

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 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010			
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 RETIREMENT PLAN FOR EMPLOYEES OF FISHER-TITUS MEDICAL CENTER	1b Three-digit plan number (PN) ►	001	
	1c Effective date of plan	10/01/1967	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) FISHER-TITUS MEDICAL CENTER 272 BENEDICT AVE NORWALK, OH 44857-2374	2b Employer Identification Number (EIN) 34-4430716	2c Sponsor's telephone number 419-668-8101	2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2011	DUANE L. WOODS JR.
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") FISHER-TITUS MEDICAL CENTER 272 BENEDICT AVE NORWALK, OH 44857-2374	3b Administrator's EIN 34-4430716 3c Administrator's telephone number 419-668-8101
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	344
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	265
b Retired or separated participants receiving benefits.....	6b	48
c Other retired or separated participants entitled to future benefits.....	6c	36
d Subtotal. Add lines 6a , 6b , and 6c	6d	349
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	3
f Total. Add lines 6d and 6e	6f	352
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

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

a Pension Schedules

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

b General Schedules

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

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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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>RETIREMENT PLAN FOR EMPLOYEES OF FISHER-TITUS MEDICAL CENTER</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>FISHER-TITUS MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>34-4430716</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>
2	Assets:
a	Market value 2a <u>24384483</u>
b	Actuarial value 2b <u>25026195</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>40</u> <u>4757066</u>
b	For terminated vested participants 3b <u>33</u> <u>823556</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>83497</u>
(2)	Vested benefits 3c(2) <u>17890120</u>
(3)	Total active 3c(3) <u>271</u> <u>17973617</u>
d	Total 3d <u>344</u> <u>23554239</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>6.66 %</u>
6	Target normal cost 6 <u>1558107</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>09/20/2011</u>
Signature of actuary	Date
<u>MATTHEW R. KLEIN, F.S.A.</u>	<u>11-06865</u>
Type or print name of actuary	Most recent enrollment number
<u>FINDLEY DAVIES, INC.</u>	<u>216-875-1900</u>
Firm name	Telephone number (including area code)
<u>1300 EAST NINTH STREET, SUITE 850</u> <u>CLEVELAND, OH 44114-1516</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) 2010
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)	27431	3502280
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	27431	3502280
10	Interest on item 9 using prior year's actual return of <u>23.97</u> %	6575	839497
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		351121
b	Interest on (a) using prior year's effective rate of <u>8.07</u> %		28335
c	Total available at beginning of current plan year to add to prefunding balance		379456
d	Portion of (c) to be added to prefunding balance.....		379456
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).....	34006	4721233

Part III	Funding percentages		
14	Funding target attainment percentage.....	14	86.06 %
15	Adjusted funding target attainment percentage.....	15	106.24 %
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	105.21 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV	Contributions and liquidity shortfalls		
18	Contributions made to the plan for the plan year by employer(s) and employees:		
	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
	01/19/2010	250000	
	02/16/2010	250000	
	03/12/2010	250000	
	04/16/2010	250000	
	05/17/2010	250000	
	06/11/2010	250000	
	Totals ►	2615516	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 2511327
20	Quarterly contributions and liquidity shortfalls:	
a	Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No
b	If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c	If 20a is "Yes," see instructions and complete the following table as applicable:	

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☒ Prescribed - combined ☐ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	1558107
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	1558107
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	1558107
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	2511327
38 Interest-adjusted excess contributions for current year (see instructions).....	38	953220
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
		2010
		This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010	
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF FISHER-TITUS MEDICAL CENTER	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 FISHER-TITUS MEDICAL CENTER	
D Employer Identification Number (EIN) 34-4430716	

Part I	Service Provider Information (see instructions)
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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

(b) Enter name and EIN or address of person who provided you disclosure 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)

FINDLEY DAVIES, INC.

34-1213174

(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	70898	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UBS FINANCIAL SERVICES, INC.

13-2638166

(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?
27 28 65 99	TRUSTEE	43269	Yes ☒ No ☐	Yes ☒ No ☐	132	Yes ☒ No ☐

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

WILMINGTON TRUST

51-0099033

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28	TRUSTEE	32223	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

HIRTH, NORRIS & GARRISON, LLP

31-1158488

(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	6450	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)
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a Name:	b EIN:
c Position:	
d Address:	e Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF FISHER-TITUS MEDICAL CENTER	B Three-digit plan number (PN) ▶	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 FISHER-TITUS MEDICAL CENTER	D Employer Identification Number (EIN) 34-4430716	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)		
a Name of MTIA, CCT, PSA, or 103-12 IE: STRATEGIC BOND PORTFOLIO			
b Name of sponsor of entity listed in (a): UBS FINANCIAL SERVICES			
c EIN-PN 26-3783650-914	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6585738	
a Name of MTIA, CCT, PSA, or 103-12 IE: LARGE CO VALUE PORTFOLIO			
b Name of sponsor of entity listed in (a): UBS FINANCIAL SERVICES			
c EIN-PN 26-3783374-907	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 0	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:			
b Name of sponsor of entity listed in (a):			
c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF FISHER-TITUS MEDICAL CENTER	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 FISHER-TITUS MEDICAL CENTER	D Employer Identification Number (EIN) 34-4430716	

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	865516
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	36501	66242
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1073918	830944
(2) U.S. Government securities.....	1c(2)	3480734	5742799
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	1564198	3203192
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	12336271	8385483
(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)	5890012	6585738
(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)	2848	3047759
(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	24384482	28727673

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	24384482	28727673
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2615516	
(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)		2615516
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)	70194	
(C) Corporate debt instruments	2b(1)(C)	125879	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		196073
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	166176	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	37623	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		203799
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	2506922	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1204839	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1302083

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	717473	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		717473
(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		5034944

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	458429	
(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)		458429
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)	112137	
(2) Contract administrator fees	2i(2)	54888	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	66299	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		233324
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		691753

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4343191
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: HIRTH, NORRIS & GARRISON, LLP

(2) EIN: 31-1158488

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		5000000
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 2010 This Form is Open to Public Inspection.	
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010					
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF FISHER-TITUS MEDICAL CENTER				B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 FISHER-TITUS MEDICAL CENTER				D Employer Identification Number (EIN) 34-4430716	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 38-2636152 25-1926550					
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	0
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) 2010 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):

RETIREMENT PLAN FOR EMPLOYEES OF
FISHER-TITUS MEDICAL CENTER

FINANCIAL STATEMENTS

* * * * *

DECEMBER 31, 2010 AND 2009

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Partners
JAMES E. NORRIS, CPA
JODI L. GARRISON, CPA
TIMOTHY R. HARRIS, CPA

— CERTIFIED PUBLIC ACCOUNTANTS —

INDEPENDENT AUDITOR'S REPORT

To the Pension Advisory Committee of
Retirement Plan for Employees of Fisher-Titus Medical Center

We were engaged to audit the financial statements of the Retirement Plan for Employees of Fisher-Titus Medical Center as of December 31, 2010 and 2009, and for the years then ended, and the supplemental schedules as of and for the year ended December 31, 2010, as listed in the accompanying index. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by PNC Bank, UBS Financial Services, Inc, Wilmington Trust and BlackRock, Inc. the custodians of the assets of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustees hold the Plan's investment assets and execute investment transactions. The plan administrator and trustees have obtained a certification from the custodians as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator and trustees by the custodians is complete and accurate.

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

A handwritten signature in cursive script, appearing to read "Hirth Norris & Garrison".

Grove City, Ohio
September 30, 2011

2425 Old Stringtown Road • Grove City, Ohio 43123-2919
Telephone 614-875-0803 • Fax 614-875-4905 • www.hngcpa.com



RETIREMENT PLAN FOR EMPLOYEES OF
FISHER-TITUS MEDICAL CENTER
STATEMENTS OF NET ASSETS AVAILABLE FOR PLAN BENEFITS
DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
ASSETS		
Cash and equivalents	\$ 830,944	\$ 1,073,918
Investments – at fair value		
Common stock	8,385,483	12,336,271
Bonds - corporate	2,615,191	1,564,198
Bonds – government & related agencies	5,133,704	2,825,071
Asset backed securities	1,175,747	655,663
Common/collective trust funds	6,585,738	5,890,012
Registered investment companies	3,047,759	2,848
Warrants	<u>21,349</u>	<u>0</u>
Total investments	26,964,971	23,274,063
Contribution receivable	865,516	0
Accrued interest and dividends receivable	<u>66,242</u>	<u>36,501</u>
Total assets	28,727,673	24,384,482
LIABILITIES	<u>0</u>	<u>0</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u>\$ 28,727,673</u>	<u>\$ 24,384,482</u>

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

RETIREMENT PLAN FOR EMPLOYEES OF
FISHER-TITUS MEDICAL CENTER
STATEMENTS OF CHANGES IN NET ASSETS
AVAILABLE FOR PLAN BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
INCREASES		
Employer contributions	\$ 2,615,516	\$ 750,000
Investment income (including unrealized appreciation in fair value of investments)	<u>2,419,428</u>	<u>4,415,420</u>
Total increases	5,034,944	5,165,420
DECREASES		
Benefit payments	458,429	399,790
Administrative expenses & fees	<u>233,324</u>	<u>134,314</u>
Total decreases	<u>691,753</u>	<u>534,104</u>
CHANGE IN NET ASSETS AVAILABLE FOR PLAN BENEFITS	4,343,191	4,631,316
NET ASSETS AVAILABLE FOR PLAN BENEFITS - BEGINNING OF YEAR	<u>24,384,482</u>	<u>19,753,166</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS - END OF YEAR	<u>\$ 28,727,673</u>	<u>\$ 24,384,482</u>

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

RETIREMENT PLAN FOR EMPLOYEES OF
FISHER-TITUS MEDICAL CENTER
NOTES TO FINANCIAL STATEMENTS

NOTE 1 - PLAN DESCRIPTION

The Retirement Plan for Employees of Fisher-Titus Medical Center (Plan) is a defined benefit pension plan which was created for the purpose of providing retirement and death benefits to employees of Fisher-Titus Medical Center (Plan sponsor). The Internal Revenue Service has approved the Plan as a qualified pension plan. As such, the Plan's earnings are exempt from Federal income tax and benefits are not taxable to the participants until received. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA) and amendments thereto.

Eligibility

Employees of the Plan sponsor who have attained age 21 and completed one Year of Service are participants in the Plan with the following exceptions:

1. No employee covered by a collective bargaining agreement with the Plan sponsor under which retirement benefits are subject of good faith bargaining may participate.
2. Leased employees may not participate.
3. Employees of FTMC Medical Care, LLC, Health Promotion of Norwalk, Inc., Fisher Group, State Collection, HealthWorks Plus, Norwalk Area Health Services and Fisher-Titus Foundation may not participate. Also, rehired employees whose original date of hire was prior to January 1, 1997, but who did not have vested benefits under this Plan at the time of their previous termination of employment, may not participate.
4. No employee whose original date of employment is on or after January 1, 1997, may participate.

Benefits

The Plan provides normal retirement benefits, reduced early benefits, death benefits in some cases and termination benefits. A detailed description of Plan benefits is contained in the Plan's summary plan description (SPD) and Plan document.

Vesting

Participants vest in the Plan under a normal vesting schedule or if the Plan is determined to be "top heavy plan" an accelerated vesting schedule. The Plan's normal vesting schedule is:

<u>Years of Service</u>	<u>Vesting Percentage</u>
0-4	0%
5	100%

The Plan's top-heavy vesting schedule is:

<u>Years of Service</u>	<u>Vesting Percentage</u>
1	0%
2	20%
3	40%
4	60%
5	80%
6	100%

RETIREMENT PLAN FOR EMPLOYEES OF
FISHER-TITUS MEDICAL CENTER
NOTES TO FINANCIAL STATEMENTS

NOTE 1 – PLAN DESCRIPTION (Continued)

Contributions

The Plan sponsor makes contributions in amounts determined by the Plan's actuary to adequately fund current operations and past service liabilities.

NOTE 2 - ACCOUNTING POLICIES

Basis of Accounting

The accompanying financial statements have been prepared on the accrual basis of accounting. Assets of the Plan are stated at current fair values. The fair values of investments are as reported by the Plan's trustees (Note 3) at year-end. Investment income is recorded when earned. Benefits and other expenses are recognized when paid.

Receivables

Contributions for a year are determined by the plan actuary. Contributions are recorded in the period they pertain to as determined by the Plan actuary. Contributions required for a given year, but not yet funded as allowed by law, are recorded as receivables.

Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the Plan Administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

NOTE 3 - INFORMATION SUPPLIED BY PLAN TRUSTEES

The accompanying financial statements contain information that was provided by the Plan's trustees; PNC Bank and UBS Financial Services, Inc. with respect to cash equivalents, fair value of investments, investment income, and depreciation in value of investments. The Plan administrator has obtained certification that the information is accurate.

NOTE 4 - FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statement of net assets available for benefits. The methods used to measure fair value may produce an amount that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The fair value measurements authoritative literature established a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority.

RETIREMENT PLAN FOR EMPLOYEES OF
FISHER-TITUS MEDICAL CENTER
NOTES TO FINANCIAL STATEMENTS

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were used only when Level 1 or Level 2 inputs were not available.

Level 1 – Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access. This includes common stock, most corporate bonds, US government securities and certain trust assets.

Level 2 – Inputs to the valuations methodology include quoted market prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from a corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability. This includes certain assets held in collective trusts, certain corporate bonds.

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement. This includes certain assets held in collective trust and other assets not traded at quoted prices.

Following is a description of the valuation methodologies used for assets measured at fair value. The methodologies used for 2010 were first adopted January 1, 2008, for valuation and disclosure purposes.

Common stock -- Valued at quoted market prices at plan year-end.
Corporate & government bonds -- Valued at quoted market prices at plan year-end.
Asset backed securities -- Valued at quoted market prices at plan year-end.
Mutual funds -- Valued at the net asset value (NAV) of shares held by the plan at year-end.
Common/collective trust funds -- Valued based on interest (units) owned of the trust and the related underlying assets within the trust as increased or decreased by activity within the trust. Value determined by administrators of the trust based on assets held and estimated prices obtainable in available open market.

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2010.

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Common stocks	\$ 8,385,483	\$ -	\$ -	\$ 8,385,483
Corporate bonds	2,615,191	-	-	2,615,191
Government bonds	5,133,704	-	-	5,133,704
Asset back securities	1,175,747	-	-	1,175,747
Common/collective funds	-	-	6,585,738	6,585,738
Mutual funds	3,047,759	-	-	3,047,759
Warrants	21,349	-	-	21,349
Total fair value	\$20,379,233	\$ -	\$ 6,585,738	\$26,964,971

RETIREMENT PLAN FOR EMPLOYEES OF
FISHER-TITUS MEDICAL CENTER
NOTES TO FINANCIAL STATEMENTS

NOTE 4 - FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth a summary of changes in the fair value of the plan's Level 3 assets for the year ended December 31, 2010.

	<u>Common/collective trust funds</u>
Beginning balance	\$ 5,890,012
Realized gains (losses)	-
Unrealized gains (losses)	735,847
Transfers	-
Purchases, sales, issuances and settlements (net)	(40,121)
Ending balance	\$ 6,585,738

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

Accumulated plan benefits are those future periodic payments that are attributed 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.

The actuarial present value of accumulated plan benefits is determined by the Plan's actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts of 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 significant actuarial assumptions used in the valuation as of January 1, 2011, were as follows:

- | | |
|--|---|
| 1. <u>Employees Excluded from Cost</u> | Those not eligible to participate. |
| 2. <u>Interest Rates</u> | |
| a. Funding Purposes | 8.00% before retirement.
8.00% after retirement. |
| 3. <u>Salary Scale</u> | 4.00% annual increases. |
| 4. <u>Retirement</u> | All retirements assumed to occur at employee's Normal Retirement Age. |
| 5. <u>Mortality Table</u> | Pre Retirement -- RP Annuity Mortality Table (male and female) projected to 2015 by scale AA
Post Retirement -- RP Annuity Mortality Table (male and female) projected to 2015 by scale AA |
| 6. <u>Withdrawal Assumption</u> | T-3 table from the Actuary's Pension Handbook. |
| 7. <u>Actuarial Value of Assets</u> | Market Value of Assets. |
| 8. <u>Covered Compensation</u> | N/A |

RETIREMENT PLAN FOR EMPLOYEES OF
FISHER-TITUS MEDICAL CENTER
NOTES TO FINANCIAL STATEMENTS

NOTE 5 - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS (Continued)

The actuarial present value of accumulated Plan benefits at January 1, 2011 and 2010, respectively:

	<u>2011</u>	<u>2010</u>
Vested benefits		
Participants currently receiving payments	\$ 4,915,778	\$ 4,211,722
Other participants	16,853,494	15,194,546
Total vested benefits	21,769,272	19,406,268
Non vested accrual benefits	77,526	65,386
Total actuarial present value of accumulated Plan benefits	<u>\$ 21,846,798</u>	<u>\$ 19,471,654</u>

The following is a statement of changes in the actuarial present value of accumulated plan benefits for the years under audit:

	<u>2011</u>	<u>2010</u>
Actuarial present value of accumulated plan benefits at January 1, 2010 and 2009	\$ 19,471,654	\$ 17,299,798
Additional accrual of benefits	1,295,706	1,204,986
Change in assumptions	0	0
Increase in interest	1,537,867	1,366,660
Decrease in discount period	0	0
Benefits paid and settlements	(458,429)	(399,790)
Actuarial present value of accumulated Plan benefits at January 1, 2011 and 2010	<u>\$ 21,846,798</u>	<u>\$ 19,471,654</u>

NOTE 6 - PLAN TERMINATION

The Plan sponsor has the right to terminate the Plan at any time without the consent of any Plan participants. If such a termination were to occur, the assets of the Plan would be allocated to participants as stipulated in the Plan document and the excess, if any, returned to the Plan sponsor.

NOTE 7 - INVESTMENT AND FUNDING POLICY

The Plan's investment policy is to maintain sufficient liquidity to assure the timely payment of benefits and the selection of investments which in the long run, will produce a rate of return no less than the rate of return assumed by the actuary in making his determination of funding requirements (8%). During 2010 and 2009, the Company made contributions of \$1,750,000 and \$750,000 respectively to meet actuarial funding requirements. Additionally, a contribution will be made in 2011 for the 2010 year in the amount of \$865,516.

NOTE 8 - INCOME TAX STATUS

The Plan obtained its latest determination letter on November 8, 2007, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in

RETIREMENT PLAN FOR EMPLOYEES OF
FISHER-TITUS MEDICAL CENTER
NOTES TO FINANCIAL STATEMENTS

NOTE 8 - INCOME TAX STATUS (Continued)

compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 9 - EXPENSES OF PLAN PAID BY PLAN SPONSOR

The Plan sponsor paid most of the administrative expenses of the Plan including PBGC insurance premiums for 2009 and the cost of administrative personnel. The Plan pays all investment management fees, professional fees and the 2010 PBGC insurance premiums.

NOTE 10 - BENEFITS INSURANCE COVERAGE

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) 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, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations that ceiling is \$4,500 per month in 2010 and 2009, \$4,313 per month in 2008, \$4,125 per month in 2007 and \$3,972 in 2006. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

NOTE 11 - RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The audited financial statements and Form 5500 are in agreement.

NOTE 12 - INVESTMENTS

The Plan's investments are held by two different trustees. The investments are valued at fair value as determined by quoted prices and the trustees. As evidenced in the supplemental schedule of assets the investments of the Plan include a variety of different holdings. There were no assets representing 5% or more of the Plan's net assets.

NOTE 13 - PLAN AMENDMENTS

The Plan was amended in December, 2009 to modify the Plan to comply with several recent legislative requirements. Accordingly, several sections of the Plan have been changed.

SUPPLEMENTAL SCHEDULES

RETIREMENT PLAN FOR EMPLOYEES OF
FISHER-TITUS MEDICAL CENTER
EIN: 34-4430716 PN: 001
FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS
HELD FOR INVESTMENT
DECEMBER 31, 2010

	COUPON INTEREST RATE	MATURITY DATE	PAR OR NUMBER OF SHARES	COST	CURRENT VALUE
Asset Backed Securities					
Nissan Auto Lease Trust	2.920%	12/15/2011		22,458	\$ 22,136
DaimlerChrysler Auto Tr	4.710%	9/10/2012		23,104	22,720
Bank of America Auto Trust	0.910%	10/15/2012		39,996	40,076
Carat	4.680%	10/15/2012		18,180	17,746
Hyundai Auto Receivables	2.030%	8/15/2013		40,288	40,454
WOART	2.210%	9/15/2013		39,999	40,831
USAOT	1.540%	2/18/2014		29,999	30,217
CHAIT	0.330%	7/15/2014		79,394	79,775
Nissan Auto Receivables Owner	0.870%	7/15/2014		49,993	49,919
MBNA Master Cr Cd	0.413%	8/15/2014		34,856	34,953
NALT	2.070%	1/15/2015		50,231	50,338
Chrysler Financial Auto Security	2.820%	1/15/2016		58,768	58,342
BACCT	0.313%	4/15/2016		79,334	79,145
FNMA PL 913253	5.850%	3/1/2037		56,941	58,098
FNMA Pool SF256749	6.000%	6/1/2037		80,345	86,805
FNMA PL 899717	6.000%	9/1/2037		39,641	40,688
FNMA PL 745275	4.740%	2/1/2036		81,456	80,412
FHLMC PL G03432	5.500%	11/1/2037		77,312	76,659
FNMA PL 889697	6.000%	7/1/2038		70,549	70,259
FNMA PL 889697	6.000%	9/1/2038		179,514	178,954
FNMA PL 995876	6.000%	11/1/2038		17,288	17,220
Total asset backed securities				<u>\$ 1,169,646</u>	<u>\$ 1,175,747</u>
Government Securities					
US Treasury Note	1.750%	11/15/2011		40,416	40,497
US Treasury Note	0.625%	7/31/2012		381,230	381,037
FNMA Nts	1.500%	6/23/2013		658,823	664,392
US Treasury Note	1.000%	7/15/2013		887,405	884,330
US Treasury Note	1.875%	6/30/2015		368,026	361,433
Fannie Mae	2.375%	7/28/2015		320,750	314,383
US Treasury Note	3.000%	8/31/2016		534,170	539,827
FHLB Bond	5.000%	11/17/2017		200,796	226,750
US Treasury Note	2.750%	2/15/2019		621,737	631,750
US Treasury Note	3.500%	5/15/2022		71,745	71,707
US Tsy Infl Prot Note	1.250%	7/15/2020		199,908	189,960
US Tsy Infl Prot Note	2.375%	4/15/2011		147,080	146,740
US Treasury Note	0.875%	2/29/2012		112,884	112,652
US Tsy Infl Prot Note	3.000%	7/15/2014		82,758	82,688
US Treasury Note	1.375%	3/15/2013		23,254	23,336
US Treasury Note	2.375%	10/31/2014		106,098	103,508
US Treasury Note	4.000%	2/15/2015		93,738	90,931

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HELD FOR INVESTMENT
DECEMBER 31, 2010

	COUPON INTEREST RATE	MATURITY DATE	PAR OR NUMBER OF SHARES	COST	CURRENT VALUE
Government Securities (continued)					
US Treasury Note	2.500%	6/30/2017		35,592	33,872
US Treasury Note	2.375%	7/31/2017		176,501	167,770
US Tsy Infl Prot Bond	3.625%	4/15/2028		42,023	38,401
US Tsy Infl Prot Note	2.500%	1/15/2029		30,596	27,740
Total government securities				<u>\$ 5,135,530</u>	<u>\$ 5,133,704</u>
Corporate Bonds & Notes					
BB&T Corp	3.100%	7/28/2011		35,419	35,414
Kraft Foods Inc	5.625%	11/1/2011		63,187	62,333
Genl Mills Inc	6.000%	2/15/2012		53,662	52,721
Natl Ruralutilities	7.250%	3/1/2012		29,043	26,800
Verizon Global Fdg Corp	7.375%	9/1/2012		16,234	16,561
Caterpillar Finl Svcs	4.850%	12/7/2012		19,898	21,455
Alabama Power Co	4.850%	12/15/2012		37,671	37,540
Genl Elec Cap Corp	5.450%	1/15/2013		57,971	59,147
Prudential Financial Inc	5.150%	1/15/2013		46,371	47,997
Columbus Sthn Power	5.500%	3/1/2013		25,663	26,921
Dominion Resources Inc	5.000%	3/15/2013		30,677	32,227
UnitedHealth Group Inc	4.875%	4/1/2013		34,134	37,399
Kroger Co	5.000%	4/15/2013		18,504	21,547
European Invt Bk	4.250%	7/15/2013		42,738	43,034
Heinz H J Co	5.350%	7/15/2013		38,730	38,374
Electronic Data Systems		8/1/2013		43,988	44,586
CoCa Cola Enterprises	5.000%	8/15/2013		20,751	21,931
Barrick Gold Fin Co	6.125%	9/15/2013		34,015	33,576
Occidental Petroleum Crp	7.000%	11/1/2013		38,221	40,468
Vodafone Group Plc	5.000%	12/16/2013		43,420	43,543
E I Du Pont De Nemours	5.875%	1/15/2014		7,836	7,803
Kroger Co	7.500%	1/15/2014		11,592	11,530
Wyeth	5.500%	2/1/2014		31,373	33,351
Marathon Oil Corp	6.500%	3/3/2014		42,978	45,029
CoCa Cola Enterprises	7.375%	3/15/2014		23,380	23,315
Shell Intl Fin	4.000%	3/21/2014		42,369	42,564
Conagra Foods Inc	5.875%	4/15/2014		32,542	33,214
Rio Tinto Fin USA Ltd	8.950%	5/1/2014		27,517	30,268
Bank of Amer Corp	7.375%	5/15/2014		35,892	38,905
Schwab Charles Corp	4.950%	6/1/2014		42,482	43,497
Barrick Gold Fin Co	4.875%	11/15/2014		33,310	38,463
JP Morgan Chase & Co	3.700%	1/20/2015		76,076	77,617
US BanCorp	3.150%	3/4/2015		34,993	36,005
Vornado Realty	4.250%	4/1/2015		34,171	35,332

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	COUPON INTEREST RATE	MATURITY DATE	PAR OR NUMBER OF SHARES	COST	CURRENT VALUE
Corporate Bonds & Notes (continued)					
HSBC Fin Corp	5.000%	6/30/2015		57,686	58,421
Norfolk Sthn Corp	5.750%	1/15/2016		38,454	39,329
BB&T Corp	3.950%	4/29/2016		55,656	56,768
MetLife Inc	6.750%	6/1/2016		39,776	40,599
Sempra Energy	6.500%	6/1/2016		31,728	34,827
SBC Communications	5.625%	6/15/2016		48,555	50,457
Bank of Amer Corp	5.750%	8/15/2016		35,582	35,750
CVS Corp	6.125%	8/15/2016		32,933	34,037
Goldman Sachs Group Inc	5.750%	10/1/2016		31,836	32,667
ConocPhillips	5.625%	10/15/2016		57,194	62,512
Boardwalk Pipelines LLC	5.500%	2/1/2017		37,241	37,186
Genl Elec Cap Corp	5.400%	2/15/2017		41,325	42,817
Vodafone Group Plc	5.625%	2/27/2017		76,229	78,145
Wachovia Corp	5.750%	6/15/2017		30,897	33,211
Safeway Inc Notes	6.350%	8/15/2017		46,658	44,668
Starbucks Corp	6.250%	8/15/2017		40,592	39,124
Genl Elec Cap Corp	5.625%	9/15/2017		16,327	16,448
Prudential Financial Inc	6.000%	12/1/2017		20,055	22,202
Wells Fargo & Co	5.625%	12/11/2017		79,012	77,503
Amer Intl Group	5.850%	1/16/2018		19,979	20,623
AT&T Inc	5.500%	2/1/2018		50,879	55,544
Verizon Wireless	5.500%	2/15/2018		70,683	71,431
CSX Corp	6.250%	3/15/2018		40,496	40,151
AMB PPTY	7.500%	6/30/2018		33,265	33,900
MetLife Inc	6.817%	8/15/2018		16,498	17,488
Enterprise Products Oper	6.500%	1/31/2019		38,559	39,741
Valero Energy Corp	9.375%	3/15/2019		35,706	37,238
BHP Billiton Fin USA Ltd	6.500%	4/1/2019		32,370	35,674
Bank of Amer Corp	7.625%	6/1/2019		68,859	69,086
Comcast Corp New	5.700%	7/1/2019		40,742	43,730
Vale Overseas Ltd	5.625%	9/15/2019		36,596	37,279
Goldman Sachs Group Inc	5.375%	3/15/2020		37,041	36,168
				<u>\$ 2,546,217</u>	<u>\$ 2,615,191</u>
Total corporate bonds & notes					
Common Stocks					
Advantest Corp ADR			1,904	48,664	42,935
Akzo Nobel			744	39,735	46,225
Anglo Amern Plc			2,200	40,258	57,442
Anheuser Busch			520	26,944	29,687
Arcelormittal			410	15,403	15,633

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HELD FOR INVESTMENT
DECEMBER 31, 2010

	PAR OR NUMBER OF SHARES	COST	CURRENT VALUE
Common Stocks (continued)			
Arch Capital Group Ltd	350	26,639	30,817
AXA Adr	1,576	41,783	26,240
Banco Santander	2,976	35,334	31,694
Barclays Plc Adr	1,531	40,401	25,292
Basf Se	240	11,819	19,190
BCE Inc	630	19,281	22,340
BG Group Plc	363	29,844	37,026
BNP Paribas	1,335	37,869	42,653
Bridgestone Corp Ltd	702	27,837	27,188
Canadian Natural	1,198	41,885	53,215
China Mobile Ltd	500	26,595	24,810
Commercial Intl Bank	1,900	14,915	15,827
CPFL Energia Sa Ads	700	45,394	53,767
Daimler Ag	565	24,264	38,183
Daiwa Securities Co	4,100	21,142	21,279
DBS Group Hldgs Ltd Spon Adr	985	35,067	44,266
Denso Corp Adr	3,504	42,414	60,094
Experian Plc Spon Adr	3,900	26,938	48,438
Glaxo SmithKline	1,300	48,690	50,986
Gold Fields Ltd Spon Adr	2,500	29,999	45,325
HSBC Holdings Plc	1,172	49,948	59,819
KAO Corp	990	25,850	26,621
Kikkoman Corp	850	20,564	20,782
Kirin Holdings Ltd	1,400	19,842	19,726
Lonza Group Ag Adr	3,609	36,123	28,764
Luxottica Group Spa	1,051	24,449	32,182
Makita Corp Adr	656	15,763	26,883
Mitsubishi Corp	570	29,307	30,523
Munich RE Group	2,900	42,570	43,819
Murata Mfg Co Ltd	2,800	38,411	48,692
Nestle Sa Spon Adr	1,007	50,177	59,232
Novartis Ag Spon Adr	1,100	59,708	64,845
NSK Ltd Adr	1,600	20,710	28,544
OAQ Gazprom Level 1 Adr	610	15,706	15,518
Petroleo Brasileiro	560	20,346	21,190
Publicis Groupe	2,286	39,819	59,847
Rexam Plc	410	10,514	10,582
Royal Dutch Shell Plc	1,200	63,596	80,136
Shin Etsu Chem Co Ltd	481	27,436	26,152
Siemens A G Spon Adr	341	32,062	42,369
Sumitomo Metal Ind	810	24,674	20,056
Swisscom Ag Spon Adr	620	22,833	27,311

RETIREMENT PLAN FOR EMPLOYEES OF
FISHER-TITUS MEDICAL CENTER
EIN: 34-4430716 PN: 001
FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS
HELD FOR INVESTMENT
DECEMBER 31, 2010

	PAR OR NUMBER OF SHARES	COST	CURRENT VALUE
Common Stocks (continued)			
Telefonica S A Spon Adr	300	22,607	20,526
Telstra Corp Ltd (Final) Adr	2,276	31,484	32,661
Teva Pharmaceuticals Ind Ltd Israel Adr	788	37,913	41,078
THK Co Ltd Adr	2,275	20,462	25,935
Tokyo Gas Co Ltd Adr	941	39,860	41,768
Unilever NV N Y Shs New Netherlands	1,576	47,714	49,486
Westfarmers Ltd	3,100	41,675	50,282
Wheelock & Co Ltd Adr	670	26,651	27,106
Willis Group Holdings	600	18,698	20,778
WPP Plc	340	20,495	21,070
Yue Yuen Indl Hldgs Ltd	2,080	32,707	37,066
Amazon.Com Inc	168	25,641	30,240
Amer Tower Corp	491	18,242	25,355
Apple Inc	280	27,210	90,317
AT&T Inc	688	19,212	20,213
Baidu Inc	194	21,190	18,727
Boeing Company	324	21,998	21,144
Capital One Fincl Corp	340	10,422	14,470
Deere & Co	180	14,021	14,949
Dow Chemical	765	19,672	26,117
DuPont De Nemours	894	36,514	44,593
Express Scripts Inc	813	32,803	43,943
Ford Motor Co	2,577	33,994	43,268
Freeport-McMoran Copper & Gold Inc	389	39,172	46,715
Goldman Sachs Group Inc	346	54,880	58,183
Google Inc Cl A	118	54,742	70,088
Halliburton Co	357	14,432	14,576
Hewlett Packard Co	657	30,262	27,660
Intl Business Mach	375	39,434	55,035
JPMorgan Chase & Co	736	32,838	31,221
Las Vegas Sands Corp	587	20,297	26,973
McDonalds Corp	358	27,027	27,480
Merck & Co Inc New Com	890	32,150	32,076
MetLife Inc	638	25,837	28,353
Netapp Inc	394	21,887	21,654
Occidental Petroleum Crp	392	28,745	38,455
Oracle Corp	1,737	39,783	54,368
Peabody Energy Corp	820	39,101	52,464
Philip Morris Intl Inc	474	25,947	27,743
Precision Castparts Corp	158	17,457	21,995
Red Hat Inc	607	26,720	27,710
Salesforce.Com Inc	129	9,386	17,028

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	PAR OR NUMBER OF SHARES	COST	CURRENT VALUE
Common Stocks (continued)			
Schlumberger Ltd Netherlands	445	28,912	37,157
Starwood Hotels & Resorts	269	13,655	16,350
Target Corp	245	14,748	14,732
Teva Pharmaceuticals Ind Ltd Israel	275	15,093	14,336
The Directv Group Cl A	971	33,292	38,772
Union Pacific Corp	445	22,988	41,234
United Parcel Service Inc	594	39,683	43,112
Untd Technologies Corp	476	28,244	37,471
Vale Sa-Sp Spon Adr	510	14,821	17,631
Walt Disney Co	751	23,382	28,170
Wells Fargo & Co	703	21,614	21,786
3M Co	248	20,753	21,402
Alexion Pharmaceuticals Inc	275	18,276	22,151
Allergan Inc	521	29,470	35,777
Amazon.Com Inc	400	29,894	72,000
Apple Inc	175	22,902	56,448
ASML Holding NV NY	500	15,998	19,170
C H Robinson Worldwide Inc	225	15,641	18,043
Cree Inc	225	12,715	14,825
FMC Technologies Inc	425	21,726	37,787
FS Networks Inc	140	13,897	18,222
Google Inc Cl A	80	33,273	47,518
Grainger W W Inc	150	15,250	20,717
Illumina Inc	590	19,603	37,371
InternContinentalExchange Inc	245	22,317	29,192
Intuitive Surgical Inc New	105	12,523	27,064
Las Vegas Sands Corp	560	2,851	25,732
Natl-Oilwellvarco Inc	535	17,824	35,979
Netflix.Com Inc.	95	18,387	16,691
Nike Inc Cl B	345	20,100	29,470
Praxair Inc	175	15,242	16,707
Qualcomm Inc	1,190	49,831	58,893
Salesforce.Com Inc	510	27,438	67,320
Schlumberger Ltd Netherlands	475	32,828	39,662
Schwab Charles Corp New	1,605	30,697	27,461
Sowstn Energy Co	425	15,401	15,908
Staples Inc	1,075	25,302	24,478
Starbucks Corp	805	13,328	25,865
Varian Medical Systems Inc	395	19,069	27,366
Visa Inc Cl A	626	40,815	44,058
Advent Software Inc	80	2,261	4,634
Anadarko Petroleum Corp	700	31,480	53,312

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	PAR OR NUMBER OF SHARES	COST	CURRENT VALUE
Common stocks (continued)			
Autodesk Inc	830	28,043	31,706
Biogen Idec Inc	730	33,591	48,946
Broadcom Corp	690	15,492	30,050
Cablevision Systems Corp NY	1,200	18,634	40,608
Citrix Systems Inc	300	17,624	20,523
Comcast Corp	3,300	63,044	68,673
Covidien Plc	460	16,234	21,004
Cree Inc	130	2,973	8,566
Dolby Laboratories Inc	290	8,660	19,343
Fluor Corp	540	19,872	35,780
Forest Laboratories	1,300	56,899	41,574
Freeport-McMoran Copper & Gold Inc	140	3,811	16,813
Genzymen Corp Gen Div	240	15,685	17,088
Immunogen Inc	1,300	9,870	12,038
Isis Pharmaceuticals Inc	1,100	9,857	11,132
L-3 Communications Holdings Corp	520	41,304	36,655
Liberty Media Interactive	1,200	25,137	18,924
Liberty Media Capital Corp	310	4,516	19,394
Liberty Media Starz	65	1,912	4,321
Liberty Global Inc Cl A	130	3,055	4,599
Madison Square Garden Inc	240	3,180	6,187
Natl-Oilwellvarco Inc	360	14,012	24,210
Nucor Corp	630	26,623	27,607
Pall Corp	580	17,154	28,756
Sandisk Corp	690	16,697	34,403
Seagate Technology	2,400	19,382	36,072
The Directv Group Cl A	390	7,553	15,573
Tyco Electronics Ltd	1,200	29,477	42,480
Tyco Intl Ltd	1,000	30,709	41,440
UnitedHealth Group Inc	1,600	63,809	57,776
Vertex Pharmaceutical Inc	460	12,487	16,114
Weatherford Intl Ltd	2,300	45,562	52,440
Abbott Labs	760	35,570	36,412
Ace Ltd	685	33,780	42,641
Aetna Inc	845	21,509	25,781
Ameriprise Financial Inc	555	11,578	31,940
Apache Corp	535	51,564	63,788
Applied Materials Inc	3,375	42,854	47,419
Archer Daniels Midland Co	1,435	43,327	43,165
Bank of New York Mellon Corp	1,105	31,750	33,371
Baxter Intl Inc	835	46,561	42,268
Chevron Corp	340	23,502	31,025

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	PAR OR NUMBER OF SHARES	COST	CURRENT VALUE
Common stocks (continued)			
Cooper Industries Plc New Cl A	550	20,771	32,060
Corning Inc	2,200	41,718	42,504
CVS Caremark Corp	1,270	39,657	44,158
Devon Energy Corp New	630	39,966	49,461
DST Systems Inc	445	17,429	19,736
Exxon Mobil Corp	408	24,591	29,833
Flextronics Intl Ltd	6,790	38,361	53,302
Halliburton Co	1,315	44,228	53,691
Hess Corp	610	34,050	46,689
Honeywell Intl Inc	1,135	42,247	60,337
Hospira Inc	465	19,549	25,896
KBR Inc	1,105	21,198	33,669
Medtronic Inc	1,200	39,161	44,508
MetLife Inc	1,040	37,430	46,218
Natl-Oilwellvarco Inc	730	28,402	49,093
Norfolk Sthn Corp	665	25,098	41,775
ON Semiconductor Corp	3,680	28,732	36,358
Owens Illinois Inc	955	26,101	29,319
Philip Morris Intl Inc	465	18,090	27,216
Ralcorp Holdings Inc New	465	26,849	30,230
Target Corp	750	31,737	45,098
Teva Pharmaceuticals Ind Ltd	500	23,641	26,065
Time Warner Inc New	855	19,485	27,505
Unilever N Y Shs New	885	20,109	27,789
Union Pacific Corp	325	18,516	30,114
United States Steel Corp	545	30,927	31,839
Western Union Co	2,355	32,294	43,732
Willis Group Holdings Ltd	865	21,253	29,955
Abbott Labs	728	34,627	34,878
Accenture Plc Ireland Cl A	1,202	41,001	58,285
Ace Ltd	149	8,199	9,275
Air Prod & Chemical Inc	205	15,728	18,645
Aon Corp	392	14,364	18,036
Apache Corp	281	24,763	33,504
AT&T Inc	1,606	42,377	47,184
Bank of New York Mellon Corp	1,771	53,703	53,484
Bank of Amer Corp	2,075	33,027	27,681
Becton Dickinson & Co	187	14,433	15,805
Chevron Corp	654	49,683	59,678
Chubb Corp	411	17,398	24,512
Diageo Plc New	364	22,857	27,056
Exxon Mobil Corp	479	34,507	35,024

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	PAR OR NUMBER OF SHARES	COST	CURRENT VALUE
Common stocks (continued)			
Genl Mills Inc	939	32,892	33,419
Goldman Sachs Group Inc	308	44,626	51,793
Hasbro Inc	513	13,591	24,203
Hess Corp	432	24,469	33,065
Honeywell Intl Inc	504	21,452	26,793
Intel Corp	1,362	23,398	28,643
Intl Business Mach	310	37,985	45,496
Johnson Controls Inc	479	15,799	18,298
Johnson & Johnson Com	766	44,939	47,377
JPMorgan Chase & Co	1,066	36,035	45,220
Lockheed Martin Corp	820	62,210	57,326
Mastercard Inc	75	15,611	16,808
McDonalds Corp	197	15,405	15,122
Medtronic Inc	941	34,189	34,902
Metlife Inc	1,020	34,278	45,329
Nestle A Sponsored Adr	372	14,837	21,881
Noble Corp	475	16,065	16,991
Northrop Grumman Corp	557	27,148	36,082
Oracle Corp	1,622	33,713	50,769
Pepsico Inc	308	16,640	20,122
Pfizer Inc	1,953	33,438	34,197
PG & E Corp	680	28,371	32,531
Philip Morris Intl Inc	1,277	57,708	74,743
PPG Industries Inc	310	14,189	26,062
Prudential Financial Inc	581	28,746	34,110
Public Service Enterprse	345	10,774	10,974
St Jude Medical Inc	873	34,864	37,321
Stanley Black & Decker Inc	290	15,380	19,392
Travelers Cos Inc/The	560	26,368	31,198
Untd Technologies Corp	535	34,201	42,115
Vodafone Group Plc New Spon Adr	695	13,198	18,376
Walgreen Co	451	15,593	17,571
Walt Disney Co	578	14,578	21,681
Wells Fargo & Co New	1,248	32,511	38,675
3M Co	233	15,058	20,108
Total common stocks		<u>\$ 6,797,697</u>	<u>\$ 8,385,483</u>
Mutual Funds			
Allianz Fixed Income	35,160	492,806	445,829
Allianz Fixed Income	43,385	475,545	446,431
BlackRock Global Allocation Fund	108,953	2,012,991	2,155,499
Total mutual funds		<u>\$ 2,981,342</u>	<u>\$ 3,047,759</u>

RETIREMENT PLAN FOR EMPLOYEES OF
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	PAR OR NUMBER OF SHARES	COST	CURRENT VALUE
Common/collective trust funds			
Strategic Bond Portfolio	218,904	<u>5,746,266</u>	<u>6,585,738</u>
Total common/collective trust funds		<u>\$ 5,746,266</u>	<u>\$ 6,585,738</u>
Warrants			
Bank of America	2,990	<u>27,592</u>	<u>21,349</u>
Total warrants		<u>\$ 27,592</u>	<u>\$ 21,349</u>

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

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2010**This Form is Open to Public
Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **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**

Retirement Plan for Employees of Fisher-Titus Medical Center

**B Three-digit
plan number (PN)**

001

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

Fisher-Titus Medical Center

D Employer Identification Number (EIN)

34-4430716

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 1 Day 1 Year 2010**2 Assets:**

	2a	
a Market value.....	24,384,483	
b Actuarial value.....	25,026,195	

3 Funding target/participant count breakdown**(1) Number of participants****(2) Funding Target**

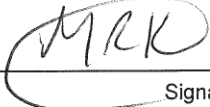
	3a	3b	3c(1)	3c(2)	3c(3)	3d
a For retired participants and beneficiaries receiving payment.....	40					
b For terminated vested participants.....	33					
c For active participants:						
(1) Non-vested benefits.....						
(2) Vested benefits.....						
(3) Total active.....	271					
d Total.....	344					

4 If the plan is at-risk, check the box and complete items (a) and (b) ☐

	4a	4b
a Funding target disregarding prescribed at-risk assumptions.....		
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.....		

5 Effective interest rate..... **5** 6.66 %**6** Target normal cost..... **6** 1,558,107**Statement by Enrolled Actuary**

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

**SIGN
HERE**

Signature of actuary

Matthew R. Klein, F.S.A.

Type or print name of actuary

FINDLEY DAVIES, INC.

1300 EAST NINTH STREET, SUITE 850

Firm name

CLEVELAND

OH 44114-1516

Address of the firm

9-20-2011

Date

11-06865

Most recent enrollment number

(216) 875-1900

Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2010
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)	27,431	3,502,280
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	27,431	3,502,280
10 Interest on item 9 using prior year's actual return of <u>23.97</u> %	6,575	839,497
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		351,121
b Interest on (a) using prior year's effective rate of <u>8.07</u> %		28,335
c Total available at beginning of current plan year to add to prefunding balance		379,456
d Portion of (c) to be added to prefunding balance		379,456
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)	34,006	4,721,233

Part III Funding percentages

14 Funding target attainment percentage	14	86.06 %
15 Adjusted funding target attainment percentage	15	106.24 %
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	105.21 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/19/2010	250,000		07/14/2010	250,000	
02/16/2010	250,000		01/14/2011	200,000	
03/12/2010	250,000		04/18/2011	200,000	
04/16/2010	250,000		05/13/2011	200,000	
05/17/2010	250,000		08/15/2011	200,000	
06/11/2010	250,000		09/12/2011	65,516	
Totals ▶			18(b)	2,615,516	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	2,511,327

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of Quarter of this plan year

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

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:1st segment:
4.60 %2nd segment:
6.65 %3rd segment:
6.76 %☐ N/A, full yield curve used**b** Applicable month (enter code)**21b**

0

22 Weighted average retirement age**22**

65

23 Mortality table(s) (see instructions) ☒ Prescribed - combined☐ Prescribed - separate☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment. **27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contribution for all prior years**28**

0

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

0

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

0

Part VIII Minimum required contribution for current year**31** Target normal cost, adjusted, if applicable (see instructions)**31**

1,558,107

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment

0

0

b Waiver amortization installment

0

0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount**33****34** Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)**34**

1,558,107

Carryover balance

Prefunding balance

Total balance

35 Balances used to offset funding requirement

0

0

0

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

1,558,107

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

2,511,327

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

953,220

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

APPENDIX A

SUMMARY OF PRINCIPAL PLAN PROVISIONS

<i>Plan Sponsor</i>	Fisher-Titus Medical Center
<i>EIN/PN</i>	34-4430716/001
<i>Effective Date</i>	October 1, 1967; amended and restated effective January 1, 2002.
<i>Plan Year</i>	The 12-month period beginning each January 1.
<i>Participation</i>	An eligible employee shall become a participant on the first day of the month coincident with or immediately following the date on which he attains age 21 and completes one Year of Service. Any employee whose original hire date is on or after January 1, 1997, shall not be eligible to participate in this Plan.
<i>Compensation</i>	Total wages, salaries, fees for professional services and other amounts received for personal services actually rendered in the course of employment with the Employer while a participant (including commissions, insurance premiums, bonuses and 403(b) deferrals).
<i>Social Security Covered Compensation</i>	Average of the Taxable Wage Bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the participant attains (or will attain) Social Security Retirement Age.
<i>Average Monthly Compensation</i>	Annual Compensation averaged over a period of five (5) consecutive Years of Service chosen from the last ten (10) Years of Service which produces the highest average.
<i>Years of Service</i>	For any period of employment one Year of Service is earned for each plan year in which 1,000 hours are worked.
<i>Accrued Benefit</i>	An annuity for life with 120 monthly payments guaranteed starting at age 65 equal to the greater of: (1) 1.60% of Average Monthly Compensation not exceeding Covered Compensation plus 2.25% of Average Monthly Compensation in excess of Covered Compensation, multiplied by the number of Years of Service (not exceeding 25); and (2) the Accrued Benefit calculated as of December 31, 1989.

APPENDIX A (Continued)

<i>Accrued Benefit (continued)</i>	Multiplied by a fraction not to exceed one, the numerator is the Years of Service and the denominator is the expected Years of Service accumulated at Normal Retirement Date.
<i>Normal Retirement Benefit</i>	<u>Eligibility:</u> Age 65, or fifth anniversary if later <u>Monthly Benefit:</u> The Accrued Benefit
<i>Early Retirement Benefit</i>	<u>Eligibility:</u> Age 55 and 5 Years of Service. <u>Monthly Benefit:</u> The Accrued Benefit at early retirement reduced by 1/15th for each of the first 5 years by which the commencement precedes his Normal Retirement Date, and by 1/30th for each of the next 5 years.
<i>Termination Benefit</i>	<u>Eligibility:</u> Upon termination of employment prior to retirement after completion of at least five Years of Service. <u>Monthly Benefit:</u> The vested benefit commences in full at age 65, or in a reduced amount under the early retirement provisions.
<i>Death Benefit</i>	<u>Eligibility:</u> 100% vested and married for at least one year. <u>Monthly Benefit:</u> A monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% Joint and Survivor Annuity form of payment.

APPENDIX A (Continued)

Optional Forms of Payments

10 Year Certain and Continuous
Life Annuity
Joint & Survivor with 50%, 75% or 100% continuation
15 Year Certain and Continuous
Life Annuity Lump Sums (if less than \$7,500)

The conversion factors for the above optional forms are based on the 1984 Unisex Pension Table and an interest rate of 8.00%.

Benefits Available As Lump Sums

This plan pays only small benefit amounts (lump sum less than \$7,500).

Maximum Benefit Limit

The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.

Plan Compensation Limit

The Section 401(a)(17) Maximum Compensation that can be recognized for benefit calculation purposes.

Changes in Plan Provisions

The automatic changes, if any, in the plan compensation limit and maximum benefit limit were recognized as amendments for funding purposes. Such changes are anticipated for FAS 87 expense purposes and are not treated as amendments.

APPENDIX B

STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

Interest Rates	Funding: 24-month segment rates averaged through the end of December 2009 and published in January 2010: <table><tr><td>a.</td><td>First Rate, Years 1-5</td><td>4.60%</td></tr><tr><td>b.</td><td>Second Rate, Years 5-20</td><td>6.65%</td></tr><tr><td>c.</td><td>Third Rate, Years 20+</td><td>6.76%</td></tr><tr><td>d.</td><td>Effective Interest Rate using the above rates</td><td>6.66%</td></tr><tr><td>e.</td><td>Interest rate for developing expected value of assets, (limited by statute)</td><td>6.69%</td></tr></table>	a.	First Rate, Years 1-5	4.60%	b.	Second Rate, Years 5-20	6.65%	c.	Third Rate, Years 20+	6.76%	d.	Effective Interest Rate using the above rates	6.66%	e.	Interest rate for developing expected value of assets, (limited by statute)	6.69%
a.	First Rate, Years 1-5	4.60%														
b.	Second Rate, Years 5-20	6.65%														
c.	Third Rate, Years 20+	6.76%														
d.	Effective Interest Rate using the above rates	6.66%														
e.	Interest rate for developing expected value of assets, (limited by statute)	6.69%														
Salary Scale	Future salaries are projected using the appropriate salary scale below. For accrued benefits actual individual pay histories have been used with missing years filled in using the appropriate salary scale below. Funding: 4.00%															
Mortality	Funding: RP-2000 static, non-generational Mortality Table as described in Regulation 1.430(h)(3) projected by Scale AA, male and female, with combined rates for annuitants and nonannuitants.															
Rates of Retirement	100% at age 65. Weighted Average Retirement Age is 65. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.															
Rates of Disability	50% of the 1971 Society of Actuaries Long-Term Disablement Rates. Sample rates and ages are as follows. <table><tr><td></td><td>Male</td><td>Female</td></tr><tr><td><u>Age(s)</u></td><td><u>Rate</u></td><td><u>Rate</u></td></tr><tr><td>25</td><td>.04%</td><td>.05%</td></tr><tr><td>40</td><td>.06</td><td>.08</td></tr><tr><td>55</td><td>.48</td><td>.39</td></tr></table>		Male	Female	<u>Age(s)</u>	<u>Rate</u>	<u>Rate</u>	25	.04%	.05%	40	.06	.08	55	.48	.39
	Male	Female														
<u>Age(s)</u>	<u>Rate</u>	<u>Rate</u>														
25	.04%	.05%														
40	.06	.08														
55	.48	.39														
Rates of Turnover	Sarason’s T-3. Sample rates and ages as follows: <table><tr><td><u>Age</u></td><td><u>Rates</u></td></tr><tr><td>25</td><td>5.27%</td></tr><tr><td>35</td><td>4.47</td></tr><tr><td>40</td><td>3.84</td></tr><tr><td>45</td><td>3.22</td></tr><tr><td>55</td><td>0.33</td></tr></table>	<u>Age</u>	<u>Rates</u>	25	5.27%	35	4.47	40	3.84	45	3.22	55	0.33			
<u>Age</u>	<u>Rates</u>															
25	5.27%															
35	4.47															
40	3.84															
45	3.22															
55	0.33															

APPENDIX B (Continued)

<i>Assumptions Made In Valuing Spouse's Benefit</i>	All employees included in the valuation are assumed to be married. This percentage is used as the probability that survivor benefits will be payable due to preretirement deaths. The wife is assumed to be three years younger than the husband.	
<i>Annual Increases to Maximum Benefits and Plan Compensation Limits</i>	Funding:	0.00%
<i>Annual Increases to Social Security</i>	Funding:	Taxable Wage Base 0.00%
<i>Provision for Expenses</i>	The expected non-investment related expenses expected to be paid from plan assets for the upcoming year were included in the Target Normal Cost for minimum contribution purposes.	
<i>Asset Method</i>	Funding: Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the plan year, minus the end of the year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions). Note that due to the regulatory constraint on the interest rate, a characteristic of this asset valuation method is that, over time, it may be more likely to produce an actuarial value of assets that is less than the market value of assets.	
<i>Optional Form Election</i>	All employees are assumed to elect the life annuity form of payment.	
<i>Employees Valued</i>	Only participants as of the valuation date were valued.	

Schedule SB, Line 22 – Description of Weighted Average Retirement Age
Retirement Plan for Employees of Fisher-Titus Medical Center
January 1, 2010 Valuation
EIN/PN: 34-4430716 / 001

Rates of Retirement

100% at age 65.

Weighted Average Retirement Age is 65. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

Schedule SB, Line 25 – Change in Method
Retirement Plan for Employees of Fisher-Titus Medical Center
January 1, 2010 Valuation
EIN/PN: 34-4430716 / 001

***Changes in Methods
since the Last
Actuarial Valuation***

|| The method for selecting the interest rates was changed from a 2-month
lookback on the Full Yield Curve to a 0-month lookback on the 24-
month segment rates.

EXHIBIT XIV
AGE AND SERVICE DISTRIBUTION

Age and Service Distribution	Years of Service Calculated to Nearest Year from Hire											
	0	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total	
<25	0	0	0	0	0	0	0	0	0	0	0	
25-29	0	0	0	0	0	0	0	0	0	0	0	
30-34	0	0	2	6	0	0	0	0	0	0	8	
35-39	0	3	4	9	9	2	0	0	0	0	27	
40-44	0	0	3	10	27	11	1	0	0	0	52	
45-49	0	1	3	6	14	15	10	2	0	0	51	
50-54	0	0	1	8	5	18	11	7	1	0	51	
55-59	0	1	1	6	10	12	7	11	3	1	52	
60-64	0	0	0	4	2	6	4	5	1	1	23	
65-69	0	0	0	0	2	1	0	2	0	0	5	
70+	0	0	0	0	2	0	0	0	0	0	2	
Total	0	5	14	49	71	65	33	27	5	2	271	

Schedule SB, Line 32 – Schedule of Amortization Bases
 Retirement Plan for Employees of Fisher-Titus Medical Center
 January 1, 2010 Valuation
 EIN/PN: 34-4430716 / 001

EXHIBIT VII

SCHEDULE OF AMORTIZATION BASES

Plan Year Beginning

1/01/2010

	Date Established	Present Value of Payments	Remaining Years	Amortization Installment
<i>Shortfall Amortization Bases</i>	1/01/2010	\$ 0	7.00	\$ 0
	1/01/2009	0	6.00	0
	1/01/2008	<u>0</u>	5.00	<u>0</u>
	Total	\$ 0		\$ 0
 <i>Waiver Amortization Bases</i>	1/01/2010	\$ 0		\$ 0

RETIREMENT PLAN FOR EMPLOYEES OF
FISHER-TITUS MEDICAL CENTER
EIN: 34-4430716 PN: 001
FORM 5500, SCHEDULE H, LINE 4i
SCHEDULE OF ASSETS
HELD FOR INVESTMENT
DECEMBER 31, 2010

	COUPON INTEREST RATE	MATURITY DATE	PAR OR NUMBER OF SHARES	COST	CURRENT VALUE
Asset Backed Securities					
Nissan Auto Lease Trust	2.920%	12/15/2011		22,458	\$ 22,136
DaimlerChrysler Auto Tr	4.710%	9/10/2012		23,104	22,720
Bank of America Auto Trust	0.910%	10/15/2012		39,996	40,076
Carat	4.680%	10/15/2012		18,180	17,746
Hyundai Auto Receivables	2.030%	8/15/2013		40,288	40,454
WOART	2.210%	9/15/2013		39,999	40,831
USAOT	1.540%	2/18/2014		29,999	30,217
CHAIT	0.330%	7/15/2014		79,394	79,775
Nissan Auto Receivables Owner	0.870%	7/15/2014		49,993	49,919
MBNA Master Cr Cd	0.413%	8/15/2014		34,856	34,953
NALT	2.070%	1/15/2015		50,231	50,338
Chrysler Financial Auto Security	2.820%	1/15/2016		58,768	58,342
BACCT	0.313%	4/15/2016		79,334	79,145
FNMA PL 913253	5.850%	3/1/2037		56,941	58,098
FNMA Pool SF256749	6.000%	6/1/2037		80,345	86,805
FNMA PL 899717	6.000%	9/1/2037		39,641	40,688
FNMA PL 745275	4.740%	2/1/2036		81,456	80,412
FHLMC PL G03432	5.500%	11/1/2037		77,312	76,659
FNMA PL 889697	6.000%	7/1/2038		70,549	70,259
FNMA PL 889697	6.000%	9/1/2038		179,514	178,954
FNMA PL 995876	6.000%	11/1/2038		17,288	17,220
Total asset backed securities				<u>\$ 1,169,646</u>	<u>\$ 1,175,747</u>
Government Securities					
US Treasury Note	1.750%	11/15/2011		40,416	40,497
US Treasury Note	0.625%	7/31/2012		381,230	381,037
FNMA Nts	1.500%	6/23/2013		658,823	664,392
US Treasury Note	1.000%	7/15/2013		887,405	884,330
US Treasury Note	1.875%	6/30/2015		368,026	361,433
Fannie Mae	2.375%	7/28/2015		320,750	314,383
US Treasury Note	3.000%	8/31/2016		534,170	539,827
FHLB Bond	5.000%	11/17/2017		200,796	226,750
US Treasury Note	2.750%	2/15/2019		621,737	631,750
US Treasury Note	3.500%	5/15/2022		71,745	71,707
US Tsy Infl Prot Note	1.250%	7/15/2020		199,908	189,960
US Tsy Infl Prot Note	2.375%	4/15/2011		147,080	146,740
US Treasury Note	0.875%	2/29/2012		112,884	112,652
US Tsy Infl Prot Note	3.000%	7/15/2014		82,758	82,688
US Treasury Note	1.375%	3/15/2013		23,254	23,336
US Treasury Note	2.375%	10/31/2014		106,098	103,508
US Treasury Note	4.000%	2/15/2015		93,738	90,931

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	COUPON INTEREST RATE	MATURITY DATE	PAR OR NUMBER OF SHARES	COST	CURRENT VALUE
Government Securities (continued)					
US Treasury Note	2.500%	6/30/2017		35,592	33,872
US Treasury Note	2.375%	7/31/2017		176,501	167,770
US Tsy Infl Prot Bond	3.625%	4/15/2028		42,023	38,401
US Tsy Infl Prot Note	2.500%	1/15/2029		30,596	27,740
Total government securities				<u>\$ 5,135,530</u>	<u>\$ 5,133,704</u>
Corporate Bonds & Notes					
BB&T Corp	3.100%	7/28/2011		35,419	35,414
Kraft Foods Inc	5.625%	11/1/2011		63,187	62,333
Genl Mills Inc	6.000%	2/15/2012		53,662	52,721
Natl Ruralutilities	7.250%	3/1/2012		29,043	26,800
Verizon Global Fdg Corp	7.375%	9/1/2012		16,234	16,561
Caterpillar Finl Svcs	4.850%	12/7/2012		19,898	21,455
Alabama Power Co	4.850%	12/15/2012		37,671	37,540
Genl Elec Cap Corp	5.450%	1/15/2013		57,971	59,147
Prudential Financial Inc	5.150%	1/15/2013		46,371	47,997
Columbus Stn Power	5.500%	3/1/2013		25,663	26,921
Dominion Resources Inc	5.000%	3/15/2013		30,677	32,227
UnitedHealth Group Inc	4.875%	4/1/2013		34,134	37,399
Kroger Co	5.000%	4/15/2013		18,504	21,547
European Invt Bk	4.250%	7/15/2013		42,738	43,034
Heinz H J Co	5.350%	7/15/2013		38,730	38,374
Electronic Data Systems		8/1/2013		43,988	44,586
CoCa Cola Enterprises	5.000%	8/15/2013		20,751	21,931
Barrick Gold Fin Co	6.125%	9/15/2013		34,015	33,576
Occidental Petroleum Crp	7.000%	11/1/2013		38,221	40,468
Vodafone Group Plc	5.000%	12/16/2013		43,420	43,543
E I Du Pont De Nemours	5.875%	1/15/2014		7,836	7,803
Kroger Co	7.500%	1/15/2014		11,592	11,530
Wyeth	5.500%	2/1/2014		31,373	33,351
Marathon Oil Corp	6.500%	3/3/2014		42,978	45,029
CoCa Cola Enterprises	7.375%	3/15/2014		23,380	23,315
Shell Intl Fin	4.000%	3/21/2014		42,369	42,564
Conagra Foods Inc	5.875%	4/15/2014		32,542	33,214
Rio Tinto Fin USA Ltd	8.950%	5/1/2014		27,517	30,268
Bank of Amer Corp	7.375%	5/15/2014		35,892	38,905
Schwab Charles Corp	4.950%	6/1/2014		42,482	43,497
Barrick Gold Fin Co	4.875%	11/15/2014		33,310	38,463
JP Morgan Chase & Co	3.700%	1/20/2015		76,076	77,617
US BanCorp	3.150%	3/4/2015		34,993	36,005
Vornado Realty	4.250%	4/1/2015		34,171	35,332

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	COUPON INTEREST RATE	MATURITY DATE	PAR OR NUMBER OF SHARES	COST	CURRENT VALUE
Corporate Bonds & Notes (continued)					
HSBC Fin Corp	5.000%	6/30/2015		57,686	58,421
Norfolk Sthn Corp	5.750%	1/15/2016		38,454	39,329
BB&T Corp	3.950%	4/29/2016		55,656	56,768
MetLife Inc	6.750%	6/1/2016		39,776	40,599
Sempra Energy	6.500%	6/1/2016		31,728	34,827
SBC Communications	5.625%	6/15/2016		48,555	50,457
Bank of Amer Corp	5.750%	8/15/2016		35,582	35,750
CVS Corp	6.125%	8/15/2016		32,933	34,037
Goldman Sachs Group Inc	5.750%	10/1/2016		31,836	32,667
ConocPhillips	5.625%	10/15/2016		57,194	62,512
Boardwalk Pipelines LLC	5.500%	2/1/2017		37,241	37,186
Genl Elec Cap Corp	5.400%	2/15/2017		41,325	42,817
Vodafone Group Plc	5.625%	2/27/2017		76,229	78,145
Wachovia Corp	5.750%	6/15/2017		30,897	33,211
Safeway Inc Notes	6.350%	8/15/2017		46,658	44,668
Starbucks Corp	6.250%	8/15/2017		40,592	39,124
Genl Elec Cap Corp	5.625%	9/15/2017		16,327	16,448
Prudential Financial Inc	6.000%	12/1/2017		20,055	22,202
Wells Fargo & Co	5.625%	12/11/2017		79,012	77,503
Amer Intl Group	5.850%	1/16/2018		19,979	20,623
AT&T Inc	5.500%	2/1/2018		50,879	55,544
Verizon Wireless	5.500%	2/15/2018		70,683	71,431
CSX Corp	6.250%	3/15/2018		40,496	40,151
AMB PPTY	7.500%	6/30/2018		33,265	33,900
MetLife Inc	6.817%	8/15/2018		16,498	17,488
Enterprise Products Oper	6.500%	1/31/2019		38,559	39,741
Valero Energy Corp	9.375%	3/15/2019		35,706	37,238
BHP Billiton Fin USA Ltd	6.500%	4/1/2019		32,370	35,674
Bank of Amer Corp	7.625%	6/1/2019		68,859	69,086
Comcast Corp New	5.700%	7/1/2019		40,742	43,730
Vale Overseas Ltd	5.625%	9/15/2019		36,596	37,279
Goldman Sachs Group Inc	5.375%	3/15/2020		37,041	36,168
				<u>\$ 2,546,217</u>	<u>\$ 2,615,191</u>
Total corporate bonds & notes					
Common Stocks					
Advantest Corp Adr			1,904	48,664	42,935
Akzo Nobel			744	39,735	46,225
Anglo Amern Plc			2,200	40,258	57,442
Anheuser Busch			520	26,944	29,687
Arcelormittal			410	15,403	15,633

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	PAR OR NUMBER OF SHARES	COST	CURRENT VALUE
Common Stocks (continued)			
Arch Capital Group Ltd	350	26,639	30,817
AXA Adr	1,576	41,783	26,240
Banco Santander	2,976	35,334	31,694
Barclays Plc Adr	1,531	40,401	25,292
Basf Se	240	11,819	19,190
BCE Inc	630	19,281	22,340
BG Group Plc	363	29,844	37,026
BNP Paribas	1,335	37,869	42,653
Bridgestone Corp Ltd	702	27,837	27,188
Canadian Natural	1,198	41,885	53,215
China Mobile Ltd	500	26,595	24,810
Commercial Intl Bank	1,900	14,915	15,827
CPFL Energia Sa Ads	700	45,394	53,767
Daimler Ag	565	24,264	38,183
Daiwa Securities Co	4,100	21,142	21,279
DBS Group Hldgs Ltd Spon Adr	985	35,067	44,266
Denso Corp Adr	3,504	42,414	60,094
Experian Plc Spon Adr	3,900	26,938	48,438
Glaxo SmithKline	1,300	48,690	50,986
Gold Fields Ltd Spon Adr	2,500	29,999	45,325
HSBC Holdings Plc	1,172	49,948	59,819
KAO Corp	990	25,850	26,621
Kikkoman Corp	850	20,564	20,782
Kirin Holdings Ltd	1,400	19,842	19,726
Lonza Group Ag Adr	3,609	36,123	28,764
Luxottica Group Spa	1,051	24,449	32,182
Makita Corp Adr	656	15,763	26,883
Mitsubishi Corp	570	29,307	30,523
Munich RE Group	2,900	42,570	43,819
Murata Mfg Co Ltd	2,800	38,411	48,692
Nestle Sa Spon Adr	1,007	50,177	59,232
Novartis Ag Spon Adr	1,100	59,708	64,845
NSK Ltd Adr	1,600	20,710	28,544
OAQ Gazprom Level 1 Adr	610	15,706	15,518
Petroleo Brasileiro	560	20,346	21,190
Publicis Groupe	2,286	39,819	59,847
Rexam Plc	410	10,514	10,582
Royal Dutch Shell Plc	1,200	63,596	80,136
Shin Etsu Chem Co Ltd	481	27,436	26,152
Siemens A G Spon Adr	341	32,062	42,369
Sumitomo Metal Ind	810	24,674	20,056
Swisscom Ag Spon Adr	620	22,833	27,311

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	PAR OR NUMBER OF SHARES	COST	CURRENT VALUE
Common Stocks (continued)			
Telefonica S A Spon Adr	300	22,607	20,526
Telstra Corp Ltd (Final) Adr	2,276	31,484	32,661
Teva Pharmaceuticals Ind Ltd Israel Adr	788	37,913	41,078
THK Co Ltd Adr	2,275	20,462	25,935
Tokyo Gas Co Ltd Adr	941	39,860	41,768
Unilever NV N Y Shs New Netherlands	1,576	47,714	49,486
Westfarmers Ltd	3,100	41,675	50,282
Wheelock & Co Ltd Adr	670	26,651	27,106
Willis Group Holdings	600	18,698	20,778
WPP Plc	340	20,495	21,070
Yue Yuen Indl Hldgs Ltd	2,080	32,707	37,066
Amazon.Com Inc	168	25,641	30,240
Amer Tower Corp	491	18,242	25,355
Apple Inc	280	27,210	90,317
AT&T Inc	688	19,212	20,213
Baidu Inc	194	21,190	18,727
Boeing Company	324	21,998	21,144
Capital One Fincl Corp	340	10,422	14,470
Deere & Co	180	14,021	14,949
Dow Chemical	765	19,672	26,117
DuPont De Nemours	894	36,514	44,593
Express Scripts Inc	813	32,803	43,943
Ford Motor Co	2,577	33,994	43,268
Freeport-McMoran Copper & Gold Inc	389	39,172	46,715
Goldman Sachs Group Inc	346	54,880	58,183
Google Inc Cl A	118	54,742	70,088
Halliburton Co	357	14,432	14,576
Hewlett Packard Co	657	30,262	27,660
Intl Business Mach	375	39,434	55,035
JPMorgan Chase & Co	736	32,838	31,221
Las Vegas Sands Corp	587	20,297	26,973
McDonalds Corp	358	27,027	27,480
Merck & Co Inc New Com	890	32,150	32,076
MetLife Inc	638	25,837	28,353
Netapp Inc	394	21,887	21,654
Occidental Petroleum Crp	392	28,745	38,455
Oracle Corp	1,737	39,783	54,368
Peabody Energy Corp	820	39,101	52,464
Philip Morris Intl Inc	474	25,947	27,743
Precision Castparts Corp	158	17,457	21,995
Red Hat Inc	607	26,720	27,710
Salesforce.Com Inc	129	9,386	17,028

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	PAR OR NUMBER OF SHARES	COST	CURRENT VALUE
Common Stocks (continued)			
Schlumberger Ltd Netherlands	445	28,912	37,157
Starwood Hotels & Resorts	269	13,655	16,350
Target Corp	245	14,748	14,732
Teva Pharmaceuticals Ind Ltd Israel	275	15,093	14,336
The Directv Group Cl A	971	33,292	38,772
Union Pacific Corp	445	22,988	41,234
United Parcel Service Inc	594	39,683	43,112
Untd Technologies Corp	476	28,244	37,471
Vale Sa-Sp Spon Adr	510	14,821	17,631
Walt Disney Co	751	23,382	28,170
Wells Fargo & Co	703	21,614	21,786
3M Co	248	20,753	21,402
Alexion Pharmaceuticals Inc	275	18,276	22,151
Allergan Inc	521	29,470	35,777
Amazon.Com Inc	400	29,894	72,000
Apple Inc	175	22,902	56,448
ASML Holding NV NY	500	15,998	19,170
C H Robinson Worldwide Inc	225	15,641	18,043
Cree Inc	225	12,715	14,825
FMC Technologies Inc	425	21,726	37,787
FS Networks Inc	140	13,897	18,222
Google Inc Cl A	80	33,273	47,518
Grainger W W Inc	150	15,250	20,717
Illumina Inc	590	19,603	37,371
InterContinentalExchange Inc	245	22,317	29,192
Intuitive Surgical Inc New	105	12,523	27,064
Las Vegas Sands Corp	560	2,851	25,732
Natl-Oilwellvarco Inc	535	17,824	35,979
Netflix.Com Inc.	95	18,387	16,691
Nike Inc Cl B	345	20,100	29,470
Praxair Inc	175	15,242	16,707
Qualcomm Inc	1,190	49,831	58,893
Salesforce.Com Inc	510	27,438	67,320
Schlumberger Ltd Netherlands	475	32,828	39,662
Schwab Charles Corp New	1,605	30,697	27,461
Sowstn Energy Co	425	15,401	15,908
Staples Inc	1,075	25,302	24,478
Starbucks Corp	805	13,328	25,865
Varian Medical Systems Inc	395	19,069	27,366
Visa Inc Cl A	626	40,815	44,058
Advent Software Inc	80	2,261	4,634
Anadarko Petroleum Corp	700	31,480	53,312

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Common stocks (continued)			
Autodesk Inc	830	28,043	31,706
Biogen Idec Inc	730	33,591	48,946
Broadcom Corp	690	15,492	30,050
Cablevision Systems Corp NY	1,200	18,634	40,608
Citrix Systems Inc	300	17,624	20,523
Comcast Corp	3,300	63,044	68,673
Covidien Plc	460	16,234	21,004
Cree Inc	130	2,973	8,566
Dolby Laboratories Inc	290	8,660	19,343
Fluor Corp	540	19,872	35,780
Forest Laboratories	1,300	56,899	41,574
Freeport-McMoran Copper & Gold Inc	140	3,811	16,813
Genzymen Corp Gen Div	240	15,685	17,088
Immunogen Inc	1,300	9,870	12,038
Isis Pharmaceuticals Inc	1,100	9,857	11,132
L-3 Communications Holdings Corp	520	41,304	36,655
Liberty Medica Interactive	1,200	25,137	18,924
Liberty Media Capital Corp	310	4,516	19,394
Liberty Media Starz	65	1,912	4,321
Liberty Global Inc Cl A	130	3,055	4,599
Madison Square Garden Inc	240	3,180	6,187
Natl-Oilwellvarco Inc	360	14,012	24,210
Nucor Corp	630	26,623	27,607
Pall Corp	580	17,154	28,756
Sandisk Corp	690	16,697	34,403
Seagate Technology	2,400	19,382	36,072
The Directv Group Cl A	390	7,553	15,573
Tyco Electronics Ltd	1,200	29,477	42,480
Tyco Intl Ltd	1,000	30,709	41,440
UnitedHealth Group Inc	1,600	63,809	57,776
Vertex Pharmaceutical Inc	460	12,487	16,114
Weatherford Intl Ltd	2,300	45,562	52,440
Abbott Labs	760	35,570	36,412
Ace Ltd	685	33,780	42,641
Aetna Inc	845	21,509	25,781
Ameriprise Financial Inc	555	11,578	31,940
Apache Corp	535	51,564	63,788
Applied Materials Inc	3,375	42,854	47,419
Archer Daniels Midland Co	1,435	43,327	43,165
Bank of New York Mellon Corp	1,105	31,750	33,371
Baxter Intl Inc	835	46,561	42,268
Chevron Corp	340	23,502	31,025

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	PAR OR NUMBER OF SHARES	COST	CURRENT VALUE
Common stocks (continued)			
Cooper Industries Plc New Cl A	550	20,771	32,060
Corning Inc	2,200	41,718	42,504
CVS Caremark Corp	1,270	39,657	44,158
Devon Energy Corp New	630	39,966	49,461
DST Systems Inc	445	17,429	19,736
Exxon Mobil Corp	408	24,591	29,833
Flextronics Intl Ltd	6,790	38,361	53,302
Halliburton Co	1,315	44,228	53,691
Hess Corp	610	34,050	46,689
Honeywell Intl Inc	1,135	42,247	60,337
Hospira Inc	465	19,549	25,896
KBR Inc	1,105	21,198	33,669
Medtronic Inc	1,200	39,161	44,508
MetLife Inc	1,040	37,430	46,218
Natl-Oilwellvarco Inc	730	28,402	49,093
Norfolk Sthn Corp	665	25,098	41,775
ON Semiconductor Corp	3,680	28,732	36,358
Owens Illinois Inc	955	26,101	29,319
Philip Morris Intl Inc	465	18,090	27,216
Ralcorp Holdings Inc New	465	26,849	30,230
Target Corp	750	31,737	45,098
Teva Pharmaceuticals Ind Ltd	500	23,641	26,065
Time Warner Inc New	855	19,485	27,505
Unilever N Y Shs New	885	20,109	27,789
Union Pacific Corp	325	18,516	30,114
United States Steel Corp	545	30,927	31,839
Western Union Co	2,355	32,294	43,732
Willis Group Holdings Ltd	865	21,253	29,955
Abbott Labs	728	34,627	34,878
Accenture Plc Ireland Cl A	1,202	41,001	58,285
Ace Ltd	149	8,199	9,275
Air Prod & Chemical Inc	205	15,728	18,645
Aon Corp	392	14,364	18,036
Apache Corp	281	24,763	33,504
AT&T Inc	1,606	42,377	47,184
Bank of New York Mellon Corp	1,771	53,703	53,484
Bank of Amer Corp	2,075	33,027	27,681
Becton Dickinson & Co	187	14,433	15,805
Chevron Corp	654	49,683	59,678
Chubb Corp	411	17,398	24,512
Diageo Plc New	364	22,857	27,056
Exxon Mobil Corp	479	34,507	35,024

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	PAR OR NUMBER OF SHARES	COST	CURRENT VALUE
Common stocks (continued)			
Genl Mills Inc	939	32,892	33,419
Goldman Sachs Group Inc	308	44,626	51,793
Hasbro Inc	513	13,591	24,203
Hess Corp	432	24,469	33,065
Honeywell Intl Inc	504	21,452	26,793
Intel Corp	1,362	23,398	28,643
Intl Business Mach	310	37,985	45,496
Johnson Controls Inc	479	15,799	18,298
Johnson & Johnson Com	766	44,939	47,377
JPMorgan Chase & Co	1,066	36,035	45,220
Lockheed Martin Corp	820	62,210	57,326
Mastercard Inc	75	15,611	16,808
McDonalds Corp	197	15,405	15,122
Medtronic Inc	941	34,189	34,902
Metlife Inc	1,020	34,278	45,329
Nestle A Sponsored Adr	372	14,837	21,881
Noble Corp	475	16,065	16,991
Northrop Grumman Corp	557	27,148	36,082
Oracle Corp	1,622	33,713	50,769
Pepsico Inc	308	16,640	20,122
Pfizer Inc	1,953	33,438	34,197
PG & E Corp	680	28,371	32,531
Philip Morris Intl Inc	1,277	57,708	74,743
PPG Industries Inc	310	14,189	26,062
Prudential Financial Inc	581	28,746	34,110
Public Service Enterprse	345	10,774	10,974
St Jude Medical Inc	873	34,864	37,321
Stanley Black & Decker Inc	290	15,380	19,392
Travelers Cos Inc/The	560	26,368	31,198
Untd Technologies Corp	535	34,201	42,115
Vodafone Group Plc New Spon Adr	695	13,198	18,376
Walgreen Co	451	15,593	17,571
Walt Disney Co	578	14,578	21,681
Wells Fargo & Co New	1,248	32,511	38,675
3M Co	233	15,058	20,108
Total common stocks		<u>\$ 6,797,697</u>	<u>\$ 8,385,483</u>
Mutual Funds			
Allianz Fixed Income	35,160	492,806	445,829
Allianz Fixed Income	43,385	475,545	446,431
BlackRock Global Allocation Fund	108,953	2,012,991	2,155,499
Total mutual funds		<u>\$ 2,981,342</u>	<u>\$ 3,047,759</u>

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	PAR OR NUMBER OF SHARES	COST	CURRENT VALUE
Common/collective trust funds			
Strategic Bond Portfolio	218,904	<u>5,746,266</u>	<u>6,585,738</u>
Total common/collective trust funds		<u>\$ 5,746,266</u>	<u>\$ 6,585,738</u>
Warrants			
Bank of America	2,990	<u>27,592</u>	<u>21,349</u>
Total warrants		<u>\$ 27,592</u>	<u>\$ 21,349</u>