

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>TYLER MEMORIAL HOSPITAL PENSION 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>07/01/1970</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>07/01/1970</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>07/01/1970</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>MERCY TYLER HOSPITAL</u> <u>SR 6</u> <u>TUNKHANNOCK, PA 18657-9806</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>24-0779665</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>570-996-1151</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>24-0779665</u>	2c Sponsor's telephone number <u>570-996-1151</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>24-0779665</u>					
2c Sponsor's telephone number <u>570-996-1151</u>					
2d Business code (see instructions) <u>622000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	<u>04/13/2011</u>	<u>DENISE GIESKI</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") MERCY TYLER HOSPITAL SR 6 TUNKHANNOCK, PA 18657-9806	3b Administrator's EIN 24-0779665 3c Administrator's telephone number 570-996-1151
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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	
5 Total number of participants at the beginning of the plan year	5	343
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	206
b Retired or separated participants receiving benefits.....	6b	41
c Other retired or separated participants entitled to future benefits.....	6c	82
d Subtotal. Add lines 6a , 6b , and 6c	6d	329
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	4
f Total. Add lines 6d and 6e	6f	333
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	13
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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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) ☐ 0 **A** (Insurance Information)
 (4) ☒ **C** (Service Provider Information)
 (5) ☐ **D** (DFE/Participating Plan Information)
 (6) ☐ **G** (Financial Transaction Schedules)

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>TYLER MEMORIAL HOSPITAL PENSION 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>MERCY TYLER HOSPITAL</u>	D Employer Identification Number (EIN) <u>24-0779665</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>6572940</u>
b	Actuarial value 2b <u>7230234</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>45</u> <u>1152471</u>
b	For terminated vested participants 3b <u>54</u> <u>1157758</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>204702</u>
(2)	Vested benefits 3c(2) <u>7325417</u>
(3)	Total active 3c(3) <u>244</u> <u>7530119</u>
d	Total 3d <u>343</u> <u>9840348</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>6.57</u> %
6	Target normal cost 6 <u>535571</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>04/12/2011</u>
Signature of actuary	Date
<u>KENT A. SPADE, F.S.A.</u>	<u>11-03270</u>
Type or print name of actuary	Most recent enrollment number
<u>THE SAVITZ ORGANIZATION, INC.</u>	<u>215-587-0700</u>
Firm name	Telephone number (including area code)
<u>1845 WALNUT STREET</u> <u>SUITE 1400</u> <u>PHILADELPHIA, PA 19103-4755</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)	410891	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	410891	0
9	Amount remaining (Item 7 minus item 8).....	0	0
10	Interest on item 9 using prior year's actual return of <u>-16.64</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.06</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	73.47 %
15	Adjusted funding target attainment percentage.....	15	73.47 %
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	84.85 %
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
10/14/2009	221787	0			
01/11/2010	221787	0			
04/16/2010	221787	0			
07/15/2010	221787	0			
03/10/2011	52775	0			
			Totals ►	18(b)	939923
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	898044
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: 5.33 %	2nd segment: 6.68 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 2
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	535571
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2019693	362450
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	898021
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		0
36 Additional cash requirement (item 34 minus item 35).....	36	898021
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	898044
38 Interest-adjusted excess contributions for current year (see instructions).....	38	23
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 07/01/2009 and ending 06/30/2010

A Name of plan TYLER MEMORIAL HOSPITAL PENSION PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 MERCY TYLER HOSPITAL	D Employer Identification Number (EIN) 24-0779665

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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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)

BLACKROCK INVESTMENT MANAGEMENT LLC

600 BALTIMORE DRIVE
WILKES BARRE, PA 18702-7943

20-5919478

(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?
28 34 50 51	NONE	44560	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

THE SAVITZ ORGANIZATION, INC.

1845 WALNUT STREET
SUITE 1400
PHILADELPHIA, PA 19103

23-1700844

(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?
11	NONE	36700	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

PARENTE BEARD, LLC

46 PUBLIC SQUARE
SUITE 400
WILKES BARRE, PA 18701

23-2932984

(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?
10	NONE	10743	Yes ☐ No ☒	Yes ☐ No ☐	0	Yes ☐ No ☐

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

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

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

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

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

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

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 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 07/01/2009 and ending 06/30/2010		
A Name of plan TYLER MEMORIAL HOSPITAL PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MERCY TYLER HOSPITAL	D Employer Identification Number (EIN) 24-0779665	

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	14639	1849
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	526482	274562
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	12967	15613
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	112328	208608
(2) U.S. Government securities.....	1c(2)	788959	955709
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	375016	626889
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	2966994	3330504
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	1796933	2199119
(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	6594318	7612853

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	6594318	7612853
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	939923	
(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)		939923

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)	251558	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		251558

(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)		0

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

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	525286	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		525286
(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		1716767

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	565146	
(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)		565146
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)	47443	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	44560	
(4) Other	2i(4)	41083	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		133086
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		698232

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1018535
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: PARENTE BEARD, LLC

(2) EIN: 23-2932984

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
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>TYLER MEMORIAL HOSPITAL PENSION 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>MERCY TYLER HOSPITAL</u>	D Employer Identification Number (EIN) <u>24-0779665</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>13-5674085</u> <u>04-3581074</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>5</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): _____

Tyler Memorial Hospital Pension Plan

Financial Statements and
Supplemental Schedule

June 30, 2010 and 2009

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Independent Auditors' Report

Tyler Memorial Hospital Pension Plan and
Board of Directors,
Tyler Memorial Hospital:

We have audited the accompanying statement of net assets available for benefits of the Tyler Memorial Hospital Pension Plan (the "Plan") as of June 30, 2010 and 2009, and the related statement of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, information regarding the Plan's net assets available for benefits as of June 30, 2010 and changes therein for the year then ended and its financial status as of June 30, 2009, and changes therein for the year then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were performed for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplemental schedule of assets (held at end of year) is presented for the purpose of additional analysis and is not a required part of the basic financial statements but is supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. This supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

ParenteBeard LLC

Wilkes-Barre, Pennsylvania
April 7, 2011

Tyler Memorial Hospital Pension Plan

Statement Of Net Assets Available For Benefits

June 30, 2010 And 2009

	<u>2010</u>	<u>2009</u>
Assets:		
Investments, at fair value:		
Common stocks	\$3,330,504	\$2,966,994
U.S. government and agency securities	955,709	788,959
Mutual funds	2,199,119	1,796,933
Corporate debt instruments	626,889	375,016
Money market fund	<u>208,608</u>	<u>112,328</u>
Total investments	7,320,829	6,040,230
Contribution receivable	274,562	526,482
Accrued interest receivable	15,613	12,967
Cash	<u>1,849</u>	<u>14,639</u>
Total assets	7,612,853	6,594,318
Liabilities	<u>-</u>	<u>-</u>
Net Assets Available For Benefits	<u><u>\$7,612,853</u></u>	<u><u>\$6,594,318</u></u>

See notes to financial statements

Tyler Memorial Hospital Pension Plan

Statement Of Changes In Net Assets Available For Benefits
Years Ended June 30, 2010 And 2009

	<u>2010</u>	<u>2009</u>
Changes In Net Assets Attributed To:		
Investment income (loss):		
Net appreciation (depreciation) in fair value of investments	\$ 525,286	\$(1,538,169)
Interest and dividends	<u>251,558</u>	<u>273,199</u>
Investment income (loss)	776,844	(1,264,970)
Investment expenses	<u>44,560</u>	<u>45,270</u>
Net investment income (loss)	732,284	(1,310,240)
Contributions	<u>939,923</u>	<u>526,482</u>
Total change	<u>1,672,207</u>	<u>(783,758)</u>
Deductions From Net Assets Attributed To:		
Benefits paid to participants	565,146	894,218
Administrative expenses	<u>88,526</u>	<u>91,366</u>
Total deductions	<u>653,672</u>	<u>985,584</u>
Net increase (decrease)	1,018,535	(1,769,342)
Net Assets Available For Benefits:		
Beginning of year	<u>6,594,318</u>	<u>8,363,660</u>
End of year	<u>\$ 7,612,853</u>	<u>\$ 6,594,318</u>

See notes to financial statements

Tyler Memorial Hospital Pension Plan

Notes To Financial Statements

June 30, 2010 and 2009

1. Description Of Plan

The following description of the Tyler Memorial Hospital Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

General

The Plan is a noncontributory defined benefit pension plan covering substantially all employees of Tyler Memorial Hospital and Tyler Home Health (collectively the "Hospital") who have completed one year of service and attained age twenty-one (excluding employees whose employment with the Hospital is covered by a collective bargaining agreement that does not provide for participation in this Plan). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA").

Effective December 31, 2009, the Plan was amended to freeze participation and benefit accruals.

Pension Benefits

Employees with 5 or more years of service are entitled to monthly pension benefits beginning at normal retirement age (65) equal to the product of 1% of average compensation and years of credited service. The Plan permits early retirement at ages 60-64 provided the employee has at least 10 years of credited service. If employees terminate before rendering 5 years of service, they forfeit the right to receive plan benefits. The normal form of benefit payment is a 50% joint and survivor annuity for married participants and a lifetime benefit for participants who are not married. Participants may elect to receive their benefit payment in the form of a lifetime benefit, a 50%, 66 2/3%, 75% or 100% joint and survivor annuity, a life pension with 10 years certain, or a single cash payment.

Effective October 1, 2009, due to the funding status of the Plan, limitations were placed on certain forms of distributions. Lump sum payments are now limited to 50% of the amount which could have been distributed in a single lump sum, unless \$5,000 or less. The remaining 50% can be distributed in an optional annuity form of payment available under the Plan or deferred.

Death And Disability Benefits

If a vested employee dies prior to their annuity starting date, a pre-retirement lump sum death benefit equal to 50% of the actuarial equivalent of their accrued Single Life Monthly Pension at their date of death is paid to the employee's surviving spouse or beneficiary. If the employee is married at the time of death, the eligible spouse will be able to elect to receive the monthly pension that will be paid beginning the first day of the month next following the later of the month in which the death occurred or the earliest date on which the employee would have been eligible for immediate payment under the Plan, or a lump sum payment equal to 50% of the present value of the employee's accrued single monthly pension. Active employees with at least ten years of credited service who become totally and permanently disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled. Disability benefits are paid until normal retirement age at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed to normal retirement age with their annual compensation remaining the same as at the time they became disabled.

Tyler Memorial Hospital Pension Plan

Notes To Financial Statements

June 30, 2010 and 2009

2. Summary Of Significant Accounting Policies

Basis Of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

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 and liabilities and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits and changes therein. Actual results could differ from those estimates.

Risks And Uncertainties

Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based upon 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.

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

Payment Of Benefits

Benefit payments are recorded when paid.

Investments And Income Recognition

The Plan's investments are stated 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 8 for a discussion of fair value measurements.

Purchases and sale of securities are recorded on a trade-date basis. Interest 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.

Tyler Memorial Hospital Pension Plan

Notes To Financial Statements
June 30, 2010 and 2009

Actuarial Present Value Of Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits presented below is based upon actuarial valuations as of July 1, 2009 and 2008 prepared by the Plan's actuary, The Savitz Organization, Inc., using the recognition of gains and losses above or below the assumed rate of return over a two-year period adjusted to remain no greater than 110% of market value, nor less than 90% of market value.

Accumulated plan benefits are those 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 the number of years of credited service and the employees' compensation. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits 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 payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

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

	<u>2009</u>	<u>2008</u>
Vested benefits:		
Active participants	\$6,648,620	\$6,494,786
Participants and beneficiaries receiving benefits	1,065,490	1,336,003
Terminated participants with deferred benefits	<u>1,047,093</u>	<u>870,213</u>
Total vested benefits	8,761,203	8,701,002
Nonvested benefits	<u>158,016</u>	<u>88,859</u>
Total actuarial present value of accumulated plan benefits	<u>\$8,919,219</u>	<u>\$8,789,861</u>

Tyler Memorial Hospital Pension Plan

Notes To Financial Statements June 30, 2010 and 2009

The change in the actuarial present value of accumulated plan benefits during 2009 is as follows:

Actuarial present value of accumulated plan benefits at beginning of year	<u>\$8,789,861</u>
Increase (decrease) during the year attributable to:	
Benefits accumulated and gains and losses	394,120
Interest due to decrease in discount period	625,706
Benefits paid	(894,218)
Change in actuarial assumptions	<u>3,750</u>
Net increase	<u>129,358</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$8,919,219</u>

During 2009, the assumed target interest rate was changed from 5.16% for the first five years, 6.0% for the next fifteen years, and 6.53% for all years thereafter to 5.33% for the first five years, 6.68% for the next fifteen years, and 6.82% for all years thereafter. Additionally the mortality table was changed from the IRS 2008 Static Mortality Table for Males and Females to the IRS 2009 Static Mortality Table and the asset valuation method was changed to a three year average actuarial value from market value. These changes in actuarial assumptions resulted in an increase in the actuarial present value of accumulated Plan benefits of \$3,750.

Significant assumptions underlying the actuarial computations are:

- a) Mortality - IRS 2009 Static Mortality Table
- b) Retirement age - The later of age 65 or participant's attained age plus one year
- c) Investment return - 7.5% per year, compounded annually

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.

New Accounting Pronouncements

In June 2009, the Financial Accounting Standards Board ("FASB") established the FASB Accounting Standards Codification ("Codification") as the sole source of authoritative accounting principles generally accepted in the United States of America. As a result, all references to accounting literature will conform to the appropriate reference within the Codification. The adoption of the Codification, which became effective during September 30, 2009, did not have an impact on the Plan's financial statements.

The Plan adopted new accounting guidance related to the accounting for uncertainty in income taxes and evaluated its tax positions. The adoption of this guidance did not have any effect on the Plan's financial statements.

Tyler Memorial Hospital Pension Plan

Notes To Financial Statements
June 30, 2010 and 2009

Subsequent Events

The Plan evaluated subsequent events for recognition or disclosure through April 7, 2011, the date the financial statements were available to be issued.

3. Related Party Transactions

The Plan's assets are administered under a custodial agreement with BlackRock, Inc., the custodian as defined by the Plan. Investments are held and managed by the custodian, who invests cash received and investment income and makes distributions. Benefit payments are paid from a cash account maintained at Peoples National Bank. These transactions qualify as party-in-interest transactions. All expenses are paid by the Plan.

Certain administrative functions are performed by officers and directors of the Hospital. No such officer or employee receives compensation from the Plan.

4. Funding Policy

The Hospital's funding policy is to make contributions to the Plan as determined by the Plan's independent actuary so that all employees' benefits will be fully provided by the time they retire. No employee contributions are permitted. The Plan met the minimum funding requirements of ERISA in 2010 and 2009.

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

5. Plan Termination

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) Annuity benefits former employees or their beneficiaries have been receiving for at least three years, and amounts 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.
- 2) Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. Governmental agency) up to the applicable limitations (discussed below).
- 3) All other vested benefits (that is, vested benefits not insured by the PBGC).
- 4) All nonvested benefits.

Tyler Memorial Hospital Pension Plan

Notes To Financial Statements

June 30, 2010 and 2009

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, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees.

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 those benefits and may also depend on the level of benefits guaranteed by the PBGC.

6. Investments

The following presents investments that represent five percent or more of the Plan's net assets available for benefits at June 30, 2010 and 2009:

	<u>2010</u>	<u>2009</u>
Mutual Funds:		
High Income Portfolio	\$741,979	\$ 605,444
U.S. Mortgage Portfolio	776,371	591,808

The Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) as follows:

	<u>2010</u>	<u>2009</u>
Mutual funds	\$269,451	\$ (355,856)
Common stocks	206,563	(1,174,285)
U.S. government and agency securities	29,819	38,946
Corporate debt instruments	<u>19,453</u>	<u>(46,974)</u>
Total	<u>\$525,286</u>	<u>\$(1,538,169)</u>

7. Tax Status

The Plan received a favorable determination letter from the Internal Revenue Service dated August 29, 2002, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). Although the Plan has been amended since receiving this determination letter, the plan administrator believes that the Plan is designed and is being operated in compliance with the applicable requirements of the IRC.

Tyler Memorial Hospital Pension Plan

Notes To Financial Statements

June 30, 2010 and 2009

8. Fair Value Measurements

FASB issued guidance for "Fair Value Measurements," which provides guidance for using fair value to measure assets and liabilities. Fair value is defined as the price that would be received to sell an asset or the price that would be paid to transfer a liability in an orderly transaction between market participants at the measurement date. The framework for measuring fair value includes a hierarchy used to classify the inputs used in measuring fair value. The hierarchy prioritizes the inputs used in determining valuations into three levels. The level in the fair value hierarchy within which the fair value measurement falls is determined based on the lowest level input that is significant to the fair value measurement. The levels of the fair value hierarchy are as follows:

Level 1 – Fair value is based on unadjusted quoted prices in active markets that are accessible to the Plan for identical assets. These generally provide the most reliable evidence and are used to measure fair value whenever available.

Level 2 – Fair value is based on significant inputs, other than Level 1 inputs, that are observable either directly or indirectly for substantially the full term of the asset through corroboration with observable market data. Level 2 inputs include quoted market prices in active markets for similar assets, quoted market prices in markets that are not active for identical or similar assets, and other observable inputs.

Level 3 – Fair value would be based on significant unobservable inputs. Examples of valuation methodologies that would result in Level 3 classification include option pricing models, discounted cash flows, and other similar techniques.

The following tables summarize instruments measured at fair value on a recurring basis for the Plan:

June 30, 2010 Fair Value Measurements Using				
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common stocks:				
Information technology	\$ 626,074	\$ -	\$ -	\$ 626,074
Financial	464,523	-	-	464,523
Consumer discretionary	423,912	-	-	423,912
Healthcare	421,190	-	-	421,190
Industrials	365,949	-	-	365,949
Energy	347,372	-	-	347,372
Consumer staples	337,803	-	-	337,803
Materials	167,220	-	-	167,220
Telecommunication services	117,593	-	-	117,593
Other	<u>58,868</u>	<u>-</u>	<u>-</u>	<u>58,868</u>
Total common stocks	3,330,504	-	-	3,330,504

Tyler Memorial Hospital Pension Plan

Notes To Financial Statements

June 30, 2010 and 2009

Mutual funds:				
Value	\$1,083,178	-	-	\$1,083,178
Intermediate government	776,371	-	-	776,371
International	<u>339,570</u>			<u>339,570</u>
Total mutual funds	2,199,119	-	-	2,199,119
Money market fund	208,608	-	-	208,608
Corporate debt instruments	-	626,889	-	626,889
U.S. government and agency securities	<u>-</u>	<u>955,709</u>	<u>-</u>	<u>955,709</u>
Total	<u>\$5,738,231</u>	<u>\$1,582,598</u>	<u>\$ -</u>	<u>\$7,320,829</u>

June 30, 2009 Fair Value Measurements Using

	Level 1	Level 2	Level 3	Total
Common stocks:				
Information technology	\$ 602,266	\$ -	\$ -	\$ 602,266
Healthcare	468,022	-	-	468,022
Financials	378,076	-	-	378,076
Consumer discretionary	323,779	-	-	323,779
Consumer staples	314,518	-	-	314,518
Energy	311,651	-	-	311,651
Industrials	271,220	-	-	271,220
Telecommunication services	132,850	-	-	132,850
Materials	97,675	-	-	97,675
Other	<u>66,937</u>	<u>-</u>	<u>-</u>	<u>66,937</u>
Total common stock	2,966,994	-	-	2,966,994
Mutual funds:				
Value	904,014	-	-	904,014
Intermediate government	591,808	-	-	591,808
International	<u>301,111</u>	<u>-</u>	<u>-</u>	<u>301,111</u>
Total mutual funds	1,796,933	-	-	1,796,933
Money market fund	112,328	-	-	112,328
Corporate debt instruments	-	375,016	-	375,016
U.S. government and agency securities	<u>581,243</u>	<u>207,716</u>	<u>-</u>	<u>788,959</u>
Total	<u>\$5,457,498</u>	<u>\$ 582,732</u>	<u>\$ -</u>	<u>\$6,040,230</u>

The following is a description of the valuation methodologies used to determine fair value:

Money market fund is valued at cost, which approximates fair value.

Mutual funds are valued at the net asset value of shares held by the Plan.

Common stocks and U.S. government securities are valued at the closing price reported on the active market on which the individual securities are traded.

Tyler Memorial Hospital Pension Plan

Notes To Financial Statements

June 30, 2010 and 2009

Corporate debt instruments and U.S. government agency securities are valued based on quoted prices for similar assets in active markets, quoted prices for identical or similar assets in markets that are not active or inputs other than quoted prices such as interest rates and yield curves.

There have been no changes in methodologies used at June 30, 2010 and 2009.

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.

9. Subsequent Event

Effective September 30, 2010, the limitations that were placed on lump sum distributions during 2009 were removed.

Tyler Memorial Hospital Pension Plan

EIN: 24-0779665 Plan Number: 001

Schedule H, Line 4(i) - Schedule Of Assets (Held At End Of Year)

June 30, 2010

(a)	Identity Of Issue (b)	Description Of Investment (c)	Cost (d)	Current Value (e)
	Common Stocks			
	1143 shs	ABB LTD	\$ 20,107	\$ 19,751
	348 shs	Abbott Labs	16,651	16,279
	514 shs	Ace Limited	22,333	26,461
	445 shs	Aetna Inc.	16,423	11,739
	888 shs	Alcoa Inc.	9,543	8,933
	347 shs	Altera Corp.	9,014	8,609
	140 shs	Amazon Company Inc.	12,009	15,296
	507 shs	Amgen Inc Company	29,209	26,668
	231 shs	Apple Inc.	42,354	58,103
	471 shs	Arcelormittal SA, Luxembourg	12,852	12,604
	750 shs	AT&T Inc.	21,734	18,143
	345 shs	Avon Products Inc.	9,143	9,143
	1,255 shs	AXA-Spons ADR	22,227	19,592
	140 shs	Baidu Inc Spon ADR	5,529	9,531
	629 shs	Banco B Viz Argt SA Advisor	10,269	6,472
	1,053 shs	Banco Santander, SA Advisor	11,656	11,057
	310 shs	Bank New York Mellon Corp.	11,834	7,654
	476 shs	Barclays PLC ADR	10,667	7,564
	245 shs	BG Group Plc. Advisor	20,043	18,302
	297 shs	BHP Billiton Plc. Advisor	14,773	15,278
	595 shs	BMC Software Inc.	18,857	20,605
	600 shs	Bristol-Myers Squibb Co.	13,964	14,964
	363 shs	British American Tobacco	24,015	22,978
	243 shs	Broadcom Corp California CL A	4,052	8,012
	1,445 shs	CA Inc.	34,200	26,588
	798 shs	Capital One Financial	34,060	32,159
	888 shs	Cardinal Health Inc.	31,511	29,846
	447 shs	Carmax Inc	5,133	8,895
	1,252 shs	CBS Corp New CL B	13,472	16,188
	80 shs	Cerner Corp	6,436	6,071
	379 shs	Check Point Software Tech	9,541	11,173
	846 shs	Chevron Corp	53,210	57,410
	379 shs	Chubb Corp.	17,661	18,954
	599 shs	Cisco Systems Inc.	12,006	12,765
	3,195 shs	Citigroup Inc	13,350	12,013
	409 shs	Coca Cola Company	18,485	20,499
	398 shs	Comcast Corp New CL A	6,980	6,913
	480 shs	Comcast CRP New CL A SPL	7,873	7,886
	380 shs	Computer Science CRP	12,678	17,195
	746 shs	Conagra Foods Inc.	14,938	17,397
	681 shs	ConocoPhillips	32,015	33,430
	132 shs	Covance Inc	7,513	6,774
	91 shs	Covidien LTD	3,240	3,656
	359 shs	Credit Suisse Group Advisor	16,678	13,437
	196 shs	Ctrip.com Intl LTD ADR	7,188	7,362
	201 shs	Cummins Inc.	11,440	13,091
	483 shs	Daimler AG	23,086	24,416
	590 shs	Danaher Corp Del Com	16,440	21,901
	347 shs	Darden Restaurants Inc.	12,527	13,481
	93 shs	Deere Co.	3,424	5,178
	1,170 shs	Delta Air Lines Inc.	10,788	13,748
	150 shs	Devon Energy Corp	9,880	9,138
	315 shs	Disney Co.	9,113	9,923
	221 shs	Dominion Resources Inc.	10,201	8,562
	478 shs	Dover Corp.	23,394	19,976
	308 shs	Du Pont E I De Nemours	13,008	10,654
	359 shs	Eaton Corp	24,172	23,493
	195 shs	Eli Lilly & Co.	6,870	6,533
	141 shs	EOG Resources Inc	13,228	13,870
	324 shs	Express Scripts Inc.	14,371	15,234
	832 shs	Exxon Mobil Corp.	42,082	47,482
	147 shs	Flowserve Corp	13,838	12,466
	229 shs	Fluor Corp New Del Com	11,343	9,733
	721 shs	Focus Media Hldg LTD ADR	11,979	11,197
	668 shs	Forest Labs Inc.	21,430	18,323

See notes to financial statements

Tyler Memorial Hospital Pension Plan

EIN: 24-0779665 Plan Number: 001

Schedule H, Line 4(i) - Schedule Of Assets (Held At End Of Year)

June 30, 2010

(a)	Identity Of Issue (b)	Description Of Investment (c)	Cost (d)	Current Value (e)
	Common Stocks (continued)			
	688 shs	Freeport McMoran Copper & Gold Inc.	\$ 46,225	\$ 40,681
	302 shs	Fresenius Medical Care AG & Co.	15,119	16,214
	121 shs	F5 Networks Inc	8,537	8,297
	1,184 shs	Gap Inc Delaware	23,134	23,041
	430 shs	Garmin LTD	20,386	12,547
	911 shs	General Electric	15,181	13,137
	428 shs	General Mills	13,460	15,203
	363 shs	GlaxoSmithKline Plc.	11,427	12,346
	184 shs	Goldman Sachs Group Inc.	27,072	24,154
	46 shs	Google Inc.	22,645	20,468
	907 shs	Halliburton Company	32,617	22,267
	150 shs	Hartford Finl Svcs Group	3,934	3,320
	921 shs	Heineken NV ADR	23,206	19,617
	175 shs	Hess Corp	10,174	8,810
	1,333 shs	Hewlett Packard Co.	57,990	57,692
	244 shs	Home Depot Inc.	5,393	6,849
	639 shs	Honeywell International Inc., Delaware	21,189	24,940
	442 shs	ICICI Bank LTD SPD ADR	17,255	15,974
	167 shs	Illumina Inc Com	7,526	7,270
	1,732 shs	Ing GP NV SPSP ADR	15,141	12,834
	701 shs	Intel Corp.	12,812	13,634
	526 shs	Intl Business Machines	62,598	64,950
	1,388 shs	Intl Paper Co.	33,742	31,410
	776 shs	Johnson and Johnson Company	49,447	45,831
	263 shs	Joy Global Inc Del	14,838	13,174
	863 shs	JPMorgan Chase & Co.	33,756	31,594
	269 shs	Kimberly Clark	16,711	16,309
	347 shs	Kohls Corp.	13,476	16,483
	705 shs	Kraft Foods Inc.	20,870	19,740
	981 shs	Kroger Co.	23,667	19,316
	321 shs	L-3 Communications Holdings Inc.	30,381	22,740
	207 shs	LAM Research Corp.	7,917	7,878
	425 shs	Las Vegas Sands Corp	7,083	9,410
	268 shs	Lauder Estee Cos Inc A	13,264	14,936
	698 shs	Liberty Global Incser A	16,887	18,141
	148 shs	Life Technologies Corp	7,437	6,993
	1,057 shs	Limited Brands Inc	27,016	23,328
	5,264 shs	Llyods Banking Group	16,957	16,634
	226 shs	Lockheed Martin Corp	22,342	16,837
	4,019 shs	LSI Corp.	21,887	18,487
	709 shs	Makita Corp Spond ADR	18,786	18,902
	567 shs	Marathon Oil Corp	16,383	17,628
	302 shs	Massey Energy Co	9,487	8,260
	473 shs	McKesson Corp.	23,913	31,767
	553 shs	Medco Health Solutions Inc.	25,720	30,459
	270 shs	Merck and Co Inc	7,594	9,442
	415 shs	MetLife Inc.	13,687	15,670
	968 shs	Micron Technology Inc.	9,691	8,218
	4,076 shs	Microsoft Corp.	117,533	93,789
	78 shs	Mitsui Co ADR	20,919	18,798
	453 shs	Moody's Corp	12,041	9,024
	528 shs	Morgan Stanley	13,838	12,255
	1,179 shs	MTN Group LTD-Spons ADR	19,252	15,728
	851 shs	Nabors Industries Ltd	17,563	14,995
	297 shs	National Grid PLC SP ADR	11,212	10,939
	493 shs	Nestle SA REG Shares Advisor	20,547	23,782
	857 shs	Net Services De Comuncco SA	11,572	8,047
	452 shs	Netapp Inc	14,589	16,864
	67 shs	Netflix Com Inc	7,402	7,280
	508 shs	NII Holding Inc.	14,291	16,520
	272 shs	Nintendo LTD	11,184	10,138
	1,585 shs	Nissan Mtr LTD SPN ADR	25,535	21,968
	49 shs	Nitto Denko Corp ADR	15,723	16,317
	339 shs	Noble Corp.	11,509	10,478
	702 shs	Northrop Grumman Corp.	35,580	38,217
	817 shs	NRG Energy Inc.	29,129	17,329
	121 shs	Nucor Corp.	5,201	4,632
	381 shs	Occidental Pete Corp.	32,273	29,394
	937 shs	OGX Petroleo E-Spon ADR	9,773	8,901
	440 shs	Oracle Corp.	11,533	9,442
	443 shs	Paccar Inc	17,726	17,662
	150 shs	Peabody Energy Corp.	12,515	5,869
	837 shs	Pfizer Inc.	14,789	11,936

See notes to financial statements

Tyler Memorial Hospital Pension Plan

EIN: 24-0779665 Plan Number: 001

Schedule H, Line 4(i) - Schedule Of Assets (Held At End Of Year)

June 30, 2010

(a)	Identity Of Issue (b)	Description Of Investment (c)	Cost (d)	Current Value (e)
	Common Stocks (continued)			
	274 shs	Procter & Gamble Co.	\$ 15,356	\$ 16,435
	459 shs	Prudential Financial Inc.	25,945	24,630
	7,934 shs	Qwest Communications International Inc.	28,894	41,653
	916 shs	Raytheon Co.	52,207	44,325
	208 shs	Rio Tinto PLC Spons ADR	8,489	9,069
	415 shs	Roche Holding LTD	16,791	14,234
	641 shs	Ross Stores Inc.	22,602	34,159
	2,577 shs	Rossi Residential SA GDR BRL PAR Ordinary	10,985	8,968
	231 shs	RWE AG Sponsored Advisor	20,339	15,119
	641 shs	Safeway Inc.	16,998	12,602
	202 shs	Salesforce Com Inc.	9,562	17,336
	900 shs	Sanofi Aventis	29,272	27,054
	1,172 shs	Sara Lee Corp	17,420	16,525
	118 shs	Schlumberger LTD	8,448	6,530
	434 shs	Seagate Technology	6,549	5,659
	1,289 shs	Societe General Spn ADR	17,868	10,608
	297 shs	Southern Company	10,356	9,884
	950 shs	Sprint Nextel Corp	4,551	4,028
	315 shs	Starbucks Corp	6,945	7,655
	649 shs	Sterlite Industries	12,057	9,242
	3,912 shs	Sumitomo Mitsu Financial	15,090	10,954
	532 shs	Sysco Corporation	12,415	15,199
	2,203 shs	Taiwan S Manufacturing ADR	22,205	21,501
	603 shs	Target Corp	31,923	29,650
	203 shs	Teva Pharmaceutical Industries LTD	9,527	10,554
	712 shs	Texas Instruments	16,351	16,575
	396 shs	Time Warner Inc.	11,688	11,448
	664 shs	TJX COS Inc New	25,457	27,855
	514 shs	Tokio Marine Holdings	12,031	13,441
	479 shs	Total SA	29,956	21,383
	1,041 shs	Travelers Companies Inc.	48,490	51,269
	1,769 shs	Tullow Oil PLC	14,894	13,020
	305 shs	Tyco International LTD	8,329	10,745
	718 shs	Unilever NV	21,156	19,616
	258 shs	United Parcel Svc CL B	14,592	14,678
	219 shs	United STS STL Corp New	9,207	8,442
	321 shs	United Health Group Inc.	9,406	9,116
	1,311 shs	UNUM Group	23,542	28,449
	313 shs	US Bancorp	5,856	6,996
	375 shs	Vanceinfo Tech Inc ADR	8,673	8,730
	775 shs	Verizon Communications Inc.	25,459	21,715
	576 shs	Viacom Inc.	12,271	18,069
	572 shs	Wal-Mart Stores Inc.	29,747	27,496
	914 shs	Walgreen Co	28,455	24,404
	423 shs	WellPoint Inc.	19,031	20,697
	472 shs	Wells Fargo & Co.	12,177	12,083
	241 shs	Western Digital Corp.	3,773	3,593
	182 shs	Whole Foods Market Inc	7,350	6,556
	730 shs	WSTN Digital Corp Del	28,711	22,017
	935 shs	Xerox Corp.	5,285	7,517
	671 shs	Xilinx Inc.	17,568	16,949
	207 shs	Zimmer Holdings Inc Com	9,593	11,188
		Total common stocks	3,401,084	3,330,504
	Federal National Mortgage Association			
	88,000	Notes, 4.375%, 9/15/12	94,988	94,766
	69,000	Notes, 5.375%, 6/12/17	71,885	80,406
		Total Federal National Mortgage Association	166,873	175,172
	Federal Home Loan Mortgage Corporation			
	22,000	Notes, 2.125%, 3/23/12	22,525	22,543
	73,000	Notes, 4.875%, 11/15/13	76,967	81,600
		Total Federal Home Loan Mortgage Corporation	99,492	104,143

See notes to financial statements

Tyler Memorial Hospital Pension Plan

EIN: 24-0779665 Plan Number: 001

Schedule H, Line 4(i) - Schedule Of Assets (Held At End Of Year)

June 30, 2010

(a)	Identity Of Issue (b)	Description Of Investment (c)	Cost (d)	Current Value (e)
	U.S. Government and Agency Securities	48,000 U.S. Treasury Note, 4.125%, 8/15/10		
		64,000 U.S. Treasury Note, 4.375%, 12/15/10	\$ 64,658	\$ 65,213
		74,000 U.S. Treasury Note, 5.0%, 8/15/11	76,709	77,824
		45,000 U.S. Treasury Note, 3.375%, 11/30/12	45,804	47,869
		45,000 U.S. Treasury Note, 4.25%, 11/15/17	46,848	50,551
		82,000 U.S. Treasury Inflation Note, 2.0%, 1/15/26	84,630	95,235
		48,000 U.S. Treasury Note, 1.375%, 11/15/12	48,117	48,687
		32,000 U.S. Treasury Note, 3.625%, 2/15/20	31,863	33,810
		43,000 U.S. Treasury Note, 3.500%, 5/15/20	44,483	45,002
		46,000 U.S. Treasury Note, 2.625%, 6/30/14	46,325	48,088
		48,000 U.S. Treasury Bond, 5.25%, 11/15/28	51,514	57,772
		30,000 U.S. Treasury Bond, 4.750%, 2/15/37	30,318	34,444
		68,000 U.S. Treasury Bond, 4.250%, 5/15/39	66,628	71,899
		Total U.S. government and agency securities	<u>637,897</u>	<u>676,394</u>
	Mutual Funds	33,957 shs Global Small Cap Port	386,661	339,570
		39,445 shs Mid Cap Value Opps	369,125	341,199
		81,002 shs High Income Portfolio	714,788	741,979
		73,381 shs U.S. Mortgage Portfolio	<u>720,085</u>	<u>776,371</u>
		Total mutual funds	<u>2,190,659</u>	<u>2,199,119</u>
	Corporate Debt Instruments	48,000 Citigroup Funding Inc, 2.250%, 12/10/12	48,265	49,411
		65,000 General Electric Company Notes, 5.0%, 2/1/13	65,679	69,703
		71,000 J P Morgan Chase & Co., Bond, 5.125%, 9/15/14	70,247	75,766
		63,000 BP Capital Markets Plc., 3.875%, 3/10/15	63,353	53,686
		73,000 Goldman Sachs Group, Inc., 5.35%, 1/15/16	72,855	75,525
		63,000 AT&T Inc., 5.5%, 2/1/18	63,728	69,667
		30,000 Pepsico Inc., 5.0%, 6/1/18	29,794	33,234
		64,000 Wal-Mart Stores Inc., 2.875%, 4/1/15	64,048	66,380
		57,000 Verizon Communications, 6.35%, 4/1/19	63,487	65,957
		64,000 Cisco Systems Inc., 4.450%, 1/15/20	<u>64,486</u>	<u>67,560</u>
		Total corporate debt instruments	<u>605,942</u>	<u>626,889</u>
*	Money Market Fund	CMA Money Fund	<u>208,608</u>	<u>208,608</u>
		Total investments	<u>\$ 7,310,555</u>	<u>\$ 7,320,829</u>

* A party-in-interest as defined by ERISA

Schedule SB, line 26 - Schedule of Active Participant Data

Attained Age	Years of Credited Service										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Over	Number
Average Age: 48.32	Under 25	0	7	0	0	0	0	0	0	0	7
Average Service: 12.86	25-29	0	14	3	0	0	0	0	0	0	17
	30-34	0	5	4	1	0	0	0	0	0	10
	35-39	0	13	9	4	2	0	0	0	0	28
# of Males: 33	40-44	0	9	10	1	1	3	0	0	0	24
# of Females: 211	45-49	0	9	7	2	2	4	6	1	0	31
	50-54	0	8	16	4	5	2	5	8	1	49
	55-59	0	10	6	1	5	7	1	7	3	42
	60-64	0	5	7	3	1	0	4	2	2	26
	65-69	0	3	1	0	0	1	0	2	0	7
	70 & Over	0	2	0	1	0	0	0	0	0	3
	Total	0	85	63	17	16	17	16	20	6	244

Schedule SB, Part V - Statement of Actuarial Assumptions and Methods

Interest Rates

Target Interest Rate

(Segment 1) 5.33% per year, compounded annually.
(Segment 2) 6.68% per year, compounded annually.
(Segment 3) 6.82% per year, compounded annually.

Mortality

Healthy Life: IRS 2008+ Static Mortality Table (dynamic).
Disabled Life: 1965 Railroad ultimate rates for total disabilities.

Compensation Increase: 3.50% per year, compounded annually.

Retirement: Retirements are assumed to occur at the later of age 65 and current age, plus one.

Lump Sums: For purposes of determining lump sum payments, the applicable interest and mortality were used according to code section 417(e).

Form of Payment: It was assumed that 90% of participants eligible to retire would elect the lump sum form of payment with the other 10% electing the normal form. It was assumed that, upon termination, death or disability, 100% of participants or beneficiaries would elect the lump sum form of payment.

Withdrawal: Participants are assumed to terminate employment for reasons other than death, disability, or retirement in accordance with annual rates varying by age. The following table illustrates the assumed number of such terminations per year:

Age	Turnover Rates	
	Male	Female
25	4.9%	7.4%
30	3.4%	4.9%
35	2.4%	3.4%
40	1.3%	2.4%
45	0.7%	1.3%
50	0.0%	0.7%
55 & Over	0.0%	0.0%

Schedule SB, Part V - Statement of Actuarial Assumptions and Methods
(continued)

Disability:

Participants are assumed to terminate employment due to disability in accordance with annual rates varying by age. The following table illustrates the assumed annual rates of such terminations:

Age	Disability Rates
25	0.06%
30	0.06%
35	0.08%
40	0.12%
45	0.23%
50	0.52%
55	1.07%
60	3.35%
65	0.00%

Expenses:

The administrative expenses expected to be paid during the plan year (based on the prior year's actual expenses paid). Administrative expenses are assumed to be \$90,000 for the 2009 plan year.

Spouses (marital status):

80% of male participants and 60% of female participants are assumed to be married to an eligible spouse. Husbands are assumed to be 3 years older than wives.

Target Liability :

The Target Liability is equal to the present value of the accrued benefits, determined separately for each participant, using the actuarial assumptions listed herein.

Asset Valuation Method:

The asset valuation method is the recognition of gains and losses above or below the assumed rate of return over a two-year period, adjusted, if necessary, to remain no greater than 110% of market value, nor less than 90% of market value. The assumed rate of return is limited to the third segment rate used for each year.

Changes since the Prior Valuation:

The segment rates have been changed from 5.16% for the first five years, 6.00% for the next fifteen years, and 6.53% for all years thereafter to 5.33% for the first five years, 6.68% for the next fifteen years, and 6.82% for all years thereafter. The mortality table was changed from the 2008 IRS Static Mortality Table to the IRS 2008+ Static Mortality Table (dynamic). The asset valuation method was changed to a three year average actuarial value from market value.

TYLER MEMORIAL HOSPITAL PENSION PLAN

EIN: 24-0779665 Plan: 001

Attachment to the 2009 Form 5500 Schedule SB

**Schedule SB, Line 7 - Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance
or Prefunding Balance**

Line 12 of the 2008 Schedule SB should have been \$1,017,049. Line 13 of the 2008 Schedule SB should have been \$410,891. \$410,891 then carries forward to line 7 of the 2009 Schedule SB.

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 Tyler Memorial Hospital Pension Plan	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Mercy Tyler Hospital	D Employer Identification Number (EIN) 24-0779665	
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	6572940
	b Actuarial value	2b	7230234
3	Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	1152471
	b For terminated vested participants	3b	1157758
	c For active participants:		
	(1) Non-vested benefits	3c(1)	204702
	(2) Vested benefits	3c(2)	7325417
	(3) Total active	3c(3)	7530119
	d Total	3d	9840348
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	6.57%
6	Target normal cost	6	535571

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	Kent A. Spade Signature of actuary Kent A. Spade, F.S.A. Type or print name of actuary The Savitz Organization, Inc. Firm name 1845 Walnut Street Suite 1400 Philadelphia PA 19103-4755 Address of the firm	04/12/2011 Date 1103270 Most recent enrollment number 215-587-0700 Telephone number (including area code)
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Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:			
a Segment rates:	1st segment: 5.33%	2nd segment: 6.68%	3rd segment: 6.82%
			☐ N/A, full yield curve used
b Applicable month (enter code)	21b		2
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	535571
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2019693	362450
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	898021
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		0
36 Additional cash requirement (item 34 minus item 35)	36	898021
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	898044
38 Interest-adjusted excess contributions for current year (see instructions)	38	23
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

TYLER MEMORIAL HOSPITAL PENSION PLAN

EIN: 24-0779665 Plan: 001

Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, line 23 - Explanation of Discrepancy in Mortality Table (prescribed separate vs. combined)

Line 23 of the 2008 Schedule SB should have been marked as **Prescribed - separate**.

Schedule SB, Part V - Summary of Principal Plan Provisions

Type of Plan

The Plan is a defined benefit plan.

Effective Date

July 1, 1970. The most recent plan change was effective July 1, 2002.

Eligibility for Participation

All employees who complete one year of service, attain age 21 and work at least 1,000 hours in any plan year.

Definitions

Plan Year: The plan year is a 12-month period beginning on July 1 and ending on June 30

Hours of Service: An employee is credited with an hour of service for each hour he is directly or indirectly paid or entitled to payment for performance of duties.

Credited Service: Before 1998 - Years and months from date of hire to date of termination. For the period before January, 1998, service is credited based on the number of whole years of service (based on 12 months of employment) as of that date. For any partial years remaining (i.e. periods of less than 12 months), the participant receives credit for 190 hours for each of the calendar months during which they were employed. The total number of hours worked from January, 1998 through June, 1998, is then added to this amount. If the result is 1000 hours or more, an additional year of service is credited. After 1997 - One year of service is credited for each plan year in which the participant completes 1,000 hours. No service is credited after December 31, 2009.

Annual Earnings: Total earnings from the Employer during a calendar year.

Average Monthly Plan Compensation: One sixtieth of total earnings from the employer during the five calendar years of Credited Service which produce the highest average. No earnings after December 31, 2009 should be used in the calculation.

Accrued Benefit: 1% of Average Monthly Plan Compensation, times Credited Service as of December 31, 2009.

Retirement Benefits

Normal Retirement

Normal Retirement Date: Age 65.

Normal Retirement Benefit: The Accrued Benefit determined on his Normal Retirement Date.

Schedule SB, Part V - Summary of Principal Plan Provisions
(continued)

Early Retirement

Early Retirement Date: The attainment of age 60 and the completion of 10 years of Credited Service.

Early Retirement Benefit: The Accrued Benefit determined on his Early Retirement Date, reduced by 5/9 of 1% for each full month Early Retirement Date precedes Normal Retirement Date.

Late Retirement

Late Retirement Date: The first day of any month after the participant's Normal Retirement Date.

Late Retirement Benefit: The Accrued Benefit determined on his actual retirement date.

Termination Benefits

Eligibility: 100% vested after 5 years of Credited Service.

Termination Benefit: A deferred pension beginning at Normal Retirement Age equal to the participant's vested Accrued Benefit at the date of termination. If participant has at least 10 years of Credited Service, he is eligible to apply for Early Retirement.

Death Benefits

Pre-retirement Spouse's Benefit

Eligibility: An employee (or former employee entitled to a deferred vested pension) who has at least 5 years of Credited Service.

Spouse's Benefit: If a participant dies before Normal Retirement Date, his surviving spouse will receive a benefit equal to 50% of the benefit the participant would have received had he terminated on the day of death, survived until earliest retirement date, had retired with an immediate retirement benefit, elected a 50% joint and survivor option and died the next day.

Post-retirement Spouse's Benefit: None, except as provided by the election of an optional form of payment.

Schedule SB, Part V - Summary of Principal Plan Provisions
(continued)

Disability Benefits

Eligibility: Total and permanent disability (as deemed by the Social Security Administration) after the completion of 10 years of Credited Service.

Disability Benefit: A pension beginning at Normal Retirement Age equal to the participant's Accrued Benefit at the date of disability. The participant may receive a reduced benefit as early as age 60; benefits are reduced in the same manner as for Early Retirement.

Form of Benefit Payment

Normal Form:

If the participant is married at Normal Retirement Date, the benefit will be paid in the form of an actuarially reduced joint and 50% survivor monthly annuity with payments equal to one-half of the reduced benefit continuing to the spouse for life, if surviving at the participant's death.

If the participant is not married at the time of retirement, the benefit will be paid in the form of a single life annuity, with payments to be made in equal monthly installments until the participant's death.

Optional Forms:

Life annuity, 10-year certain and life annuity, 50%, 66-2/3%, 75% and 100% joint and survivor annuities and lump sum payment.

Changes since the Prior Valuation

All benefits are frozen as of December 31, 2009.

NOTES: The above summary is intended solely to describe benefits reflected in this valuation and is not a substitute for the plan document in determining eligibility for or amounts of plan benefits.

Tyler Memorial Hospital Pension Plan

EIN: 24-0779665 Plan Number: 001

Schedule H, Line 4(i) - Schedule Of Assets (Held At End Of Year)

June 30, 2010

(a)	Identity Of Issue (b)	Description Of Investment (c)	Cost (d)	Current Value (e)
	Common Stocks			
	1143 shs	ABB LTD	\$ 20,107	\$ 19,751
	348 shs	Abbott Labs	16,651	16,279
	514 shs	Ace Limited	22,333	26,461
	445 shs	Aetna Inc.	16,423	11,739
	888 shs	Alcoa Inc.	9,543	8,933
	347 shs	Altera Corp.	9,014	8,609
	140 shs	Amazon Company Inc.	12,009	15,296
	507 shs	Amgen Inc Company	29,209	26,668
	231 shs	Apple Inc.	42,354	58,103
	471 shs	Arcelormittal SA, Luxembourg	12,852	12,604
	750 shs	AT&T Inc.	21,734	18,143
	345 shs	Avon Products Inc.	9,143	9,143
	1,255 shs	AXA-Spons ADR	22,227	19,592
	140 shs	Baidu Inc Spon ADR	5,529	9,531
	629 shs	Banco B Viz Argt SA Advisor	10,269	6,472
	1,053 shs	Banco Santander, SA Advisor	11,656	11,057
	310 shs	Bank New York Mellon Corp.	11,834	7,654
	476 shs	Barclays PLC ADR	10,667	7,564
	245 shs	BG Group Plc. Advisor	20,043	18,302
	297 shs	BHP Billiton Plc. Advisor	14,773	15,278
	595 shs	BMC Software Inc.	18,857	20,605
	600 shs	Bristol-Myers Squibb Co.	13,964	14,964
	363 shs	British American Tobacco	24,015	22,978
	243 shs	Broadcom Corp California CL A	4,052	8,012
	1,445 shs	CA Inc.	34,200	26,588
	798 shs	Capital One Financial	34,060	32,159
	888 shs	Cardinal Health Inc.	31,511	29,846
	447 shs	Carmax Inc	5,133	8,895
	1,252 shs	CBS Corp New CL B	13,472	16,188
	80 shs	Cerner Corp	6,436	6,071
	379 shs	Check Point Software Tech	9,541	11,173
	846 shs	Chevron Corp	53,210	57,410
	379 shs	Chubb Corp.	17,661	18,954
	599 shs	Cisco Systems Inc.	12,006	12,765
	3,195 shs	Citigroup Inc	13,350	12,013
	409 shs	Coca Cola Company	18,485	20,499
	398 shs	Comcast Corp New CL A	6,980	6,913
	480 shs	Comcast CRP New CL A SPL	7,873	7,886
	380 shs	Computer Science CRP	12,678	17,195
	746 shs	Conagra Foods Inc.	14,938	17,397
	681 shs	ConocoPhillips	32,015	33,430
	132 shs	Covance Inc	7,513	6,774
	91 shs	Covidien LTD	3,240	3,656
	359 shs	Credit Suisse Group Advisor	16,678	13,437
	196 shs	Ctrip.com Intl LTD ADR	7,188	7,362
	201 shs	Cummins Inc.	11,440	13,091
	483 shs	Daimler AG	23,086	24,416
	590 shs	Danaher Corp Del Com	16,440	21,901
	347 shs	Darden Restaurants Inc.	12,527	13,481
	93 shs	Deere Co.	3,424	5,178
	1,170 shs	Delta Air Lines Inc.	10,788	13,748
	150 shs	Devon Energy Corp	9,880	9,138
	315 shs	Disney Co.	9,113	9,923
	221 shs	Dominion Resources Inc.	10,201	8,562
	478 shs	Dover Corp.	23,394	19,976
	308 shs	Du Pont E I De Nemours	13,008	10,654
	359 shs	Eaton Corp	24,172	23,493
	195 shs	Eli Lilly & Co.	6,870	6,533
	141 shs	EOG Resources Inc	13,228	13,870
	324 shs	Express Scripts Inc.	14,371	15,234
	832 shs	Exxon Mobil Corp.	42,082	47,482
	147 shs	Flowserve Corp	13,838	12,466
	229 shs	Fluor Corp New Del Com	11,343	9,733
	721 shs	Focus Media Hldg LTD ADR	11,979	11,197
	668 shs	Forest Labs Inc.	21,430	18,323

See notes to financial statements

Tyler Memorial Hospital Pension Plan

EIN: 24-0779665 Plan Number: 001

Schedule H, Line 4(i) - Schedule Of Assets (Held At End Of Year)

June 30, 2010

(a)	Identity Of Issue (b)	Description Of Investment (c)	Cost (d)	Current Value (e)
	Common Stocks (continued)			
	688 shs	Freeport McMoran Copper & Gold Inc.	\$ 46,225	\$ 40,681
	302 shs	Fresenius Medical Care AG & Co.	15,119	16,214
	121 shs	F5 Networks Inc	8,537	8,297
	1,184 shs	Gap Inc Delaware	23,134	23,041
	430 shs	Garmin LTD	20,386	12,547
	911 shs	General Electric	15,181	13,137
	428 shs	General Mills	13,460	15,203
	363 shs	GlaxoSmithKline Plc.	11,427	12,346
	184 shs	Goldman Sachs Group Inc.	27,072	24,154
	46 shs	Google Inc.	22,645	20,468
	907 shs	Halliburton Company	32,617	22,267
	150 shs	Hartford Finl Svcs Group	3,934	3,320
	921 shs	Heineken NV ADR	23,206	19,617
	175 shs	Hess Corp	10,174	8,810
	1,333 shs	Hewlett Packard Co.	57,990	57,692
	244 shs	Home Depot Inc.	5,393	6,849
	639 shs	Honeywell International Inc., Delaware	21,189	24,940
	442 shs	ICICI Bank LTD SPD ADR	17,255	15,974
	167 shs	Illumina Inc Com	7,526	7,270
	1,732 shs	Ing GP NV SPSP ADR	15,141	12,834
	701 shs	Intel Corp.	12,812	13,634
	526 shs	Intl Business Machines	62,598	64,950
	1,388 shs	Intl Paper Co.	33,742	31,410
	776 shs	Johnson and Johnson Company	49,447	45,831
	263 shs	Joy Global Inc Del	14,838	13,174
	863 shs	JPMorgan Chase & Co.	33,756	31,594
	269 shs	Kimberly Clark	16,711	16,309
	347 shs	Kohls Corp.	13,476	16,483
	705 shs	Kraft Foods Inc.	20,870	19,740
	981 shs	Kroger Co.	23,667	19,316
	321 shs	L-3 Communications Holdings Inc.	30,381	22,740
	207 shs	LAM Research Corp.	7,917	7,878
	425 shs	Las Vegas Sands Corp	7,083	9,410
	268 shs	Lauder Estee Cos Inc A	13,264	14,936
	698 shs	Liberty Global Incser A	16,887	18,141
	148 shs	Life Technologies Corp	7,437	6,993
	1,057 shs	Limited Brands Inc	27,016	23,328
	5,264 shs	Llyods Banking Group	16,957	16,634
	226 shs	Lockheed Martin Corp	22,342	16,837
	4,019 shs	LSI Corp.	21,887	18,487
	709 shs	Makita Corp Spond ADR	18,786	18,902
	567 shs	Marathon Oil Corp	16,383	17,628
	302 shs	Massey Energy Co	9,487	8,260
	473 shs	McKesson Corp.	23,913	31,767
	553 shs	Medco Health Solutions Inc.	25,720	30,459
	270 shs	Merck and Co Inc	7,594	9,442
	415 shs	MetLife Inc.	13,687	15,670
	968 shs	Micron Technology Inc.	9,691	8,218
	4,076 shs	Microsoft Corp.	117,533	93,789
	78 shs	Mitsui Co ADR	20,919	18,798
	453 shs	Moody's Corp	12,041	9,024
	528 shs	Morgan Stanley	13,838	12,255
	1,179 shs	MTN Group LTD-Spons ADR	19,252	15,728
	851 shs	Nabors Industries Ltd	17,563	14,995
	297 shs	National Grid PLC SP ADR	11,212	10,939
	493 shs	Nestle SA REG Shares Advisor	20,547	23,782
	857 shs	Net Services De Comuncco SA	11,572	8,047
	452 shs	Netapp Inc	14,589	16,864
	67 shs	Netflix Com Inc	7,402	7,280
	508 shs	NII Holding Inc.	14,291	16,520
	272 shs	Nintendo LTD	11,184	10,138
	1,585 shs	Nissan Mtr LTD SPN ADR	25,535	21,968
	49 shs	Nitto Denko Corp ADR	15,723	16,317
	339 shs	Noble Corp.	11,509	10,478
	702 shs	Northrop Grumman Corp.	35,580	38,217
	817 shs	NRG Energy Inc.	29,129	17,329
	121 shs	Nucor Corp.	5,201	4,632
	381 shs	Occidental Pete Corp.	32,273	29,394
	937 shs	OGX Petroleo E-Spon ADR	9,773	8,901
	440 shs	Oracle Corp.	11,533	9,442
	443 shs	Paccar Inc	17,726	17,662
	150 shs	Peabody Energy Corp.	12,515	5,869
	837 shs	Pfizer Inc.	14,789	11,936

See notes to financial statements

Tyler Memorial Hospital Pension Plan

EIN: 24-0779665 Plan Number: 001

Schedule H, Line 4(i) - Schedule Of Assets (Held At End Of Year)

June 30, 2010

(a)	Identity Of Issue (b)	Description Of Investment (c)	Cost (d)	Current Value (e)
	Common Stocks (continued)			
	274 shs	Procter & Gamble Co.	\$ 15,356	\$ 16,435
	459 shs	Prudential Financial Inc.	25,945	24,630
	7,934 shs	Qwest Communications International Inc.	28,894	41,653
	916 shs	Raytheon Co.	52,207	44,325
	208 shs	Rio Tinto PLC Spons ADR	8,489	9,069
	415 shs	Roche Holding LTD	16,791	14,234
	641 shs	Ross Stores Inc.	22,602	34,159
	2,577 shs	Rossi Residential SA GDR BRL PAR Ordinary	10,985	8,968
	231 shs	RWE AG Sponsored Advisor	20,339	15,119
	641 shs	Safeway Inc.	16,998	12,602
	202 shs	Salesforce Com Inc.	9,562	17,336
	900 shs	Sanofi Aventis	29,272	27,054
	1,172 shs	Sara Lee Corp	17,420	16,525
	118 shs	Schlumberger LTD	8,448	6,530
	434 shs	Seagate Technology	6,549	5,659
	1,289 shs	Societe General Spn ADR	17,868	10,608
	297 shs	Southern Company	10,356	9,884
	950 shs	Sprint Nextel Corp	4,551	4,028
	315 shs	Starbucks Corp	6,945	7,655
	649 shs	Sterlite Industries	12,057	9,242
	3,912 shs	Sumitomo Mitsu Financial	15,090	10,954
	532 shs	Sysco Corporation	12,415	15,199
	2,203 shs	Taiwan S Manufacturing ADR	22,205	21,501
	603 shs	Target Corp	31,923	29,650
	203 shs	Teva Pharmaceutical Industries LTD	9,527	10,554
	712 shs	Texas Instruments	16,351	16,575
	396 shs	Time Warner Inc.	11,688	11,448
	664 shs	TJX COS Inc New	25,457	27,855
	514 shs	Tokio Marine Holdings	12,031	13,441
	479 shs	Total SA	29,956	21,383
	1,041 shs	Travelers Companies Inc.	48,490	51,269
	1,769 shs	Tullow Oil PLC	14,894	13,020
	305 shs	Tyco International LTD	8,329	10,745
	718 shs	Unilever NV	21,156	19,616
	258 shs	United Parcel Svc CL B	14,592	14,678
	219 shs	United STS STL Corp New	9,207	8,442
	321 shs	United Health Group Inc.	9,406	9,116
	1,311 shs	UNUM Group	23,542	28,449
	313 shs	US Bancorp	5,856	6,996
	375 shs	Vanceinfo Tech Inc ADR	8,673	8,730
	775 shs	Verizon Communications Inc.	25,459	21,715
	576 shs	Viacom Inc.	12,271	18,069
	572 shs	Wal-Mart Stores Inc.	29,747	27,496
	914 shs	Walgreen Co	28,455	24,404
	423 shs	WellPoint Inc.	19,031	20,697
	472 shs	Wells Fargo & Co.	12,177	12,083
	241 shs	Western Digital Corp.	3,773	3,593
	182 shs	Whole Foods Market Inc	7,350	6,556
	730 shs	WSTN Digital Corp Del	28,711	22,017
	935 shs	Xerox Corp.	5,285	7,517
	671 shs	Xilinx Inc.	17,568	16,949
	207 shs	Zimmer Holdings Inc Com	9,593	11,188
		Total common stocks	3,401,084	3,330,504
	Federal National Mortgage Association			
	88,000	Notes, 4.375%, 9/15/12	94,988	94,766
	69,000	Notes, 5.375%, 6/12/17	71,885	80,406
		Total Federal National Mortgage Association	166,873	175,172
	Federal Home Loan Mortgage Corporation			
	22,000	Notes, 2.125%, 3/23/12	22,525	22,543
	73,000	Notes, 4.875%, 11/15/13	76,967	81,600
		Total Federal Home Loan Mortgage Corporation	99,492	104,143

See notes to financial statements

Tyler Memorial Hospital Pension Plan

EIN: 24-0779665 Plan Number: 001

Schedule H, Line 4(i) - Schedule Of Assets (Held At End Of Year)

June 30, 2010

(a)	Identity Of Issue (b)	Description Of Investment (c)	Cost (d)	Current Value (e)
U.S. Government and Agency Securities	48,000	U.S. Treasury Note, 4.125%, 8/15/10		
	64,000	U.S. Treasury Note, 4.375%, 12/15/10	\$ 64,658	\$ 65,213
	74,000	U.S. Treasury Note, 5.0%, 8/15/11	76,709	77,824
	45,000	U.S. Treasury Note, 3.375%, 11/30/12	45,804	47,869
	45,000	U.S. Treasury Note, 4.25%, 11/15/17	46,848	50,551
	82,000	U.S. Treasury Inflation Note, 2.0%, 1/15/26	84,630	95,235
	48,000	U.S. Treasury Note, 1.375%, 11/15/12	48,117	48,687
	32,000	U.S. Treasury Note, 3.625%, 2/15/20	31,863	33,810
	43,000	U.S. Treasury Note, 3.500%, 5/15/20	44,483	45,002
	46,000	U.S. Treasury Note, 2.625%, 6/30/14	46,325	48,088
	48,000	U.S. Treasury Bond, 5.25%, 11/15/28	51,514	57,772
	30,000	U.S. Treasury Bond, 4.750%, 2/15/37	30,318	34,444
	68,000	U.S. Treasury Bond, 4.250%, 5/15/39	66,628	71,899
	Total U.S. government and agency securities		<u>637,897</u>	<u>676,394</u>
Mutual Funds	33,957 shs	Global Small Cap Port	386,661	339,570
	39,445 shs	Mid Cap Value Opps	369,125	341,199
	81,002 shs	High Income Portfolio	714,788	741,979
	73,381 shs	U.S. Mortgage Portfolio	<u>720,085</u>	<u>776,371</u>
Total mutual funds			<u>2,190,659</u>	<u>2,199,119</u>
Corporate Debt Instruments	48,000	Citigroup Funding Inc, 2.250%, 12/10/12	48,265	49,411
	65,000	General Electric Company Notes, 5.0%, 2/1/13	65,679	69,703
	71,000	J P Morgan Chase & Co., Bond, 5.125%, 9/15/14	70,247	75,766
	63,000	BP Capital Markets Plc., 3.875%, 3/10/15	63,353	53,686
	73,000	Goldman Sachs Group, Inc., 5.35%, 1/15/16	72,855	75,525
	63,000	AT&T Inc., 5.5%, 2/1/18	63,728	69,667
	30,000	Pepsico Inc., 5.0%, 6/1/18	29,794	33,234
	64,000	Wal-Mart Stores Inc., 2.875%, 4/1/15	64,048	66,380
	57,000	Verizon Communications, 6.35%, 4/1/19	63,487	65,957
	64,000	Cisco Systems Inc., 4.450%, 1/15/20	<u>64,486</u>	<u>67,560</u>
Total corporate debt instruments			<u>605,942</u>	<u>626,889</u>
* Money Market Fund		CMA Money Fund	<u>208,608</u>	<u>208,608</u>
Total investments			<u>\$ 7,310,555</u>	<u>\$ 7,320,829</u>

* A party-in-interest as defined by ERISA

TYLER MEMORIAL HOSPITAL PENSION PLAN**EIN: 24-0779665 Plan: 001****Attachment to the 2009 Form 5500 Schedule SB****Schedule SB, line 32 - Schedule of Amortization Bases**

<u>Base Type</u>	<u>Date Established</u>	<u>Present Value of Remaining Installments</u>	<u>Remaining Amortization Period (Years)</u>	<u>Amortization Installment</u>
Shortfall	7/1/2009	1,042,840	7.000	176,123
Shortfall	7/1/2008	976,853	6.000	186,327
Total		<u>\$ 2,019,693</u>		<u>\$ 362,450</u>

TYLER MEMORIAL HOSPITAL PENSION PLAN**EIN: 24-0779665 Plan: 001****Attachment to the 2009 Form 5500 Schedule SB****Schedule SB, line 19 - Discounted Employer Contributions**

<u>Date of Contribution</u>	<u>Amount of Contribution</u>	<u>Applicable Plan Year</u>	<u>Effective Interest Rate</u>	<u>Rate for Late Quarterly Installments*</u>	<u>Interest- Adjusted Contribution</u>
10/14/2009	\$ 221,787	2009	6.57%	N/A	\$ 217,764
1/11/2010	221,787	2009	6.57%	N/A	214,411
4/16/2010	221,787	2009	6.57%	11.57%	210,870
7/15/2010	221,787	2009	6.57%	N/A	207,606
3/10/2011	52,775	2009	6.57%	N/A	47,393
Total	\$ 939,923				\$ 898,044

* This rate was used to discount the portion of the contribution attributable to late quarterly installments from the date of the contribution to the due date of the quarterly installment.

TYLER MEMORIAL HOSPITAL PENSION PLAN

EIN: 24-0779665 Plan: 001

Attachment to the 2009 Form 5500 Schedule SB

Schedule SB, line 25 - Change in Method

The asset valuation method was changed from the Market Value of Assets to a three-year average Actuarial Value of Assets.

TYLER MEMORIAL HOSPITAL PENSION PLAN

EIN: 24-0779665 Plan: 001

Attachment to the 2009 Form 5500 Schedule SB

Schedule SB Line 22 - Description of Weighted Average Retirement Age

<u>Age</u>	<u>Count</u>	<u>Rate</u>	<u># of Retirements</u>	<u>Average</u>
60	10,000	0.00%	0	0
61	10,000	0.00%	0	0
62	10,000	0.00%	0	0
63	10,000	0.00%	0	0
64	10,000	0.00%	0	0
65	10,000	100.00%	10,000	650,000

Average Retirement Age = 65