

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 <u>07/01/2009</u> and ending <u>06/30/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>THE ELIZA JENNINGS HOME - THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>08/01/1974</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>08/01/1974</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>08/01/1974</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>THE ELIZA JENNINGS HOME</u> <u>10603 DETROIT AVE</u> <u>CLEVELAND, OH 44102-1647</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-1166722</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>216-226-5000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>623000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-1166722</u>	2c Sponsor's telephone number <u>216-226-5000</u>	2d Business code (see instructions) <u>623000</u>	
2b Employer Identification Number (EIN) <u>34-1166722</u>					
2c Sponsor's telephone number <u>216-226-5000</u>					
2d Business code (see instructions) <u>623000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/12/2011	KATHLEEN M. SHIELDS
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") THE ELIZA JENNINGS HOME 10603 DETROIT AVE CLEVELAND, OH 44102-1647	3b Administrator's EIN 34-1166722 3c Administrator's telephone number 216-226-5000
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	236
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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	77
b Retired or separated participants receiving benefits.....	6b	78
c Other retired or separated participants entitled to future benefits.....	6c	78
d Subtotal. Add lines 6a , 6b , and 6c	6d	233
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	
f Total. Add lines 6d and 6e	6f	233
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	0

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:
 1A 1G 3D 1D

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

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

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE 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 07/01/2009 and ending 06/30/2010

▶ **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>THE ELIZA JENNINGS HOME - THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN</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>THE ELIZA JENNINGS HOME</u>	D Employer Identification Number (EIN) <u>34-1166722</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>07</u> Day <u>01</u> Year <u>2009</u>	
2 Assets:	
a Market value	2a <u>3194403</u>
b Actuarial value	2b <u>3276760</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>78</u> <u>1811242</u>
b For terminated vested participants	3b <u>78</u> <u>761387</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>9770</u>
(2) Vested benefits	3c(2) <u>1746768</u>
(3) Total active	3c(3) <u>80</u> <u>1756538</u>
d Total	3d <u>236</u> <u>4329167</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>6.64</u> %
6 Target normal cost	6 <u>152206</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>04/11/2011</u>
Signature of actuary	Date
<u>KATHLYN PITASSI</u>	<u>11-02557</u>
Type or print name of actuary	Most recent enrollment number
<u>NATIONAL ASSOCIATES, INC.</u>	<u>440-333-0222</u>
Firm name	Telephone number (including area code)
<u>20325 CENTER RIDGE ROAD, SUITE 405</u> <u>CLEVELAND, OH 44116-3570</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)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of <u>-10.00</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		65017
b Interest on (a) using prior year's effective rate of <u>6.11</u> %		3973
c Total available at beginning of current plan year to add to prefunding balance		68990
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).....	0	0

Part III Funding percentages		
14 Funding target attainment percentage.....	14	75.69 %
15 Adjusted funding target attainment percentage.....	15	75.69 %
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	79.64 %
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
10/19/2009	87182				
01/21/2010	87182				
04/26/2010	71807				
06/22/2010	71807				
			Totals ►	18(b)	317978 18(c)

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	305077
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☒ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 5.63 %	2nd segment: 6.65 %	3rd segment: 6.72 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	152206
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	792657	145973
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	298179
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	298179
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	305077
38 Interest-adjusted excess contributions for current year (see instructions).....	38	
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

a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or
103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
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
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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
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For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010		
A Name of plan THE ELIZA JENNINGS HOME - THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE ELIZA JENNINGS HOME	D Employer Identification Number (EIN) 34-1166722	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	3194403	3647386
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	3194403	3647386

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	3194403	3647386
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	317978	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		317978
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(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)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B).....	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(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)		370123
(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		688101

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	235118	
(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)		235118
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		235118

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		452983
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MALONEY & NOVOTNY LLC

(2) EIN: 34-0677006

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		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010

A Name of plan <u>THE ELIZA JENNINGS HOME - THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE ELIZA JENNINGS HOME</u>	D Employer Identification Number (EIN) <u>34-1166722</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-1561860</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>0</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

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

Schedule R (Form 5500) 2009
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

**THE ELIZA JENNINGS HOME -
THE GREATER CLEVELAND HOSPITAL
ASSOCIATION RETIREMENT PLAN**

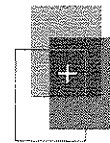
FINANCIAL REPORT

JUNE 30, 2010 and 2009

THE ELIZA JENNINGS HOME -
THE GREATER CLEVELAND HOSPITAL
ASSOCIATION RETIREMENT PLAN

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The Board of Trustees
The Eliza Jennings Home
Cleveland, Ohio

Independent Auditors' Report

We were engaged to audit the financial statements and supplemental schedule of The Eliza Jennings Home - The Greater Cleveland Hospital Association Retirement Plan (the "Plan") as of June 30, 2010 and 2009 and for the years then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-12 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 4, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian of The HealthComp, Inc. Group Trust (formerly The Greater Cleveland Hospital Association Amended and Restated Retirement Plan Trust) (the "Trust") holds the Plan's investment assets and executes investment transactions. The plan administrator has been informed by the trustee of the Trust that the Trust will report directly to the Department of Labor on behalf of the plan administrator no later than the date on which the Plan's annual report is due as of and for the year ended June 30, 2010.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information provided by the custodian, 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.

Maloney + Novotny LLC

Cleveland, Ohio
April 5, 2011



THE ELIZA JENNINGS HOME -
THE GREATER CLEVELAND HOSPITAL
ASSOCIATION RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

June 30, 2010 and 2009

	<u>2010</u>	<u>2009</u>
<u>ASSETS</u>		
Participation in pooled investment trust, at fair value	<u>\$3,647,386</u>	<u>\$3,194,403</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$3,647,386</u>	<u>\$3,194,403</u>

The accompanying notes are an integral part of these financial statements.

THE ELIZA JENNINGS HOME -
THE GREATER CLEVELAND HOSPITAL
ASSOCIATION RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended June 30, 2010 and 2009

	<u>2010</u>	<u>2009</u>
ADDITIONS (REDUCTIONS)		
Net increase (decrease) in pooled investment trust	\$ 370,123	\$ (369,036)
Employer contributions	<u>317,978</u>	<u>348,729</u>
Total additions (reductions)	688,101	(20,307)
DEDUCTION		
Pension benefits	<u>235,118</u>	<u>194,228</u>
Increase (decrease) in net assets available for benefits	452,983	(214,535)
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	<u>3,194,403</u>	<u>3,408,938</u>
END OF YEAR	<u>\$3,647,386</u>	<u>\$3,194,403</u>

The accompanying notes are an integral part of these financial statements.

THE ELIZA JENNINGS HOME -
THE GREATER CLEVELAND HOSPITAL
ASSOCIATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

The following brief description of The Eliza Jennings Home - The Greater Cleveland Hospital Association Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

A. General

The Plan is a defined benefit pension plan, covering substantially all employees of The Eliza Jennings Home (the "Home"), except for certain members of religious organizations, students, interns, and residents. Participants become 100% vested in their pension benefits after completing five years of credited service. Effective November 17, 2003, participation in the Plan was frozen to new employees. Participants in the Plan hired prior to November 17, 2003 will continue to accrue benefits in the Plan but have the option to withdraw from this Plan and participate in a new defined contribution plan also sponsored by the Home. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

B. Pension Benefits

Participants are eligible for normal retirement benefit payments upon reaching age 65. The amount of individual pensions is based upon several factors including compensation, years of service, age, and the estimated Social Security benefit. Compensation is based upon the average of the highest five consecutive calendar years of employment out of the last ten years prior to the date of termination. The Plan also provides for the payment of early and disability retirement benefits, as well as the payment of benefits to the surviving spouse of a participant.

Note 2. Summary of Significant Accounting Policies

The following are the significant accounting policies followed by the Plan:

- A. Basis of Accounting – The accompanying financial statements are prepared on the accrual basis of accounting.
- B. Plan Administration – The Home is the plan administrator and Northern Trust Company is plan trustee.

Investment assets of the Plan attributable to the Home are pooled with the investment assets of other employers in The HealthComp, Inc. Group Trust (formerly The Greater Cleveland Hospital Association Amended and Restated Retirement Plan Trust) (the "Trust"). The Northern Trust Company was the custodian for the Plan and the Trust for the years ended June 30, 2010 and 2009. Transactions in investment assets are made at the direction of the Trust's custodian and the Home. The investments and changes therein of the investment accounts have been reported to the Plan and the Trust by the custodian as having been determined through the use of fair values for all assets of the accounts, as measured by quoted values in an active market. Purchase and sales of securities are recorded on a trade-date basis.

THE ELIZA JENNINGS HOME -
THE GREATER CLEVELAND HOSPITAL
ASSOCIATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (Continued)

C. Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

D. Investments Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements.

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

E. Payment of Benefits – Benefit payments to participants are recorded upon distribution.

F. Subsequent Events – The Plan has evaluated subsequent events through April 5, 2011, the date the financial statements were available to be issued.

G. Funding Policy – The Home has agreed to make contributions to the Plan based upon actuarial computations. The contributions for the years ended June 30, 2010 and 2009 met the minimum funding requirements of ERISA.

Note 3. Plan Termination

Although it has not expressed any intention to do so, the Plan's sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to provisions set forth in ERISA.

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:

A. Benefits attributable to employee contributions, taking into account those paid out before termination.

B. Annuity benefits former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

THE ELIZA JENNINGS HOME -
THE GREATER CLEVELAND HOSPITAL
ASSOCIATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 3. Plan Termination (Continued)

- C. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC"), a U.S. Government agency, up to the applicable limitations, discussed subsequently.
- D. All other vested benefits (that is, vested benefits not insured by the PBGC).
- E. 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. However, a statutory ceiling exists, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actually adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the plan sponsor and the level of benefits guaranteed by the PBGC.

Note 4. Unaudited Information

Under the terms of the agreements between the Plan, the Trust, and the custodian, the assets of all employers participating in the Trust are pooled for investment purposes. The allocation of assets to the individual sponsors participating in the Trust is determined by the custodian according to a defined methodology. The related earnings from these investments are allocated specifically to the Plan. The custodian holds the following Trust investment assets and executes transactions therein. Financial information relating to the Plan's share of the pooled investment assets is included in the accompanying financial statements and supplemental schedule based on information provided by the custodian. As permitted by 29 CFR 2520.103-12, the plan administrator has been informed by the trustee of the Trust that the Trust will report directly to the U.S. Department of Labor on behalf of the plan administrator no later than the date on which the Plan's annual report is due as of and for the year ended June 30, 2010. Therefore, the Plan's investment in the Trust has not been audited by independent accountants. The Trust's assets (modified cash basis) are summarized below:

THE ELIZA JENNINGS HOME -
THE GREATER CLEVELAND HOSPITAL
ASSOCIATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 4. Unaudited Information (Continued)

	<u>2010</u>	<u>2009</u>
The HealthComp, Inc. Group Trust (formerly Greater Cleveland Hospital Association Amended and Restated Retirement Plan Trust)		
Common stock	\$ 39,436,234	\$ 27,483,186
Preferred stock	430,584	382,765
Common/collective trusts	39,983,026	43,265,873
Corporate debt instruments - preferred	945,664	634,482
Corporate debt instruments - other	2,288,922	2,100,959
Registered investment companies	6,018,205	7,203,490
Other	592,065	30,210
Accrued income receivable	69,312	40,067
Receivable due from (to) broker, net	<u>337,966</u>	<u>(24,462)</u>
	<u>\$ 90,101,978</u>	<u>\$ 81,116,570</u>

As of June 30, 2010 and 2009, the Plan's interest in the total Trust assets held by the custodian was approximately 4%.

Net investment gain (loss) in the Trust during the years ended June 30, 2010 and 2009 includes the following:

	<u>2010</u>	<u>2009</u>
Net appreciation (depreciation) in fair value of investments:		
Common stock	\$ 3,985,467	\$ (7,493,591)
Preferred stock	119,846	(32,729)
Common/collective trusts	5,086,298	(2,882,821)
Corporate debt instruments - preferred	87,106	(42,984)
Corporate debt instruments - other	172,264	(349,689)
Registered investment companies	1,080,573	(1,996,885)
Other	<u>4,661</u>	<u>(58,881)</u>
Net increase (decrease)	<u>\$ 10,536,215</u>	<u>\$ (12,857,580)</u>
Interest and dividends	<u>\$ 738,260</u>	<u>\$ 593,881</u>

Note 5. Fair Value Measurements

The Financial Accounting Standards Board ("FASB") *Accounting Standards Codification* ("ASC") 820, *Fair Value Measurements and Disclosures*, provide the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

THE ELIZA JENNINGS HOME -
THE GREATER CLEVELAND HOSPITAL
ASSOCIATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 5. Fair Value Measurements (Continued)

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 input must be observable for substantially the full term of the asset or liability.

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

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.

The following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at June 30, 2010 and 2009.

- Common stock and other: Valued at the closing price reported in the active market in which the individual securities are traded.
- Preferred stock: Valued at the closing price reported in the active market in which the individual securities are traded.
- Common/collective trusts: Valued at the net asset value ("NAV") of units held by the Plan at year end.
- Corporate debt instruments - preferred: Valued by the trustee based on yields currently available on comparable securities of issuers with similar credit ratings.
- Corporate debt instruments - other: Valued by the trustee based on yields currently available on comparable securities of issuers with similar credit ratings.
- Registered investment companies: Valued at the quoted NAV of shares held by the Plan at year end.

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

THE ELIZA JENNINGS HOME -
THE GREATER CLEVELAND HOSPITAL
ASSOCIATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 5. Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's share of assets held in the Master Trust at fair value as of June 30, 2010 and 2009:

Assets at Fair Value as of June 30, 2010

	Level 1	Level 2	Total
Common stock	\$ 1,381,709	\$ -	\$ 1,381,709
Preferred stock	23,227	-	23,227
Common/collective trusts	-	1,861,120	1,861,120
Corporate debt instruments - preferred	-	51,011	51,011
Corporate debt instruments - other	-	123,468	123,468
Registered investment companies	-	177,486	177,486
Other	29,365	-	29,365
Total	<u>\$ 1,434,301</u>	<u>\$ 2,213,085</u>	<u>\$ 3,647,386</u>

Assets at Fair Value as of June 30, 2009

	Level 1	Level 2	Total
Common stock	\$ 856,869	\$ -	\$ 856,869
Preferred stock	26,708	-	26,708
Common/collective trusts	-	1,967,107	1,967,107
Corporate debt instruments - preferred	-	44,272	44,272
Corporate debt instruments - other	-	146,596	146,596
Registered investment companies	-	152,331	152,331
Other	520	-	520
Total	<u>\$ 884,097</u>	<u>\$ 2,310,306</u>	<u>\$ 3,194,403</u>

Note 6. Obligation for Pension Benefits

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, 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 under the Plan are based on employees' highest five consecutive years of compensation during their last ten full calendar years of credited service. The accumulated plan benefits for active employees are based on their average compensation of the highest five consecutive years ending on the date as of which the benefits information is presented (the valuation date). Benefits payable under all circumstances - retirement, death, disability, the termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

THE ELIZA JENNINGS HOME -
THE GREATER CLEVELAND HOSPITAL
ASSOCIATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 6. Obligation for Pension Benefits (Continued)

Actuarial Present Value of Accumulated Plan Benefits (Continued)

The actuarial present value of accumulated plan benefits is determined by an actuary from National Associates, Inc. and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payments (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Actuarial Assumptions

Significant assumptions used by the actuary in determining the actuarial present value of accumulated plan benefits as of July 1, 2009 and 2008 are as follows:

	<u>July 1, 2009</u>	<u>July 1, 2008</u>
Actuarial Cost Method	Unit Credit Actuary Cost Method	Unit Credit Actuary Cost Method
Mortality Rate	2009 Male - Modified RP2000 Combined Healthy Male projected 24 & 16 Years and 2009 Female - Modified RP2000 Combined Healthy Female projected 24 & 16 Years	2008 Male - Modified RP2000 Combined Healthy Male projected 23 & 15 Years and 2008 Female - Modified RP2000 Combined Healthy Female projected 23 & 15 Years
Average Retirement Age	65	65
Investment Return Percentage	6.64%	6.11%

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

Based upon the actuarial assumption changes noted in the above table, the actuarial liability decreased by \$285,000.

THE ELIZA JENNINGS HOME -
THE GREATER CLEVELAND HOSPITAL
ASSOCIATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 5. Obligation for Pension Benefits (Continued)

Actuarial Assumptions (Continued)

The actuarial present value of accumulated plan benefits as of July 1, 2009 and 2008 is as follows:

	<u>2009</u>	<u>2008</u>
Vested benefits:		
Participants currently receiving payments	\$ 1,811,000	\$ 1,728,000
Other participants	<u>2,508,000</u>	<u>2,611,000</u>
Total vested benefits	4,319,000	4,339,000
 Nonvested benefits	 <u>10,000</u>	 <u>16,000</u>
 Total actuarial present value of accumulated plan benefits	 <u>\$ 4,329,000</u>	 <u>\$ 4,355,000</u>

Changes in accumulated plan benefits for the year ended June 30, 2009 are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 4,355,000
 Increase (decrease) during the year attributable to:	
Change of assumptions	(285,000)
Decrease in the discount period	266,000
Benefits accumulated	187,000
Benefits paid	<u>(194,000)</u>
Net decrease	<u>(26,000)</u>
 Actuarial present value of accumulated plan benefits at end of year	 <u>\$ 4,329,000</u>

Note 7. Tax Status

The Internal Revenue Service has determined and informed the Home by a letter dated January 24, 2003 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

THE ELIZA JENNINGS HOME -
THE GREATER CLEVELAND HOSPITAL
ASSOCIATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 8. Risk and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits is 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 estimates 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 9. Related-Party and Party-in-Interest Transactions

Certain plan investments are managed by The Northern Trust Company. The Northern Trust Company is the custodian of the Plan and, therefore, these transactions qualify as party-in-interest transactions. In addition, the Plan appointed National Associates, Inc. to serve as the actuary and the Home to serve as the plan administrator.

SUPPLEMENTAL SCHEDULE

THE ELIZA JENNINGS HOME -
THE GREATER CLEVELAND HOSPITAL
ASSOCIATION RETIREMENT PLAN

EMPLOYER NO. 34-1166722
PLAN NO. 001

FORM 5500, SCHEDULE H, PART IV, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2010

(a)	(b) <u>Identity of Party</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	Current (e) <u>Value</u>
		POOLED INVESTMENT TRUST		
*	The Northern Trust Company	The HealthComp, Inc. Group Trust (formerly The Greater Cleveland Hospital Association Amended and Restated Retirement Plan Trust)	<u>\$3,356,976</u>	<u>\$3,647,386</u>

* Represents a party-in-interest

ELIZA JENNINGS HOME**THE GCHA RETIREMENT PLAN**

Schedule of Active Participant Data

Plan Year: 7/1/2009 to 6/30/2010

Valuation Date: 7/1/2009

Age/ Svc	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	Total
0	0	0	0	0	0	0	0	0	0	0	0	0
1-4	0	0	2	0	1	0	1	0	0	0	0	4
5-9	0	4	6	5	6	4	6	2	1	1	1	36
10-14	0	0	0	1	2	1	5	6	0	0	0	15
15-19	0	0	0	0	1	0	2	6	3	1	0	13
20-24	0	0	0	0	2	1	1	1	0	0	1	6
25-29	0	0	0	0	0	1	1	2	1	0	0	5
30-34	0	0	0	0	0	0	0	0	0	0	0	0
35-39	0	0	0	0	0	0	0	0	0	0	0	0
40+	0	0	0	0	0	0	0	0	0	1	0	1
Total	0	4	8	6	12	7	16	17	5	3	2	80

*Employees who have not met the minimum eligibility requirements are excluded

Average Age: 48.3

Average Service: 12

ACTUARIAL COST METHOD AND STATEMENT OF ASSUMPTIONS

I. ACTUARIAL COST METHOD

Unit Credit

II. ACTUARIAL ASSUMPTIONS

- a. Interest
 - (i) Segment Rates Seg 1: 5.63% Seg 2: 6.65% Seg 3: 6.72%
 - (ii) Applicable Month July 2009
 - (iii) Effective interest rate 6.64%
- b. Mortality Table Prescribed tables
- c. Turnover None
- d. Salary Scale 4%
- e. Retirement Age 65
- f. Normal Form of Annuity Life only
- g. Valuation of Assets Market Value

III. ACCRUED BENEFITS (417)(e)

- a. Interest
 - (i) Segment Rates Seg 1: 4.25% Seg 2: 5.34% Seg 3: 5.25%
 - (ii) Applicable Month May 2009

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2009**This Form is Open to Public
Inspection**For calendar plan year 2009 or fiscal plan year beginning 07/01/2009 and ending 06/30/2010▶ **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**THE ELIZA JENNINGS HOME - THE GREATER CLEVELAND HOSPITAL ASSOCIATION
RETIREMENT PLAN**B Three-digit**

plan number (PN) ▶

001

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

THE ELIZA JENNINGS HOME

D Employer Identification Number (EIN)

34-1166722

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 07 Day 01 Year 2009**2 Assets:****a** Market value **2a** 3194403**b** Actuarial value **2b** 3276760**3 Funding target/participant count breakdown**

(1) Number of participants

(2) Funding Target

a For retired participants and beneficiaries receiving payment **3a** 78 1811242**b** For terminated vested participants **3b** 78 761387**c** For active participants:(1) Non-vested benefits **3c(1)** 9770(2) Vested benefits **3c(2)** 1746768(3) Total active **3c(3)** 80 1756538**d** Total **3d** 236 4329167**4** If the plan is at-risk, check the box and complete items (a) and (b) ☐**a** Funding target disregarding prescribed at-risk assumptions **4a****b** Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor **4b****5** Effective interest rate **5** 6.64 %**6** Target normal cost **6** 152206**Statement by Enrolled Actuary**

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

**SIGN
HERE**

Signature of actuary

KATHLYN PITASSI

Type or print name of actuary

NATIONAL ASSOCIATES, INC.

Firm name

20325 CENTER RIDGE ROAD, SUITE 405
CLEVELAND OH 441163570

Address of the firm

04/11/2011

Date

11-02557

Most recent enrollment number

440-333-0222

Telephone number (including area code)

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

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)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	0	0
10 Interest on item 9 using prior year's actual return of <u>-10.00</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		65017
b Interest on (a) using prior year's effective rate of <u>6.11</u> %		3973
c Total available at beginning of current plan year to add to prefunding balance		68990
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)	0	0

Part III Funding percentages

14 Funding target attainment percentage	14	75.69 %
15 Adjusted funding target attainment percentage	15	75.69 %
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	79.64 %
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
10/19/2009	87182				
01/21/2010	87182				
04/26/2010	71807				
06/22/2010	71807				
Totals ▶			18(b)	317978	18(c)

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	305077

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☒ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 5.63 %	2nd segment: 6.65 %	3rd segment: 6.72 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	152206
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	792657	145973
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	298179
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	298179
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	305077
38 Interest-adjusted excess contributions for current year (see instructions)	38	
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

SUMMARY OF PRINCIPAL PLAN PROVISIONS

1. Eligibility for Benefits

- | | |
|-------------------------------|--|
| a. Normal Retirement | The first day of the month coincident with or next following attainment of age 65 or fifth anniversary of participation, if later. |
| b. Early Retirement | The first day of any month following the attainment of age 55 and the completion of five years of Credited Service. |
| c. Disability Retirement | Any age with ten years of Credited Service upon total and permanent disability. |
| d. Deferred Vested Retirement | Any age with five years of Credited Service. |
| e. Survivor Benefit | Any participant eligible for a vested retirement benefit who has been married for at least one year. |

Anyone hired after 11/17/03 will not be eligible to participate in the Plan.

2. Pension Benefits

- | | |
|------------------------------|---|
| a. Normal Retirement Benefit | <p>The greater of (i) or (ii):</p> <p>(i) 1.20% of Average Monthly Compensation plus 0.65% of Average Monthly Compensation in excess of Social Security Covered Compensation for each year of Benefit Service up to a maximum of 25 years.</p> <p>(ii) Accrued benefit under the plan provisions in effect as of June 30, 1989.</p> |
| b. Accrued Benefit | <p>The Normal Retirement Benefit multiplied by the Credited Service Ratio. In determining the Normal Retirement Benefit, Benefit Service is computed as the sum of:</p> <p>(i) Benefit Service at determination date; and</p> <p>(ii) The ratio of (i) to elapsed time from date of plan entry to the determination date, multiplied by number of years from the date of determination to Normal Retirement Date.</p> |

- | | |
|---------------------------------------|---|
| c. Early Retirement Benefit | The Accrued Benefit reduced actuarially for commencement prior to age 65. |
| d. Disability Retirement Benefit | The Accrued Benefit commencing without reduction on the first of the month following the five months of disability. |
| e. Deferred Vested Retirement Benefit | The Accrued Benefit reduced actuarially for commencement prior to age 65. |
| f. Survivor Benefit | <p>50% of the participant's Accrued Benefit reduced for both the 50% Joint and Survivor form and early receipt and payable at the participants earliest retirement age.</p> <p>The normal form of payment is a monthly life annuity. However, a married participant shall normally receive an actuarially reduced 50% Joint and Survivor form with a 50% continuation after the participant's death to his or her spouse, if surviving.</p> |

THE ELIZA JENNINGS HOME -
THE GREATER CLEVELAND HOSPITAL
ASSOCIATION RETIREMENT PLAN

EMPLOYER NO. 34-1166722
PLAN NO. 001

FORM 5500, SCHEDULE H, PART IV, LINE 4(i)
SCHEDULE OF ASSETS (HELD AT END OF YEAR)

June 30, 2010

(a)	(b) <u>Identity of Party</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	Current (e) <u>Value</u>
		POOLED INVESTMENT TRUST		
*	The Northern Trust Company	The HealthComp, Inc. Group Trust (formerly The Greater Cleveland Hospital Association Amended and Restated Retirement Plan Trust)	<u>\$3,356,976</u>	<u>\$3,647,386</u>

* Represents a party-in-interest

Attachment to 2009 Schedule SB, line 32 - Schedule of Amortization Bases - EIN: 34-1166722 PN: 001

**ELIZA JENNINGS HOME
THE GCHA RETIREMENT PLAN**

Shortfall Amortization
Valuation Date: July 1, 2009

<u>Valuation Date</u>	<u>Amortization Method</u>	<u>Number of Future Installments</u>	<u>Installment</u>	<u>Value of Future Installments</u>
06/30/2008	7-year	6	\$100,703	\$525,612
06/30/2009	7-year	7	<u>\$45,270</u>	<u>\$267,045</u>
Total			\$145,973	\$792,657

ELIZA JENNINGS HOME RETIREMENT PLAN
7/1/2009

Schedule SB, Line 19 - Discounted Employer Contributions

APPLICABLE INTEREST RATE:
INCREASED RATE FOR QUARTERLY INSTALLMENTS

[illegible]

Attachment to 2009 Schedule SB, line 22 – EIN: 34-1166722 PN: 001

The Normal Retirement Age under the Plan is 65.