest on item 9 using prior year's actual return of <u>-23.66</u> %	-3175287	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		1670257
b	Interest on (a) using prior year's effective rate of <u>6.17</u> %		-130041
c	Total available at beginning of current plan year to add to prefunding balance		1540216
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	10245199	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	92.72 %
15	Adjusted funding target attainment percentage.....	15	101.51 %
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	101.21 %
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
07/01/2009		30746			
08/25/2010	4548000				
08/26/2010	205000				
08/31/2010	247000				
			Totals ►	18(b)	5000000
				18(c)	30746

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 4398539
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
0	0	0
		(4) 4th
		0

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 2
22 Weighted average retirement age				22 58
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	3147080
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	3147080
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	2691060	0
36 Additional cash requirement (item 34 minus item 35).....	36	456020
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	4398539
38 Interest-adjusted excess contributions for current year (see instructions).....	38	3942519
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 SUMMA HEALTH SYSTEM RETIREMENT INCOME PLAN AND TRUST	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 SUMMA AKRON CITY AND ST. THOMAS HOSPITALS	D Employer Identification Number (EIN) 34-0714755

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

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

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

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

PNC FINANCIAL SERVICES

200 PUBLIC SQUARE
CLEVELAND, OH 44114

25-1211909

(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?
21	NONE	139870	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

AETNA LIFE INSURANCE CO.

151 FARMINGTON AVENUE
HARTFORD, CT 06156

06-1067464

(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?
21	NONE	39701	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE EQUITABLE LIFE INSURANCE CO

787 SEVENTH AVENUE
NEW YORK, NY 10019

13-5570651

(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?
21	NONE	139870	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan SUMMA HEALTH SYSTEM RETIREMENT INCOME PLAN AND TRUST	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 SUMMA AKRON CITY AND ST. THOMAS HOSPITALS	D Employer Identification Number (EIN) 34-0714755	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: PASSIVE BOND MARKET INDEX FUND			
b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY			
c EIN-PN 04-0025081-070	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17218656	
a Name of MTIA, CCT, PSA, or 103-12 IE: EQUITY INDEX FUND			
b Name of sponsor of entity listed in (a): BARCLAYS			
c EIN-PN 94-6052285-001	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 22192252	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan SUMMA HEALTH SYSTEM RETIREMENT INCOME PLAN AND TRUST	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 SUMMA AKRON CITY AND ST. THOMAS HOSPITALS	D Employer Identification Number (EIN) 34-0714755	

Part I	Asset and Liability Statement
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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	5469676	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	5000000	5000000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	77689	157725
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1945397	5778678
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	8699635	2446277
(5) Partnership/joint venture interests	1c(5)	1862318	1184657
(6) Real estate (other than employer real property)	1c(6)	8585299	17573108
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	34088109	39410908
(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)	30904754	48274976
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	11263261	11160105
(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	107896138	130986434

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	107359	246612
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	107359	246612

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	107788779	130739822
---	-----------	-----------	-----------

Part II **Income and Expense Statement**

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	5000000	
(B) Participants	2a(1)(B)	30746	
(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)		5030746
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1056	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	916861	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		917917
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	1664339	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1664339
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	3946908	
(B) Other	2b(5)(B)	17559431	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		21506339
(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)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		29119341

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	5958052	
(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)		5958052
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)	210246	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		210246
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6168298

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		22951043
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(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: SS&G FINANCIAL SERVICES, INC.

(2) EIN: 34-1945695

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		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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>SUMMA HEALTH SYSTEM RETIREMENT INCOME PLAN AND TRUST</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SUMMA AKRON CITY AND ST. THOMAS HOSPITALS</u>	D Employer Identification Number (EIN) <u>34-0714755</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
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>34-0714755</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>96</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: 38% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: 14% Other: 48%

- 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): _____

**SUMMA HEALTH SYSTEM
RETIREMENT INCOME
PLAN AND TRUST**

***FINANCIAL
STATEMENTS***

***FOR THE
YEARS ENDED
DECEMBER 31,
2009 AND 2008***

SUMMA HEALTH SYSTEM RETIREMENT INCOME PLAN AND TRUST

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INDEPENDENT AUDITORS' REPORT

Akron Office
301 Springside Drive
Akron, Ohio 44333
(330) 668-9696
fax (330) 668-2538
www.SSandG.com

To the Plan Administrator
Summa Health System Retirement Income Plan and Trust

We were engaged to audit the accompanying statements of net assets available for benefits of Summa Health System Retirement Income Plan and Trust (the Plan) as of December 31, 2009 and 2008, the related statements of changes in net assets available for benefits for the years then ended and the supplemental schedules listed in the accompanying table of contents as of 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 information summarized in Note C, which was certified by PNC Financial Services Group, Inc. who merged with National City Bank, N.A. effective December 31, 2008, AXA Equitable Life Assurance Company, and Aetna Life Insurance Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements and the supplemental schedules. We have been informed by the Plan administrator that the trustees hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the trustees as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan administrator by the trustees is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying 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 information certified by the trustees, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

SS&G Financial Services, Inc.

CERTIFIED PUBLIC ACCOUNTANTS

October 13, 2010

***Providing the
services that
bring solutions.***

member of:
OSCPA, PCAOB, the AICPA's
Center for Public Company
Audit Firms, and The Leading
Edge Alliance.

SUMMA HEALTH SYSTEM RETIREMENT INCOME PLAN AND TRUST

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	DECEMBER 31,	
	<u>2009</u>	<u>2008</u>
ASSETS		
Investments, at fair value		
Common collective trusts	\$ 39,410,908	\$ 34,088,109
Money market funds	5,778,678	1,945,397
Common stocks	2,446,277	8,699,635
Mutual funds	48,274,976	30,904,754
Alternative Investments	1,184,657	1,862,318
Real estate investment trusts	17,573,108	8,585,299
Total investments, at fair value	<u>114,668,604</u>	<u>86,085,512</u>
Investments, at contract value		
Immediate participation guarantee insurance contracts	<u>11,160,105</u>	<u>11,263,261</u>
Total investments	<u>125,828,709</u>	<u>97,348,773</u>
Accrued investment income	<u>157,725</u>	<u>77,689</u>
Receivables		
Employer's contributions	<u>5,000,000</u>	<u>5,000,000</u>
TOTAL ASSETS	<u>130,986,434</u>	<u>102,426,462</u>
LIABILITIES		
Due to Broker for securities purchased	<u>246,612</u>	<u>107,359</u>
TOTAL LIABILITIES	<u>246,612</u>	<u>107,359</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 130,739,822</u>	<u>\$ 102,319,103</u>

See accompanying notes to financial statements.

SUMMA HEALTH SYSTEM RETIREMENT INCOME PLAN AND TRUST

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	FOR THE YEARS ENDED DECEMBER 31,	
	<u>2009</u>	<u>2008</u>
ADDITIONS		
Investment income:		
Interest and dividends	\$ 2,512,768	\$ 2,301,598
Net appreciation in fair value of investments	<u>21,506,339</u>	<u>-</u>
Total investment income	<u>24,019,107</u>	<u>2,301,598</u>
Employee contributions	30,746	653
Employer contributions	5,000,000	5,000,000
Other activity	<u>69,488</u>	<u>3,064</u>
TOTAL ADDITIONS	<u>29,119,341</u>	<u>7,305,315</u>
DEDUCTIONS		
Net depreciation in fair value of investments	-	34,322,848
Benefit payments to participants	5,958,052	5,128,613
Administrative expenses	<u>210,246</u>	<u>223,852</u>
TOTAL DEDUCTIONS	<u>6,168,298</u>	<u>39,675,313</u>
NET INCREASE (DECREASE)	22,951,043	(32,369,998)
TRANSFER OF ASSETS		
Transfer of assets from other plan	<u>5,469,676</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of the year	<u>102,319,103</u>	<u>134,689,101</u>
End of the year	<u>\$ 130,739,822</u>	<u>\$ 102,319,103</u>

See accompanying notes to financial statements.

SUMMA HEALTH SYTEM RETIREMENT INCOME PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

NOTE A - Description of the Plan

The following brief description of the Summa Health System Retirement Income Plan and Trust (the Plan) is provided for general information purposes only. Participants should refer to the Plan document for a more comprehensive description of the Plan's provisions.

General

The Plan is a defined benefit retirement plan covering substantially all employees of Summa Health System (the System). The System was formed in 1989 as a sole corporate member of Akron City Hospital (the Hospital) and Saint Thomas Medical center (the Medical Center). Each participant of the former plans of the Hospital and the Medical Center who were employed by the System on January 1, 1991 became a participant of the Plan. Credited service prior to January 1, 1991 is determined according to the provisions of the former plans for former participants of those plans.

Effective January 1, 2002, the Cuyahoga Falls General Hospital Retirement Plan (Cuyahoga Plan) merged with the Summa Health System Retirement Income Plan and Trust. All employees who were participants in the Cuyahoga Plan as of December 31, 2001 became participants of the System Plan on January 1, 2002.

Effective January 1, 2009, the Summa Barberton Hospital Bargaining Unit Employees' Retirement Plan (Barberton Plan) was merged into the Plan. Assets of \$5,469,676 were transferred into the Plan as a result of this merger. The Summa Barberton Hospital Bargaining Unit Employees' Retirement Plan had a present value of accumulated Plan benefits at January 1, 2009 of \$7,030,651, computed in accordance with *The Accounting Standards Codification Topic Plan Accounting – Defined Benefit Pension Plans* (see Note F). This merger does not impact participant pension benefits as the benefit provisions of the merged plan were incorporated into the Plan.

The merged Barberton Plan is a contributory, defined benefit pension plan covering substantially all bargaining unit employees of Local No. 2317 and District Council No. 8, American Federation of State, County and Municipal Employees (AFL-CIO), of Summa Barberton Hospital.

The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Eligibility

An employee of the System becomes a participant in the Plan on the first day that the employee completes one year of service (provided that at least 1,000 hours of service were completed during the 12 consecutive month period) and attainment of age 21.

SUMMA HEALTH SYTEM RETIREMENT INCOME PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

NOTE A - Description of the Plan, continued

Contributions

The Plan provides that the System make contributions to the Plan sufficient to provide the Plan with assets with which to pay benefits to Plan participants. Additionally, prior to January 1, 2002, each participant was allowed to contribute 4% of basic earnings in excess of \$400 per month to the Plan. Such contributions increase retirement benefits based on a formula as defined in the Plan document. Subsequent to January 1, 2002, most employee contributions are no longer permitted. Only those participants who are members of a collective bargaining unit are permitted to contribute employee contributions, unless such elimination of an employee contribution has been approved by the collective bargaining process.

Barberton Plan participants with one year of service may voluntarily elect to contribute up to 4% of their base compensation that exceeds the first \$6,000 of compensation. Such contributions result in supplemental retirement benefits paid to the contributing participants at retirement. Net accumulated participant contributions were approximately \$517,410 and \$542,014 as of December 31, 2009 and 2008, respectively. For the years ended December 31, 2009 and 2008, accumulated participant contributions were credited with 2.48% and 4.31% interest, respectively.

Vesting

A participant's retirement benefit for the Plan is fully vested after three years of eligible employment service. If an employee terminates prior to rendering three years of service for vesting purposes, the employee forfeits the right to receive benefits from the Plan.

All participants of the former Barberton Plan who complete five or more vesting years of credited service, as defined, or who attain age 65 while employed by the Company become vested in their benefits.

Benefits

Plan benefits are based on years of credited service, retirement age, and employee contributions. Participants retiring at the normal retirement age (65) receive full benefits. Participants that have reached age 55 and have completed at least three years of credited service may retire with reduced benefits.

Normally, benefits are paid in a 10-year certain life annuity. Participants may elect to receive their retirement in the form of a 5 to 15 year certain life annuity, joint and survivor annuity, 50% joint and survivor annuity or life annuity. The Plan also provides for death benefits for vested participants that die after the earliest retirement date.

Administrative expenses

Some administrative and other expenses of the Plan are paid by the System. All other administrative expenses are paid by the Plan.

SUMMA HEALTH SYTEM RETIREMENT INCOME PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

NOTE B - Summary of significant accounting policies

Basis of accounting

The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

Use of estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect the reported amounts of net assets available for benefits and changes therein. Actual results could differ from those estimates.

Investment valuation and income recognition

Investments are reported at fair value, except for investments in immediate participation guarantee insurance contracts. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note E for discussion of fair value measurements.

The Plan's immediate participation guarantee contracts are held with Aetna Life Insurance Company (Aetna) and AXA Equitable Life Assurance Company (Equitable) and were entered into prior to March 20, 1992. Pursuant to *The Accounting Standards Codification Topic Plan Accounting – Defined Benefit Pension Plans* such contracts are permitted to be carried at contract value. Aetna's fair value is the amount which is available for withdrawal in a lump sum on the period end date. The withdrawal value is calculated using the current basis for computing market value adjustments for contracts of this type. Equitable determines fair value based on actual market prices, when available, otherwise, based on a pricing model.

Purchases and sales of investments are reflected on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Payments of benefits

Benefits are recorded when paid.

Funding policy

Contributions are made by the System based on guidelines set by the Plan's actuary, Hewitt Associates LLC. The System has adopted the policy of annually providing for current normal costs and an amount sufficient to amortize past service costs, and to meet the minimum funding requirements of ERISA. The System's contributions for the years ended December 31, 2009 and 2008 met or exceeded this requirement.

SUMMA HEALTH SYTEM RETIREMENT INCOME PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

NOTE B - Summary of significant accounting policies, continued

Accumulated Plan benefits

Accumulated Plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits payable under all circumstances: retirement, death, disability, and termination of employment are included to the extent they are deemed attributable to employee service rendered as of the valuation date.

Recent accounting pronouncements

In June 2009, the Financial Accounting Standards Board (FASB) established *The Accounting Standards Codification* (the Codification or ASC) as the single source of authoritative accounting guidance. The Codification did not change generally accepted accounting principles but rather enhanced the way accounting principles are organized. The Codification was effective for any fiscal year ending after September 15, 2009.

In April 2009, the FASB issued updated guidance related to disclosure requirements for fair value measurements to require plans to report and define major equity and debt security types based on the nature and risks of the related investments. The additional fair value disclosures were effective for periods ending on or after June 15, 2009 and have been implemented in these financial statements. As disclosed in Note E, the guidance was applied prospectively for 2009. The adoption had no material effect upon the Plan's net assets available for benefits.

In September 2009, The FASB issued guidance which provides a practical expedient for measuring the fair values of Plan investments in a limited number of investments that calculate a net asset value per share (such as certain collective trusts, pooled separate accounts, hedge funds, private equity funds and funds of funds). This guidance also provides enhanced disclosure requirements, as disclosed in Note E, and became effective for Plan reporting periods ending after December 15, 2009. The adoption had no material effect upon the Plan's net assets available for benefits.

Subsequent events

The Plan has evaluated subsequent events through October, 13 2010, the date the financial statements were available to be issued.

NOTE C - Information certified by the trustees (unaudited)

The Plan's investments at December 31, 2009 and 2008 were held by PNC Financial Services Group, Inc. (PNC) who merged with National City Bank, N.A. effective December 31, 2008, Equitable, and Aetna, the trustees of the Plan. The investments have been certified as complete and accurate by the trustees. The value of individual investments that represents 5% or more of the Plan's net assets are as follows at December 31:

SUMMA HEALTH SYTEM RETIREMENT INCOME PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

NOTE C - Information certified by the trustees (unaudited), continued

	<u>2009</u>	<u>2008</u>
Investments at fair value as determined by quoted market price:		
Blackrock Equity Index Fund – Common Collective Trust	\$ 22,192,252	\$ 17,495,194
Harbor International Fund – Mutual Fund	17,752,486	6,835,013
State Street Passive Bond Market Index Corporate Bonds Fund – Common Collective Trust	17,218,656	16,592,915
T Rowe Price Institutional High Yield Fund – Mutual Fund	16,428,146	<5%
Invesco Real Estate Securities Trust – Real Estate Investment Trust	9,482,935	<5%
Spider Dow Jones REIT Real Estate Securities Trust – Real Estate Investment Trust	8,090,173	<5%
Investments, at contract value:		
AXA Equitable Life Assurance Company – Immediate Participation Guarantee Fund	<5%	6,639,052

During the years ended December 31, 2009 and 2008, interest and dividends, and the net appreciation (depreciation) in the Plan's investments, (including investments bought, sold, and held during the year) as certified to be complete and accurate by the trustees of the Plan were as follows:

	<u>2009</u>	<u>2008</u>
Interest and dividends	<u>\$ 2,512,768</u>	<u>\$ 2,301,598</u>

SUMMA HEALTH SYTEM RETIREMENT INCOME PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

NOTE C - Information certified by the trustees (unaudited), continued

	<u>2009</u>	<u>2008</u>
Net appreciation (depreciation) in fair value of investments:		
Common collective trusts	\$ 5,537,934	\$ (9,820,373)
Common stocks	884,217	(5,040,695)
Mutual funds	11,188,784	(15,149,960)
Real estate investment trusts	3,946,908	(3,984,029)
Alternative investments	(51,504)	(298,831)
Immediate participation guarantee insurance contracts	<u>-</u>	<u>(28,960)</u>
	<u>\$ 21,506,339</u>	<u>\$ (34,322,848)</u>

NOTE D - Contracts with insurance companies

The Plan maintains immediate participation guarantee contracts with Equitable and Aetna. Under these contracts, the insurance companies hold contributions in pooled separate accounts from which the insurance companies will make pension payments to the participants upon retirement. The balance of the account must be maintained at the amount required, according to a premium schedule in the contract, to provide for the remaining pension benefits to all current retirees. The Plan is required to maintain an allocated annuity balance with Aetna which represents a benefit that is guaranteed. The amount cannot be withdrawn upon contract termination. This balance at December 31, 2009 and 2008 was \$1,283,032 and \$1,383,050, respectively.

The contracts can be terminated if the Plan becomes disqualified according to the Internal Revenue Code or if the Plan is terminated. The values of the contracts are recorded at contract value plus earnings, less Plan withdrawals and administrative expenses. The average yields and crediting interest rates for 2009 and 2008 were 5.98% and 6.70% for Aetna and 3.79% and 3.08% for Equitable, respectively. Crediting interest rates are determined daily by dividing earned income for the day by the new contract value.

NOTE E - Fair value measurements

The ASC Topic *Fair Value Measurements and Disclosure* defines fair value and provides guidance for measuring fair value and expands disclosures about fair value measurements in accordance with accounting principles generally accepted in the United States of America. *Fair Value Measurements and Disclosure* does not require any new fair value measurements, but rather applies to all other accounting pronouncements that require or permit fair value measurements.

SUMMA HEALTH SYTEM RETIREMENT INCOME PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

NOTE E - Fair value measurements, continued

Fair Value Measurements and Disclosure establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobserved inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

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

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 inputs must be observable for substantially the full term of the asset or liability.

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurements.

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

SUMMA HEALTH SYTEM RETIREMENT INCOME PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

NOTE E - Fair value measurements, continued

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 and 2008.

Common/collective trusts: The fair values of participation units held in collective trusts are based on the net asset values reported by the fund managers as of the financial statement dates and recent transaction prices (Level 2 inputs). The investment objectives and underlying investments of the collective trusts vary, with some holding diversified portfolios of domestic or international stocks and open-ended mutual funds, some holding securities of U.S. Companies in a particular industry sector, some holding short-term and/or medium-term corporate, government agency bonds, and others holding a blend of various domestic stocks, bonds and mutual funds. Each collective trust provides for daily redemptions by the Plan at reported net asset values per share, with no advance notice requirement.

Money market funds: Valued at \$1 per unit including applicable interest and fees.

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the net asset value of shares held by the Plan at year-end.

Alternative investments: include hedge funds that are meant to provide equity-like returns with fixed-income-like levels of risk. Included in this category are investments that are well diversified across various strategies and may consist of absolute return funds, long/short funds, and other opportunistic/multi-strategy funds. The underlying investments in such funds may include publicly-traded and privately-held equity and debt instruments issued by U.S. and international corporations. Investment strategies in this category may include buyouts, distressed debt and venture capital.

The remaining commitment on alternative investments at December 31, 2009 is \$10,600. The private equity fund does not have withdrawal restrictions; however, the hedge fund is in liquidation and as a result the System does not have access to these funds until they are liquidated.

Real estate investment trusts: Valued at the net asset value of units and shares held by the Plan at year-end.

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

SUMMA HEALTH SYTEM RETIREMENT INCOME PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

NOTE E - Fair value measurements, continued

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2009 and 2008:

	Fair Value Measurements at December 31, 2009 Using			
	Level 1	Level 2	Level 3	Total
Common collective trusts:				
Passive bond market index	\$ -	\$17,218,656	\$ -	\$ 17,218,656
Equity index fund	-	<u>22,192,252</u>	-	<u>22,192,252</u>
Total common collective trusts	-	<u>39,410,908</u>	-	<u>39,410,908</u>
Money market funds	5,778,678	-	-	5,778,678
Common stocks:				
U.S. common stock	2,169,739	-	-	2,169,739
International common stock	<u>276,538</u>	-	-	<u>276,538</u>
Total common stocks	<u>2,446,277</u>	-	-	<u>2,446,277</u>
Mutual funds:				
Small cap value portfolio	1,970,516	-	-	1,970,516
Institutional high yield fund	16,428,146	-	-	16,428,146
Inflation protected securities fund	2,854,789	-	-	2,854,789
Emerging markets value portfolio	5,419,977	-	-	5,419,977
International small cap value portfolio	3,849,062	-	-	3,849,062
Institutional class	<u>17,752,486</u>	-	-	<u>17,752,486</u>
Total mutual funds	<u>48,274,976</u>	-	-	<u>48,274,976</u>
Alternative investments:				
Partnership fund	-	-	256,428	256,428
Hedge fund	-	-	<u>928,229</u>	<u>928,229</u>
Total alternative investments	-	-	<u>1,184,657</u>	<u>1,184,657</u>
Real estate investment trusts:				
Exchange traded domestic equity	8,090,173	-	-	8,090,173
Equity real estate securities trust	-	<u>9,482,935</u>	-	<u>9,482,935</u>

SUMMA HEALTH SYTEM RETIREMENT INCOME PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

NOTE E - Fair value measurements, continued

	Fair Value Measurements at December 31, 2009 Using			
	Level 1	Level 2	Level 3	Total
Total real estate investment trusts	<u>\$ 8,090,173</u>	<u>\$ 9,482,935</u>	<u>\$ -</u>	<u>\$ 17,573,108</u>
Total assets at fair value	<u>\$64,590,104</u>	<u>\$48,893,843</u>	<u>\$ 1,184,657</u>	<u>\$114,668,604</u>

	Fair Value Measurements at December 31, 2008 Using			
	Level 1	Level 2	Level 3	Total
Common collective trusts	\$ -	\$34,088,109	\$ -	\$ 34,088,109
Money market funds	1,945,397	-	-	1,945,397
Common stocks	8,699,635	-	-	8,699,635
Mutual funds	30,904,754	-	-	30,904,754
Alternative investments	-	-	1,862,318	1,862,318
Real estate investment trusts	<u>3,914,175</u>	<u>4,671,124</u>	<u>-</u>	<u>8,585,299</u>
Total assets at fair value	<u>\$45,463,961</u>	<u>\$38,759,233</u>	<u>\$ 1,862,318</u>	<u>\$ 86,085,512</u>

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended December 31, 2009 and 2008:

January 1, 2008	\$ -
Purchases, sales, issuances, settlements, net	2,161,149
Unrealized losses relating to instruments still held at the reporting date	<u>(298,831)</u>
December 31, 2008	1,862,318
Purchases, sales, issuances, settlements, net	<u>(626,157)</u>
Unrealized gains (losses) relating to instruments still held at the reporting date	<u>(49,192)</u>
Realized gains (losses)	<u>(2,312)</u>
December 31, 2009	<u>\$ 1,184,657</u>

SUMMA HEALTH SYTEM RETIREMENT INCOME PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

NOTE F - Accumulated Plan benefits

Hewitt Associates LLC, consulting actuaries, estimates 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, withdrawal, or retirement) between the valuation date and the expected date of payment.

The accumulated Plan benefit information as of December 31, 2009 and 2008 (prior to merger) was as follows:

	<u>2009</u>	<u>2008</u>
Actuarial present value of accumulated Plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 44,167,202	\$ 38,443,578
Other participants	<u>72,189,966</u>	<u>65,534,252</u>
Total vested benefits	116,357,168	103,977,830
Nonvested benefits	<u>1,294,167</u>	<u>952,018</u>
Total actuarial present value of accumulated Plan benefits	<u>\$ 117,651,335</u>	<u>\$ 104,929,848</u>

The changes in the actuarial present value of accumulated Plan benefits for the years ended December 31, 2009 and 2008 are as follows:

	<u>2009</u>	<u>2008</u>
Actuarial present value of accumulated Plan benefits at beginning of year	\$ 104,929,848	\$ 98,709,343
Increase (decrease) during the year attributable to:		
Interest due to decrease in discount period	9,259,815	8,162,814
Benefits paid	(5,958,052)	(5,128,613)
Expenses paid	(210,246)	(223,852)
Change in actuarial assumptions	(428,080)	380,031
Plan merger (see Note A)	7,030,651	-
Additional benefits accumulated	<u>3,027,399</u>	<u>3,030,125</u>
Actuarial present value of accumulated Plan benefits at end of year	<u>\$ 117,651,335</u>	<u>\$ 104,929,848</u>

SUMMA HEALTH SYTEM RETIREMENT INCOME PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

NOTE F - Accumulated Plan benefits, continued

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

Actuarial method	Standard unit credit method
Assumed rate of return on investments and discount rate	8.5% for 2009 and 2008, per annum
Mortality basis after normal retirement age	RP - 2000 Combined Healthy Mortality Table, Projected to Generational by Scale AA, for 2009 and RP-2000 Combined Healthy Mortality Table, Projected to 2009 by Scale AA, for 2008
Normal retirement age	Age 65
Vesting	Vesting eligibility, three years for the Plan and five years for the Barberton Plan

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

NOTE G - Plan termination

Although the System has not expressed any intention to do so, it has the right under the Plan to discontinue its contributions at any time and to terminate the Plan. In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Benefits participants have been receiving, or would have been receiving if they had retired at normal age, for at least three years. The priority attaches only to the lowest benefit level under the Plan during the five years prior to retirement. For those actually retired for three or more years, the priority applies only to the lowest benefit level in effect during the most recent three-year period.

Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) up to the applicable limitations.

SUMMA HEALTH SYTEM RETIREMENT INCOME PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

NOTE G - Plan termination, continued

3. All other vested benefits (that is, vested benefits not insured by the PBGC).
4. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested, normal-age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination, subject to a statutory ceiling on the amount of an individual's monthly benefit.

The payment to participants of their benefits should the Plan be terminated will depend on the sufficiency of the Plan's net assets to provide the benefits, the priority of the benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

NOTE H - Tax status

The Internal Revenue Service has determined and informed the System in a letter dated December 19, 2002 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code. The Plan has been amended since receiving this determination letter. However, the Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE I - Party-in-interest transactions

Certain plan investments are investment contracts managed by Equitable and Aetna. Since the trustees of the Plan manage these investments, these transactions qualify as party-in-interest transactions.

Money market funds are managed by PNC Capital Advisors, LLC. As of September 29, 2009, PNC Capital Advisors, Inc. and its affiliate Allegiant Asset Management Company each merged into and with PNC Capital Advisors, LLC. PNC Capital Advisors, LLC is a subsidiary of The PNC Financial Services Group, Inc. (PNC). PNC is a trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions.

SUMMA HEALTH SYTEM RETIREMENT INCOME PLAN AND TRUST

NOTES TO FINANCIAL STATEMENTS

NOTE J - Risks and uncertainties

The Plan invests in various investment securities. Investments securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statement 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE K - Reconciliation of financial statement to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2008 to the Form 5500:

	<u>2008</u>
Net assets available for benefits per the financial statements	\$102,319,103
Transfer of assets from the Summa Barberton Hospital Bargaining Unit Employees Retirement Plan	<u>5,469,676</u>
Net assets available for benefits per the Form 5500	<u>\$107,788,779</u>

NOTE L - Subsequent events

Effective January 1, 2010, except for re-hired union employees of Akron City Hospital and Summa Barberton Hospital, participants hired after January 1, 2010 are not eligible to participate in the plan.

SUMMA HEALTH SYSTEM RETIREMENT INCOME PLAN AND TRUST

DECEMBER 31, 2009

EIN: 34-0714755, PLAN NO: 001

SCHEDULE H, PART IV - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment (including maturity date, rate of interest, collateral, par or maturity value)	Cost	Current Value at December 31, 2009
	<i>Common stocks</i>			
	Alexion Pharmaceuticals Inc.	Common stock 1,866 shares	\$ 46,073	\$ 91,098
	American Eagle Outfitters Inc.	Common stock 2,650 shares	28,809	44,997
	Ametek Inc.	Common stock 1,150 shares	31,926	43,976
	BE Aerospace Inc.	Common stock 2,850 shares	55,171	66,975
	BMC Software Inc.	Common stock 700 shares	21,734	28,070
	Brocade Communications Systems	Common stock 3,400 shares	25,301	25,942
	Celanese Corp.	Common stock 1,400 shares	31,554	44,940
	Charles River Labs International Inc.	Common stock 950 shares	36,855	32,005
	Check Point Software Tech	Common stock 2,300 shares	50,926	77,924
	Church & Dwight Inc.	Common stock 650 shares	33,241	39,293
	Citrix Sys Inc.	Common stock 950 shares	28,078	39,530
	Comverse Technology Inc.	Common stock 4,050 shares	51,561	38,273
	Consol Energy Inc.	Common stock 1,110 shares	29,723	55,278
	Crane Co.	Common stock 900 shares	24,687	27,558
	Crown Holdings Inc.	Common stock 1,700 shares	39,045	43,486
	Ctrip Com International Ltd.	Common stock 650 shares	31,656	46,709
	Davita Inc.	Common stock 1,000 shares	46,181	58,740
	Denbury Res Inc.	Common stock 2,900 shares	27,759	42,920
	Devry Inc.	Common stock 650 shares	33,128	36,874
	Discovery Communications	Common stock 1,000 shares	18,729	30,670
	Elan PLC ADR	Common stock 5,450 shares	45,044	35,534
	EnSCO International PLC-ADR	Common stock 1,150 shares	41,500	45,931
	EQT Corporation	Common stock 550 shares	23,552	24,156
	Exterran Holdings Inc.	Common stock 2,000 shares	80,751	42,900
	First Horizon National Corp.	Common stock 3,402 shares	40,684	45,589
	Gentex Corp.	Common stock 800 shares	14,291	14,280
	Hibbett Sports Inc.	Common stock 1,550 shares	28,907	34,084
	IDEX Corp.	Common stock 1,550 shares	39,424	48,282
	Idexx Labs Inc.	Common stock 1,050 shares	34,592	56,123
	Illumina Inc.	Common stock 1,450 shares	50,340	44,486
	Joy Global Inc.	Common stock 550 shares	13,012	28,364
	Knight Capital Group Inc.	Common stock 550 shares	12,363	8,470
	Landstar Systems Inc.	Common stock 950 shares	35,902	36,831
	Life Technologies Corp.	Common stock 950 shares	26,791	49,609
	LSI Logic Corp.	Common stock 6,500 shares	36,832	39,065
	Massey Energy Corp.	Common stock 2,500 shares	60,934	105,025
	Maxim Integrated Products Inc.	Common stock 1,850 shares	26,934	37,592
	Mednax Inc.	Common stock 500 shares	20,827	30,055

SUMMA HEALTH SYSTEM RETIREMENT INCOME PLAN AND TRUST

DECEMBER 31, 2009

EIN: 34-0714755, PLAN NO: 001

SCHEDULE H, PART IV - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment (including maturity date, rate of interest, collateral, par or maturity value)		Cost	Current Value at December 31, 2009
<i>Common stocks</i>				
Mettler Toledo International	Common stock	750 shares	\$ 68,969	\$ 78,742
MSCI Inc.	Common stock	750 shares	13,378	23,850
Navigant Consulting Inc.	Common stock	2,450 shares	40,654	36,407
NII Holdings Inc.	Common stock	1,800 shares	35,102	60,444
Novellus Sys Inc.	Common stock	1,650 shares	32,245	38,511
Nuance Communications Inc.	Common stock	3,950 shares	60,200	61,344
O'Reilly Automotive Inc.	Common stock	950 shares	26,114	36,214
OSI Pharmaceuticals Inc.	Common stock	1,500 shares	45,676	46,590
Polycom Inc.	Common stock	1,900 shares	35,200	47,443
Ralcorp Hldgs Inc.	Common stock	700 shares	43,169	41,797
Salesforce Com Inc.	Common stock	500 shares	15,275	36,885
Santarus Inc.	Common stock	3,650 shares	26,226	16,863
Scientific Games Corp.	Common stock	1,900 shares	30,058	27,645
Shire Ltd. American Depository SHS	Common stock	1,200 shares	59,676	70,440
Skilled Healthcare Group Inc.	Common stock	1,950 shares	16,501	14,528
Verifone Holdings Inc.	Common stock	2,100 shares	22,487	34,398
Verisign Inc.	Common stock	1,300 shares	35,646	31,512
Waddell & Reed Finl Inc.	Common stock	1,350 shares	28,933	41,229
Waste Connections Inc.	Common stock	700 shares	21,949	23,338
Wesco International Inc.	Common stock	1,350 shares	44,880	36,463
	Total common stocks		<u>2,027,155</u>	<u>2,446,277</u>
<i>Mutual funds</i>				
DFA Investment Dimensions Group Inc.	Small Cap Value Portfolio	100,383 shares	2,319,128	1,970,516
T Rowe Price	Institutional High Yield Fund	1,749,536 shares	15,898,119	16,428,146
Vanguard	Inflation Protected Securities Fund	227,473 shares	2,786,473	2,854,789
DFA Investment Dimensions Group Inc.	Emerging Markets Value Portfolio	172,391 shares	3,842,285	5,419,977
DFA Investment Dimensions Group Inc.	International Small Cap Value Portfolio	255,074 shares	4,489,161	3,849,062
Harbor International Fund	Institutional Class	323,537 shares	17,600,173	17,752,486
	Total mutual funds		<u>46,935,339</u>	<u>48,274,976</u>

SUMMA HEALTH SYSTEM RETIREMENT INCOME PLAN AND TRUST

DECEMBER 31, 2009

EIN: 34-0714755, PLAN NO: 001

SCHEDULE H, PART IV - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment (including maturity date, rate of interest, collateral, par or maturity value)	Cost	Current Value at December 31, 2009
<i>Money market funds</i>				
* Allegiant	Money Market Fund I Shares	5,778,678 shares	\$ 5,778,678	\$ 5,778,678
	Total money market funds		<u>5,778,678</u>	<u>5,778,678</u>
<i>Common collective trusts</i>				
State Street Global Advisors	Passive Bond Market Index	760,373 shares	14,268,938	17,218,656
Blackrock Equity Index Fund	Equity Index Fund	66,067 shares	<u>22,012,245</u>	<u>22,192,252</u>
	Total common collective trusts		<u>36,281,183</u>	<u>39,410,908</u>
<i>Real estate investment trusts</i>				
Invesco	Real Estate Securities Trust	167,869 shares	7,114,827	9,482,935
Spider Dow Jones REIT	Real Estate Securities Trust	164,401 shares	<u>7,955,113</u>	<u>8,090,173</u>
	Total real estate investment trusts		<u>15,069,940</u>	<u>17,573,108</u>
<i>Alternative investments</i>				
Adams Street Partners	Partnership Fund	256,428 shares	238,150	256,428
Austin Capital Management LTD	Hedge Fund	974 shares	<u>1,112,295</u>	<u>928,229</u>
	Total alternative investments		<u>1,350,445</u>	<u>1,184,657</u>
<i>Immediate Participation Guarantee Contracts</i>				
* AXA Equitable Life Assurance Company	Immediate Participation Guarantee Fund		6,506,312	6,506,312
* Aetna Life Insurance Company	Fixed Income Fund		<u>4,653,793</u>	<u>4,653,793</u>
	Total immediate participation guarantee contracts		<u>11,160,105</u>	<u>11,160,105</u>
	Total		<u>\$ 118,602,845</u>	<u>\$ 125,828,709</u>
* Party-in-interest				

SUMMA HEALTH SYSTEM RETIREMENT INCOME PLAN AND TRUST

FOR THE YEAR ENDED DECEMBER 31, 2009

EIN: 34-0714755, PLAN NO: 001

SCHEDULE H, PART IV - SCHEDULE OF REPORTABLE TRANSACTIONS

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
<u>Identity of Party Involved</u>	<u>Description of Assets</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Expense Incurred with Transaction</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain or (Loss)</u>
<i>Category 1 - Single transaction exceeds 5% of value</i>							
Universal Network Exchange Inc.	Ishares Trust Russell 1000 Value	\$ -	\$ 4,354,784	\$ 3,274	\$ 4,474,033	\$ 4,354,784	\$ (119,249)
* PNC Financial Services Group, Inc	Allegiant Money Market Fund I Shares	5,020,049	-	-	5,020,049	5,020,049	-
* PNC Financial Services Group, Inc	Allegiant Money Market Fund I Shares	4,511,111	-	-	4,511,111	4,511,111	-
<i>Category 2 - Series of transactions with same broker exceeds 5% of value</i>							
Universal Network Exchange Inc.	Russell 1000 Value 1 sale	-	4,354,784	3,274	4,474,033	4,354,784	(119,249)
Universal Network Exchange Inc.	Spider Dow Jones REIT 2 purchases	2,555,321	-	-	2,555,321	2,555,321	-
Direct With Fund	DFA Investment Demensions Group Inc. Emerging Markets Value Portfolio 1 purchase	750,000	-	-	750,000	750,000	-
	1 sale	-	750,000	-	750,000	750,000	-
Direct With Fund	State Street Global Advisors Passive Bond Market Index 1 purchase	1,750,000	-	-	1,750,000	1,750,000	-
	1 sale	-	1,750,000	-	1,750,000	1,750,000	-
<i>Category 3 - Series of transactions in same security exceeds 5% of value</i>							
Universal Network Exchange Inc.	Ishares Trust Russell 1000 Value 1 sale	-	4,354,784	3,274	4,474,033	4,354,784	(119,249)

* Indicates party-in-interest to the plan

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
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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 Summa Health System Retirement Income Plan and Trust	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Summa Akron City and St. Thomas Hospitals	D Employer Identification Number (EIN) 34-0714755
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>1</u> Day <u>1</u> Year <u>2009</u>			
2 Assets:			
a Market value.....	2a	107,592,004	
b Actuarial value.....	2b	118,351,204	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	1,768	43,256,949
b For terminated vested participants	3b	2,020	20,530,920
c For active participants:			
(1) Non-vested benefits.....	3c(1)		695,105
(2) Vested benefits.....	3c(2)		52,098,544
(3) Total active	3c(3)	5,537	52,793,649
d Total.....	3d	9,325	116,581,518
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	8.09 %	
6 Target normal cost.....	6	3,147,080	

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 Peter R. Horstman (PRH) Signature of actuary	09/22/2010 Date
Peter R. Horstman Type or print name of actuary	08-06241 Most recent enrollment number
Hewitt Associates Firm name	(216) 573-9700 Telephone number (including area code)
Crown Centre 5005 Rockside Road Independence OH 44131-6828 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)	14,201,901	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	781,415	0
9 Amount remaining (Item 7 minus item 8).....	13,420,486	0
10 Interest on item 9 using prior year's actual return of <u>(23.66)%</u>	(3,175,287)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		1,670,257
b Interest on (a) using prior year's effective rate of <u>6.17</u> %		(130,041)
c Total available at beginning of current plan year to add to prefunding balance		1,540,216
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	10,245,199	0

Part III Funding percentages

14 Funding target attainment percentage.....	14	92.72 %
15 Adjusted funding target attainment percentage.....	15	101.51 %
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	101.21 %
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
07/01/2009		30,746			
08/25/2010	4,548,000				
08/26/2010	205,000				
08/31/2010	247,000				
Totals ▶			18(b)	5,000,000	18(c) 30,746

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	4,398,539

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
0	0	0	0

Discount rate:			
Segment rates:	1st segment: %	2nd segment: %	3rd segment: % ☒ N/A, full yield curve used
Applicable month (enter code)			2
Weighted average retirement age			58
Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			
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			
Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No			
Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No			
If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.			
Unpaid minimum required contribution for all prior years			0
Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)			0
Remaining amount of unpaid minimum required contributions (item 28 minus item 29)			0
Target normal cost, adjusted, if applicable (see instructions)			3,147,080
Amortization installments:		Outstanding Balance	Installment
Net shortfall amortization installment		0	0
Waiver amortization installment		0	0
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			
Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)			3,147,080
	Carryover balance	Prefunding balance	Total balance
Balances used to offset funding requirement	2,691,060	0	2,691,060
Additional cash requirement (item 34 minus item 35)			456,020
Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)			4,398,539
Interest-adjusted excess contributions for current year (see instructions)			3,942,519
Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)			0
Unpaid minimum required contribution for all years			0

Schedule SB Attachment (Form 5500)—2009 Plan Year
Summa Health System Retirement Income Plan and Trust
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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2009

Date	Amount	Interest Rate	Interest Adjusted Contribution
August 25, 2010	\$ 4,548,000	8.09%	\$ 4,001,198
August 26, 2010	205,000	8.09%	180,315
August 31, 2010	247,000	8.09%	217,026
Total Employer Contribution:	5,000,000		4,398,539
Total Employee Contribution:	\$ 30,746		

The total reported amount of employee contributions is the annual total of monthly installments.

Schedule SB Attachment (Form 5500)—2009 Plan Year
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Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	5.00%	0.7738	2.34
61.5	10.00%	0.7351	4.52
62.5	20.00%	0.6616	8.27
63.5	12.00%	0.5293	4.03
64.5	12.00%	0.4658	3.60
65.5	35.00%	0.4099	9.40
66.5	20.00%	0.2664	3.54
67.5	20.00%	0.2131	2.88
68.5	20.00%	0.1705	2.34
69.5	20.00%	0.1364	1.90
70.5	30.00%	0.1091	2.31
71	1.00%	0.0764	0.05
Weighted Average			58.16

Schedule SB Attachment (Form 5500)—2009 Plan Year
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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates	Based on the full Yield Curve with a two month look-back (October 2008 yield curve), with sample rates as follows:
Yield Curve	Duration 0.5–5.45% Duration 5.5–8.25% Duration 10.5–8.87% Duration 15.5–8.65% Duration 20.5–8.11% Duration 25.5–7.71% Duration 30.5–7.46%
Salary Increases	
Minimum Funding Target Normal Cost	5.00%.
Maximum Tax Expected Benefit Increase	5.00%.
Retirement Age	
Active Participants	See Table 1.
Terminated Vested Participants	Age 65.
Mortality Rates	
Healthy and Disabled	2009 Static Mortality Table for Annuitants and Non-Annuitants Per §1.430(h)(3)-1(e).
Withdrawal Rates	See Tables 2.
Disability Rates	See Table 3.
Surviving Spouse Benefit	It is assumed that 85% of males and 85% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2009 monthly rate, annualized.
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$195,000 and the 401(a)(17) compensation limit of \$245,000.

Schedule SB Attachment (Form 5500)—2009 Plan Year
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Valuation of Plan Assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Trustee Expenses Included in Target Normal Cost

\$300,000. This estimate for the 2009 plan year was based on historical experience.

Expected Return on Assets

2007 Plan Year

6.09%

2008 Plan Year

6.43%

Actuarial Method

Standard Unit Credit Cost Method.

Valuation Date

January 1, 2009.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Summa Health System Retirement Income Plan and Trust
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Table 1
Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	5.00%
61	10.00%
62	20.00%
63	12.00%
64	12.00%
65	35.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70	30.00%
71+	100.00%

Schedule SB Attachment (Form 5500)—2009 Plan Year
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Table 2
Termination Rates

Age	Years of Service					
	0	1	2	3	4	5+
15	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
16	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
17	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
18	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
19	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
20	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
21	29.75%	29.75%	29.75%	29.75%	24.50%	17.50%
22	28.39%	28.39%	28.39%	28.39%	23.38%	16.70%
23	26.86%	26.86%	26.86%	26.86%	22.12%	15.80%
24	25.67%	25.67%	25.67%	25.67%	21.14%	15.10%
25	24.31%	24.31%	24.31%	24.31%	20.02%	14.30%
26	23.12%	23.12%	23.12%	23.12%	19.04%	13.60%
27	21.76%	21.76%	21.76%	21.76%	17.92%	12.80%
28	21.59%	20.57%	20.57%	20.57%	16.94%	12.10%
29	21.59%	20.23%	19.55%	19.55%	16.10%	11.50%
30	21.59%	20.23%	18.70%	18.36%	15.12%	10.80%
31	21.59%	20.23%	18.70%	17.34%	14.28%	10.20%
32	21.59%	20.23%	18.70%	17.34%	13.44%	9.60%
33	21.59%	20.23%	18.70%	17.34%	13.30%	9.00%
34	21.59%	20.23%	18.70%	17.34%	13.30%	8.50%
35	21.59%	20.23%	18.70%	17.34%	13.30%	7.90%
36	21.59%	20.23%	18.70%	17.34%	13.30%	7.40%
37	21.59%	20.23%	18.70%	17.34%	13.30%	6.90%
38	21.59%	20.23%	18.70%	17.34%	13.30%	6.50%
39	21.59%	20.23%	18.70%	17.34%	13.30%	6.00%
40	21.59%	20.23%	18.70%	17.34%	13.30%	5.60%
41	21.59%	20.23%	18.70%	17.34%	13.30%	5.20%
42	21.59%	20.23%	18.70%	17.34%	13.30%	4.90%
43	21.59%	20.23%	18.70%	17.34%	13.30%	4.50%
44	21.59%	20.23%	18.70%	17.34%	13.30%	4.20%
45	21.59%	20.23%	18.70%	17.34%	13.30%	3.90%
46	21.59%	20.23%	18.70%	17.34%	13.30%	3.60%
47	21.59%	20.23%	18.70%	17.34%	13.30%	3.40%
48	21.59%	20.23%	18.70%	17.34%	13.30%	3.10%
49	21.59%	20.23%	18.70%	17.34%	13.30%	2.90%
50	21.59%	20.23%	18.70%	17.34%	13.30%	2.70%
51	21.59%	20.23%	18.70%	17.34%	13.30%	2.60%
52	21.59%	20.23%	18.70%	17.34%	13.30%	2.40%
53	21.59%	20.23%	18.70%	17.34%	13.30%	2.30%
54	21.59%	20.23%	18.70%	17.34%	13.30%	2.20%
55+	21.59%	20.23%	18.70%	17.34%	13.30%	2.20%

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Table 3
Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

Schedule SB Attachment (Form 5500)—2009 Plan Year
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Table 5
Termination Rates

Age	Years of Service					
	0	1	2	3	4	5+
15	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
16	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
17	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
18	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
19	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
20	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
21	17.50%	17.50%	17.50%	17.50%	17.50%	17.50%
22	16.70%	16.70%	16.70%	16.70%	16.70%	16.70%
23	15.80%	15.80%	15.80%	15.80%	15.80%	15.80%
24	15.10%	15.10%	15.10%	15.10%	15.10%	15.10%
25	14.30%	14.30%	14.30%	14.30%	14.30%	14.30%
26	13.60%	13.60%	13.60%	13.60%	13.60%	13.60%
27	12.80%	12.80%	12.80%	12.80%	12.80%	12.80%
28	12.70%	12.10%	12.10%	12.10%	12.10%	12.10%
29	12.70%	11.90%	11.50%	11.50%	11.50%	11.50%
30	12.70%	11.90%	11.00%	10.80%	10.80%	10.80%
31	12.70%	11.90%	11.00%	10.20%	10.20%	10.20%
32	12.70%	11.90%	11.00%	10.20%	9.60%	9.60%
33	12.70%	11.90%	11.00%	10.20%	9.50%	9.00%
34	12.70%	11.90%	11.00%	10.20%	9.50%	8.50%
35	12.70%	11.90%	11.00%	10.20%	9.50%	7.90%
36	12.70%	11.90%	11.00%	10.20%	9.50%	7.40%
37	12.70%	11.90%	11.00%	10.20%	9.50%	6.90%
38	12.70%	11.90%	11.00%	10.20%	9.50%	6.50%
39	12.70%	11.90%	11.00%	10.20%	9.50%	6.00%
40	12.70%	11.90%	11.00%	10.20%	9.50%	5.60%
41	12.70%	11.90%	11.00%	10.20%	9.50%	5.20%
42	12.70%	11.90%	11.00%	10.20%	9.50%	4.90%
43	12.70%	11.90%	11.00%	10.20%	9.50%	4.50%
44	12.70%	11.90%	11.00%	10.20%	9.50%	4.20%
45	12.70%	11.90%	11.00%	10.20%	9.50%	3.90%
46	12.70%	11.90%	11.00%	10.20%	9.50%	3.60%
47	12.70%	11.90%	11.00%	10.20%	9.50%	3.40%
48	12.70%	11.90%	11.00%	10.20%	9.50%	3.10%
49	12.70%	11.90%	11.00%	10.20%	9.50%	2.90%
50	12.70%	11.90%	11.00%	10.20%	9.50%	2.70%
51	12.70%	11.90%	11.00%	10.20%	9.50%	2.60%
52	12.70%	11.90%	11.00%	10.20%	9.50%	2.40%
53	12.70%	11.90%	11.00%	10.20%	9.50%	2.30%
54	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%
55+	12.70%	11.90%	11.00%	10.20%	9.50%	2.20%

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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following changes:

- Retirement and termination rates were updated to better reflect current plan experience.

The total reduction in the funding shortfall is less than \$5 million dollars and creates a difference in the before changes funding target of less than 5%. As such, approval of the Commissioner is not required.

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Schedule SB, line 25—Change in Funding Method

The implementation of PPA required certain changes to the methods used in the funding valuation:

- A change in the asset valuation method from a two month smoothed method to a two year smoothed value method as of January 1, 2009.
- A change in the interest rate assumption from January 2008 segment rates to the full yield curve with a two month lookback (October 2008 full yield curve).
- An addition to the Target Normal Cost of assumed expenses payable from the trust, as required by WRERA.

Note that these changes will affect the comparability of the funding valuation results for the 2009 plan year and the funding valuation results for prior plan years.

These changes have automatic approval under final regulations, Notice 2009-22 or other IRS guidance.

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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2009

Number of Participants

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	37	118	1							
25-29	26	347	94							
30-34	30	286	190	24						
35-39	27	264	211	97	41	1				
40-44	22	219	219	132	127	49	3			
45-49	15	208	191	106	149	106	60	1		
50-54	16	189	191	116	121	100	104	59	1	
55-59	7	118	152	70	86	65	77	79	71	5
60-64	6	36	76	37	54	46	39	40	30	17
65-69		5	24	8	10	7	13	11	8	12
70+	1	8	6	4	2	2	1	2	3	1

N-5537

Note: Current compensation data was not included since current compensation is not taken into account under the plan's benefit formula.

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Schedule SB, Part V—Summary of Plan Provisions

Summary of Summa Plan Provisions

Effective Date

October 1, 1969.

Date of Participation

Age 18 and one year of 1,000 hours of service in an eligible position. For contributory plan, age 18 and one year of 1,000 hours of service in an eligible position with monthly Basic Earnings greater than \$400.

Normal Retirement

Eligibility

Age 65.

Monthly Benefit

Noncontributory Benefit

\$18 multiplied by years of (Summa) credited service, plus frozen December 31, 2001 benefit from the CFGH Employees Retirement Plan (if applicable).

Contributory Benefit

The contributory benefit was frozen as of December 31, 2001 for all nonunion employees.

For prior Akron City Hospital contributory members, the sum of (1), (2), and (3):

1. 0.75% of monthly basic earnings less than \$350 plus 1.50% of monthly final average earnings greater than \$350
—times—
years of Contributory Membership between February 1, 1946 and January 31, 1960.
2. 0.75% of monthly basic earnings less than \$400
—times—
years of Contributory Membership between February 1, 1960 and September 30, 1969.
3. 1.50% of monthly final average earnings greater than \$400
—times—
years of Contributory Membership after February 1, 1960.

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But no less than:

1/32 of Aggregate Employee Contributions (without interest) for Contributory Membership after September 30, 1969, plus any monthly annuities purchased under the Group Annuity Contract for membership prior to October 1, 1969.

For prior St. Thomas Medical Center contributory members, the sum of (1), (2), and (3), divided by 12:

4. 12.5% of aggregate base employee contributions prior to January 1, 1968.
5. 32.0% of aggregate excess employee contributions prior to January 1, 1968.
6. 35.0% of aggregate excess employee contributions after December 31, 1967.

Base employee contributions are monthly contributions on the first \$400 of earnings. Excess employee contributions are monthly contributions on earnings in excess of \$400.

Early Retirement

Eligibility

Age 55 with three years of vesting service.

Monthly Benefit

Normal Retirement Benefit reduced actuarially for commencement at Early Retirement Date. For former employees of Cuyahoga Falls, a minimum benefit equal to the CFGH December 31, 2001 frozen benefit reduced by CFGH early retirement factors.

Deferred Vested Retirement

Eligibility

Three years of vesting service.

Monthly Benefit

The accrued benefit as of the date of termination payable at the participant's Normal Retirement Age.

Preretirement Survivor Benefit

Eligibility

Three years of vesting service and married for at least one year.

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Monthly Benefit

For an unmarried participant, death occurring after age 55: the Accrued Benefit reduced for early retirement, payable as a 10-year certain only annuity.

For a married participant, the Accrued Benefit reduced for Joint and 50% Survivor form and early retirement payable at the earliest retirement date. Additionally, if death occurs after age 55, the excess of the Accrued Benefit payable as a 10-year certain only annuity and reduced for early retirement over the amount of the 50% joint and survivor benefit in equivalent form.

Normal Form of Annuity

For unmarried employees, 10-year certain and life annuity; for married employees, the actuarial equivalent 50% joint and survivor 10-year certain and life annuity.

Optional Forms of Payment

Single life annuity, 5-year certain and life annuity, 15-year certain and life annuity, 75% joint and survivor annuity, and 100% joint and survivor 10-year certain and life annuity.

For employees with contributory benefits, a lump sum equal to the employee's contributions with interest is available.

Definitions

Accrued Benefit

The amount which a participant is entitled to commencing on his Normal Retirement Date in the form of a 10-year certain and life annuity based on his Credited Years of Service and, if applicable, final average earnings as of the valuation date.

Average Final Compensation

Average compensation of the ten plan years prior to termination (or end of contributory participation).

Compensation

Wages paid, excluding overtime, bonuses, and other incentive earnings.

Credited Years of Service

After December 31, 1990 (December 31, 2001 for former CFGH employees), one year of service for each calendar year an employee completes 1,820 hours of service. For hours between 1,000 and 1,819, service is determined according to the following:

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Hours of Service	Credited Service
1,639–1,819	0.9
1,457–1,638	0.8
1,275–1,456	0.7
1,093–1,274	0.6
1,000–1,092	0.5

No service for less than 1,000 hours.

Prior to January 1, 1991, service is determined according to the former defined benefit pension plans of Akron City Hospital and St. Thomas Medical Center provided the employee was a member of the former plan prior to January 1, 1991.

Vesting Service

Any plan year in which an employee completes at least 1,000 hours of service. For former CFGH employees, service prior to December 31, 2001 is included.

Plan Year

Calendar year.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Summa Health System Retirement Income Plan and Trust
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Summary of Barberton Plan Provisions

Plan Year	The twelve-month period ending December 31.
Eligibility	Attained age 21 or more with at least one year of service and covered by collective bargaining agreement. However, an employee who is hired on or after January 1, 2009 shall not become a participant in the plan.
Eligibility Service	One year for each calendar year in which 1,000 creditable hours are earned, but excluding years prior to age 18.
Credited Service	Prior to January 1, 1976—Calculated from date of hire to nearest 1/10 year excluding years prior to age 30 and excluding the first year of service. On or after January 1, 1976—One year of credited service given for 2,000 creditable hours in the calendar year. Proportional credit granted to the nearest 1/10 year if less than 2,000 creditable hours. Any participant who has terminated and is re-employed on or after January 1, 2009 shall not accrue additional credited service.
Retirement Dates	
Normal	The later of, attainment of Age 65 or the 5 th anniversary of the date on which the participant first became a participant in the Plan.
Early	After attainment of age 55 and completion of 10 years of Eligibility Service.
Disability	In the event of total and permanent disability, a benefit is payable if the employee has 15 or more years of Eligibility Service.
Deferred Vested	In the event of termination with 5 years of Eligibility Service and not eligible for any other benefits under the Plan.
Normal Retirement Benefit	

Schedule SB Attachment (Form 5500)—2009 Plan Year
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Basic Benefit

Monthly benefit of \$17.50 per year of Credited Service if the Employee retires on or after February 1, 1998 but prior to February 1, 1999.

Monthly benefit of \$18.50 per year of Credited Service if the Employee retires on or after February 1, 1999 but prior to February 1, 2000.

Monthly benefit of \$19.50 per year of Credited Service if the Employee retires on or after February 1, 2000 but prior to February 1, 2005.

Monthly benefit of \$19.50 per year of Credited Service up to 30 years plus \$20.50 per year of Credited Service in excess of 30 years if an Employee retires on or after February 1, 2005, but prior to February 1, 2007.

Monthly benefit of \$19.50 per year of Credited Service up to 30 years plus \$21.00 per year of Credited Service in excess of 30 years if an Employee retires on or after February 1, 2007.

Participants retiring or terminating prior to February 1, 1998 receive different benefits.

**Supplemental Benefit
Eligibility**

In addition to being eligible for Plan coverage, employee must have annual base earnings in excess of \$6,000.

Past Service Benefit

The monthly past service benefit at retirement is 1/12 of 1% of January 1, 1966 base annual earnings in excess of \$6,000 times years of credited service prior to January 1, 1966.

Future Service Benefit

The monthly future service benefit at retirement is 1/12 of 41-2/3% of the employee's contributions to the Supplemental Pension Benefit.

Early Retirement Benefit

Upon early retirement, an employee will be entitled to his accrued benefit at age 65 or an actuarially reduced benefit at date of retirement.

Disability Retirement Benefit

Eligible disability pensioners will receive their accrued Basic Benefit at time of disability without actuarial reduction plus the actuarially reduced accrued Supplemental Benefit.

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Benefit Upon Termination of Service

Upon termination after meeting the eligibility requirements for a deferred vested benefit, an employee may elect to receive either the accrued Basic and Supplemental Benefits at age 65 or at any time after age 55 on a reduced basis if the employee had at least 10 years of Eligibility Service at termination.

Upon termination before meeting the eligibility requirements for a deferred vested benefit, the employee contributions, if any, with applicable interest, are returned.

Pre-Retirement Spouse's Benefit Option

Upon death after completing 5 years of Eligibility Service, provided that the employee agrees to a reduction in his benefits otherwise payable. This benefit will provide a pension to the spouse upon death of the employee prior to retirement. The amount of the spouse's benefit will be calculated as if the employee retired the day before his death and had elected a 50% Joint and Survivor pension. If death occurs prior to age 55, benefits to the spouse will commence with the month following the date that the employee would have reached age 55.

Plan Participants' Contributions

Basic Benefit

None.

Supplemental Benefit

1%, 2%, 3%, or 4% of annual earnings in excess of \$6,000, at employee's election.

Form of Payment

An employee may elect to receive his benefit on a straight-life, 50%, 75%, or 100% Joint and Survivor, or 120-month certain and continuous basis. Unless otherwise elected, any benefit payable under the Plan shall be paid:

1. on a 50% Joint and Survivor basis if the employee has been married to his current spouse for at least one year, or
2. on a straight-life basis otherwise

with a further provision that any benefits payable under 1) above will be the actuarial equivalent of a straight-life benefit.

Schedule SB Attachment (Form 5500)—2009 Plan Year
Summa Health System Retirement Income Plan and Trust
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Plan Changes

The January 1, 2009 funding valuation reflects the following additional plan changes:

- An increase in the annual pay limit under IRC Section 401(a)(17) from \$230,000 in 2008 to \$245,000 in 2009.
- An increase in the annual maximum benefit limit under IRC Section 415 from \$185,000 in 2008 to \$195,000 in 2009.
- As of January 1, 2009, the Summa Barberton Hospital Bargaining Unit Employees Retirement Plan was merged into the Summa Health System Retirement Income Plan and Trust.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

- The target liability was calculated using the full yield curve based on corporate bonds rates for October. As such, "2" was entered on line 21b as the applicable look-back month.
- Line 11(a) does not match the amount reported on line 38 of the 2008 SB because the amount reported on line 38 did not reflect the modified determination of excess contributions provided in final regulations 1.430(f)-1(b)(1)(ii)(B).

SUMMA HEALTH SYSTEM RETIREMENT INCOME PLAN AND TRUST

DECEMBER 31, 2009

EIN: 34-0714755, PLAN NO: 001

SCHEDULE H, PART IV - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment (including maturity date, rate of interest, collateral, par or maturity value)	Cost	Current Value at December 31, 2009
	Common stocks			
	Alexion Pharmaceuticals Inc.	Common stock 1,866 shares	\$ 46,073	\$ 91,098
	American Eagle Outfitters Inc.	Common stock 2,650 shares	28,809	44,997
	Ametek Inc.	Common stock 1,150 shares	31,926	43,976
	BE Aerospace Inc.	Common stock 2,850 shares	55,171	66,975
	BMC Software Inc.	Common stock 700 shares	21,734	28,070
	Brocade Communications Systems	Common stock 3,400 shares	25,301	25,942
	Celanese Corp.	Common stock 1,400 shares	31,554	44,940
	Charles River Labs International Inc.	Common stock 950 shares	36,855	32,005
	Check Point Software Tech	Common stock 2,300 shares	50,926	77,924
	Church & Dwight Inc.	Common stock 650 shares	33,241	39,293
	Citrix Sys Inc.	Common stock 950 shares	28,078	39,530
	Comverse Technology Inc.	Common stock 4,050 shares	51,561	38,273
	Consol Energy Inc.	Common stock 1,110 shares	29,723	55,278
	Crane Co.	Common stock 900 shares	24,687	27,558
	Crown Holdings Inc.	Common stock 1,700 shares	39,045	43,486
	Ctrip Com International Ltd.	Common stock 650 shares	31,656	46,709
	Davita Inc.	Common stock 1,000 shares	46,181	58,740
	Denbury Res Inc.	Common stock 2,900 shares	27,759	42,920
	Devry Inc.	Common stock 650 shares	33,128	36,874
	Discovery Communications	Common stock 1,000 shares	18,729	30,670
	Elan PLC ADR	Common stock 5,450 shares	45,044	35,534
	EnSCO International PLC-ADR	Common stock 1,150 shares	41,500	45,931
	EQT Corporation	Common stock 550 shares	23,552	24,156
	Exterran Holdings Inc.	Common stock 2,000 shares	80,751	42,900
	First Horizon National Corp.	Common stock 3,402 shares	40,684	45,589
	Gentex Corp.	Common stock 800 shares	14,291	14,280
	Hibbett Sports Inc.	Common stock 1,550 shares	28,907	34,084
	IDEX Corp.	Common stock 1,550 shares	39,424	48,282
	IDEXX Labs Inc.	Common stock 1,050 shares	34,592	56,123
	Illumina Inc.	Common stock 1,450 shares	50,340	44,486
	Joy Global Inc.	Common stock 550 shares	13,012	28,364
	Knight Capital Group Inc.	Common stock 550 shares	12,363	8,470
	Landstar Systems Inc.	Common stock 950 shares	35,902	36,831
	Life Technologies Corp.	Common stock 950 shares	26,791	49,609
	LSI Logic Corp.	Common stock 6,500 shares	36,832	39,065
	Massey Energy Corp.	Common stock 2,500 shares	60,934	105,025
	Maxim Integrated Products Inc.	Common stock 1,850 shares	26,934	37,592
	Mednax Inc.	Common stock 500 shares	20,827	30,055

SUMMA HEALTH SYSTEM RETIREMENT INCOME PLAN AND TRUST

DECEMBER 31, 2009

EIN: 34-0714755, PLAN NO: 001

SCHEDULE H, PART IV - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment (including maturity date, rate of interest, collateral, par or maturity value)	Cost	Current Value at December 31, 2009
Common stocks				
	Mettler Toledo International	Common stock 750 shares	\$ 68,969	\$ 78,742
	MSCI Inc.	Common stock 750 shares	13,378	23,850
	Navigant Consulting Inc.	Common stock 2,450 shares	40,654	36,407
	NII Holdings Inc.	Common stock 1,800 shares	35,102	60,444
	Novellus Sys Inc.	Common stock 1,650 shares	32,245	38,511
	Nuance Communications Inc.	Common stock 3,950 shares	60,200	61,344
	O'Reilly Automotive Inc.	Common stock 950 shares	26,114	36,214
	OSI Pharmaceuticals Inc.	Common stock 1,500 shares	45,676	46,590
	Polycom Inc.	Common stock 1,900 shares	35,200	47,443
	Ralcorp Hldgs Inc.	Common stock 700 shares	43,169	41,797
	Salesforce Com Inc.	Common stock 500 shares	15,275	36,885
	Santarus Inc.	Common stock 3,650 shares	26,226	16,863
	Scientific Games Corp.	Common stock 1,900 shares	30,058	27,645
	Shire Ltd. American Depository SHS	Common stock 1,200 shares	59,676	70,440
	Skilled Healthcare Group Inc.	Common stock 1,950 shares	16,501	14,528
	Verifone Holdings Inc.	Common stock 2,100 shares	22,487	34,398
	Verisign Inc.	Common stock 1,300 shares	35,646	31,512
	Waddell & Reed Finl Inc.	Common stock 1,350 shares	28,933	41,229
	Waste Connections Inc.	Common stock 700 shares	21,949	23,338
	Wesco International Inc.	Common stock 1,350 shares	44,880	36,463
		Total common stocks	<u>2,027,155</u>	<u>2,446,277</u>
Mutual funds				
	DFA Investment Dimensions Group Inc.	Small Cap Value Portfolio 100,383 shares	2,319,128	1,970,516
	T Rowe Price	Institutional High Yield Fund 1,749,536 shares	15,898,119	16,428,146
	Vanguard	Inflation Protected Securities Fund 227,473 shares	2,786,473	2,854,789
	DFA Investment Dimensions Group Inc.	Emerging Markets Value Portfolio 172,391 shares	3,842,285	5,419,977
	DFA Investment Dimensions Group Inc.	International Small Cap Value Portfolio 255,074 shares	4,489,161	3,849,062
	Harbor International Fund	Institutional Class 323,537 shares	<u>17,600,173</u>	<u>17,752,486</u>
		Total mutual funds	<u>46,935,339</u>	<u>48,274,976</u>

SUMMA HEALTH SYSTEM RETIREMENT INCOME PLAN AND TRUST

DECEMBER 31, 2009

EIN: 34-0714755, PLAN NO: 001

SCHEDULE H, PART IV - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor or similar party	Description of investment (including maturity date, rate of interest, collateral, par or maturity value)	Cost	Current Value at December 31, 2009
	<i>Money market funds</i>			
*	Allegiant	Money Market Fund I Shares 5,778,678 shares	\$ 5,778,678	\$ 5,778,678
		Total money market funds	<u>5,778,678</u>	<u>5,778,678</u>
	<i>Common collective trusts</i>			
	State Street Global Advisors	Passive Bond Market Index 760,373 shares	14,268,938	17,218,656
	Blackrock Equity Index Fund	Equity Index Fund 66,067 shares	<u>22,012,245</u>	<u>22,192,252</u>
		Total common collective trusts	<u>36,281,183</u>	<u>39,410,908</u>
	<i>Real estate investment trusts</i>			
	Invesco	Real Estate Securities Trust 167,869 shares	7,114,827	9,482,935
	Spider Dow Jones REIT	Real Estate Securities Trust 164,401 shares	<u>7,955,113</u>	<u>8,090,173</u>
		Total real estate investment trusts	<u>15,069,940</u>	<u>17,573,108</u>
	<i>Alternative investments</i>			
	Adams Street Partners	Partnership Fund 256,428 shares	238,150	256,428
	Austin Capital Management LTD	Hedge Fund 974 shares	<u>1,112,295</u>	<u>928,229</u>
		Total alternative investments	<u>1,350,445</u>	<u>1,184,657</u>
	<i>Immediate Participation Guarantee Contracts</i>			
*	AXA Equitable Life Assurance Company	Immediate Participation Guarantee Fund	6,506,312	6,506,312
*	Aetna Life Insurance Company	Fixed Income Fund	<u>4,653,793</u>	<u>4,653,793</u>
		Total immediate participation guarantee contracts	<u>11,160,105</u>	<u>11,160,105</u>
		Total	<u>\$ 118,602,845</u>	<u>\$ 125,828,709</u>
*	Party-in-interest			

SUMMA HEALTH SYSTEM RETIREMENT INCOME PLAN AND TRUST

FOR THE YEAR ENDED DECEMBER 31, 2009

EIN: 34-0714755, PLAN NO: 001

SCHEDULE H, PART IV - SCHEDULE OF REPORTABLE TRANSACTIONS

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
<u>Identity of Party Involved</u>	<u>Description of Assets</u>	<u>Purchase Price</u>	<u>Selling Price</u>	<u>Expense Incurred with Transaction</u>	<u>Cost of Asset</u>	<u>Current Value of Asset on Transaction Date</u>	<u>Net Gain or (Loss)</u>
<i>Category 1 - Single transaction exceeds 5% of value</i>							
Universal Network Exchange Inc.	Ishares Trust Russell 1000 Value	\$ -	\$ 4,354,784	\$ 3,274	\$ 4,474,033	\$ 4,354,784	\$ (119,249)
* PNC Financial Services Group, Inc	Allegiant Money Market Fund I Shares	5,020,049	-	-	5,020,049	5,020,049	-
* PNC Financial Services Group, Inc	Allegiant Money Market Fund I Shares	4,511,111	-	-	4,511,111	4,511,111	-
<i>Category 2 - Series of transactions with same broker exceeds 5% of value</i>							
Universal Network Exchange Inc.	Russell 1000 Value 1 sale	-	4,354,784	3,274	4,474,033	4,354,784	(119,249)
Universal Network Exchange Inc.	Spider Dow Jones REIT 2 purchases	2,555,321	-	-	2,555,321	2,555,321	-
Direct With Fund	DFA Investment Demensions Group Inc. Emerging Markets Value Portfolio 1 purchase	750,000	-	-	750,000	750,000	-
	1 sale	-	750,000	-	750,000	750,000	-
Direct With Fund	State Street Global Advisors Passive Bond Market Index 1 purchase	1,750,000	-	-	1,750,000	1,750,000	-
	1 sale	-	1,750,000	-	1,750,000	1,750,000	-
<i>Category 3 - Series of transactions in same security exceeds 5% of value</i>							
Universal Network Exchange Inc.	Ishares Trust Russell 1000 Value 1 sale	-	4,354,784	3,274	4,474,033	4,354,784	(119,249)

* Indicates party-in-interest to the plan