

<div>Form 5500-SF</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>		<div>Short Form Annual Return/Report of Small Employee Benefit Plan</div> <div>This form is required to be filed under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500-SF.</div>		<div>OMB Nos. 1210-0110 1210-0089</div> <div>2010</div> <div>This Form is Open to Public Inspection</div>	
<div>Part IAnnual Report Identification Information</div> <div>For calendar plan year 2010 or fiscal plan year beginning 09/30/2010 and ending 12/31/2010</div> <div><div>A This return/report is for:</div><div>☒ single-employer plan☐ multiple-employer plan (not multiemployer)☐ one-participant plan</div><div><div>B This return/report is for:</div><div>☒ first return/report☐ final return/report</div><div>☐ an amended return/report☒ short plan year return/report (less than 12 months)</div><div><div>C Check box if filing under:</div><div>☒ Form 5558☐ automatic extension☐ DFVC program</div><div>☐ special extension (enter description)</div></div></div></div>					
<div>Part II Basic Plan Information—enter all requested information</div> <div><div><div>1a Name of plan</div><div>THE CHRIST HOSPITAL CARDIOVASCULAR ASSOCIATES LLC DEFINED BENEFIT PLAN</div></div><div><div>1b Three-digit plan number (PN) ▶</div><div>001</div></div><div><div>1c Effective date of plan</div><div>09/30/2010</div></div></div> <div><div><div>2a Plan sponsor's name and address (employer, if for single-employer plan)</div><div>THE CHRIST HOSPITAL</div><div>2139 AUBURN AVENUE CINCINNATI, OH 45219</div></div><div><div>2b Employer Identification Number (EIN)</div><div>31-0538525</div><div>2c Plan sponsor's telephone number</div><div>513-585-4654</div><div>2d Business code (see instructions)</div><div>621111</div></div></div> <div><div><div>3a Plan administrator's name and address (if same as Plan sponsor, enter "Same")</div><div>RICK TOLSON</div><div>2139 AUBURN AVENUE CINCINNATI, OH 45219</div></div><div><div>3b Administrator's EIN</div><div>31-0538525</div><div>3c Administrator's telephone number</div><div>513-585-4654</div></div></div> <div><div><div>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. Sponsor's name</div><div>4b EIN</div><div>4c PN</div></div><div><div><div>5a Total number of participants at the beginning of the plan year</div><div>5a</div><div>27</div></div><div><div>b Total number of participants at the end of the plan year</div><div>5b</div><div>27</div></div><div><div>c Total number of participants with account balances as of the end of the plan year (defined benefit plans do not complete this item)</div><div>5c</div><div></div></div></div><div><div><div>6a Were all of the plan's assets during the plan year invested in eligible assets? (See instructions.)</div><div>☒ Yes☐ No</div><div>b Are you claiming a waiver of the annual examination and report of an independent qualified public accountant (IQPA) under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)</div><div>☒ Yes☐ No</div></div><div>If you answered "No" to either 6a or 6b, the plan cannot use Form 5500-SF and must instead use Form 5500.</div></div></div>					
<div>Part III Financial Information</div> <div><div><div>7 Plan Assets and Liabilities</div><div><div>a Total plan assets</div><div>7a</div><div>5314665</div><div>5444950</div></div><div><div>b Total plan liabilities</div><div>7b</div><div></div><div></div></div><div><div>c Net plan assets (subtract line 7b from line 7a)</div><div>7c</div><div>5314665</div><div>5444950</div></div></div><div><div><div>8 Income, Expenses, and Transfers for this Plan Year</div><div><div>a Contributions received or receivable from:</div><div><div>(1) Employers</div><div>8a(1)</div><div></div></div><div><div>(2) Participants</div><div>8a(2)</div><div></div></div><div><div>(3) Others (including rollovers)</div><div>8a(3)</div><div></div></div></div><div><div>b Other income (loss)</div><div>8b</div><div>130285</div><div></div></div><div><div>c Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)</div><div>8c</div><div></div><div>130285</div></div><div><div>d Benefits paid (including direct rollovers and insurance premiums to provide benefits)</div><div>8d</div><div></div><div></div></div><div><div>e Certain deemed and/or corrective distributions (see instructions)</div><div>8e</div><div></div><div></div></div><div><div>f Administrative service providers (salaries, fees, commissions)</div><div>8f</div><div></div><div></div></div><div><div>g Other expenses</div><div>8g</div><div></div><div></div></div><div><div>h Total expenses (add lines 8d, 8e, 8f, and 8g)</div><div>8h</div><div></div><div>0</div></div><div><div>i Net income (loss) (subtract line 8h from line 8c)</div><div>8i</div><div></div><div>130285</div></div><div><div>j Transfers to (from) the plan (see instructions)</div><div>8j</div><div></div><div></div></div></div></div></div>					
<div>For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500-SF.</div> <div>Form 5500-SF (2010) v.092308.1</div>					

Part IV Plan Characteristics**9a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

1A 1G 1I 3H

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

		Yes	No	Amount
10	During the plan year:			
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)		X	
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)		X	
c	Was the plan covered by a fidelity bond?		X	
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
e	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service or other organization that provides some or all of the benefits under the plan? (See instructions.)		X	
f	Has the plan failed to provide any benefit when due under the plan?		X	
g	Did the plan have any participant loans? (If "Yes," enter amount as of year end.)		X	
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3			

Part VI Pension Funding Compliance

11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500))..... ☒ Yes ☐ No

12 Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA? .. ☐ Yes ☒ No
(If "Yes," complete 12a or 12b, 12c, 12d, and 12e below, as applicable.)

a 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 letter ruling granting the waiver. Month _____ Day _____ Year _____

If you completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 13.

b Enter the minimum required contribution for this plan year.....	12b	
c Enter the amount contributed by the employer to the plan for this plan year.....	12c	
d Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)	12d	

e Will the minimum funding amount reported on line 12d be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A

Part VII Plan Terminations and Transfers of Assets

13a Has a resolution to terminate the plan been adopted during the plan year or any prior year? ☐ Yes ☒ No
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... **13a** _____

b Were all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? ☐ Yes ☒ No

c 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.)

13c(1) Name of plan(s):	13c(2) EIN(s)	13c(3) PN(s)

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, if applicable, a Schedule SB or Schedule MB completed and signed by an enrolled actuary, 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.	10/14/2011	RICK M. TOLSON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2011	RICK M. TOLSON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor

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 09/30/2010 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>THE CHRIST HOSPITAL CARDIOVASCULAR ASSOCIATES LLC DEFINED BENEFIT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE CHRIST HOSPITAL</u>	D Employer Identification Number (EIN) <u>31-0538525</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>5200467</u>
b Actuarial value	2b <u>5200467</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>0</u> <u>0</u>
b For terminated vested participants	3b <u>27</u> <u>5221278</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>0</u>
(3) Total active	3c(3) <u>0</u>
d Total	3d <u>27</u> <u>5221278</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>6.58</u> %
6 Target normal cost	6 <u>4254</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>10/13/2011</u>
Signature of actuary	Date
<u>HANS NIENABER</u>	<u>11-05737</u>
Type or print name of actuary	Most recent enrollment number
<u>CUNI, RUST & STRENK, INC.</u>	<u>513-891-0270</u>
Firm name	Telephone number (including area code)
<u>4540 COOPER ROAD, SUITE 304</u> <u>CINCINNATI, OH 45242-5617</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)	0	235801
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	10735
9	Amount remaining (Item 7 minus item 8).....	0	225066
10	Interest on item 9 using prior year's actual return of <u>21.90</u> %		49289
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.83</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	274355

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	94.34 %
15	Adjusted funding target attainment percentage.....	15	94.34 %
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	90.00 %
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	
Totals ▶		18(b)	0
		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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No

c If 20a is "Yes," see instructions and complete the following table as applicable:

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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 62
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	
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	4254
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	6918	2982
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	7236
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement		7236
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

**SCHEDULE 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**

For calendar plan year 2010 or fiscal plan year beginning 09/30/2010 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

The Christ Hospital Cardiovascular Associates LLC Defined Benefit

B Three-digit
plan number (PN) ▶

001

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

The Christ Hospital

D Employer Identification Number (EIN)
31-0538525**E** Type of plan:☒ Single☐ Multiple-A☐ Multiple-B**F** Prior year plan size:☒ 100 or fewer☐ 101-500☐ More than 500**Part I Basic Information****1** Enter the valuation date: Month 01 Day 01 Year 2010**2** Assets:

	2a	
a Market value	5,200,467	
b Actuarial value	5,200,467	

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	0	0
b For terminated vested participants	27	5,221,278
c For active participants:		
(1) Non-vested benefits	0	0
(2) Vested benefits	0	0
(3) Total active	0	0
d Total	27	5,221,278

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

a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b

5 Effective interest rate **5** 6.58**6** Target normal cost **6** 4,254**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***NN*

Signature of actuary

10/13/2011

Date

Hans Nienaber

11-05737

Type or print name of actuary

Most recent enrollment number

Cuni, Rust & Strenk, Inc.

(513) 891-0270

Firm name

Telephone number (including area code)

4540 Cooper Road, Suite 304

US Cincinnati

OH 45242-5617

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)	0	235,801
8 Portion used to offset prior year's funding requirement (item 35 from prior year)	0	10,735
9 Amount remaining (item 7 minus item 8)	0	225,066
10 Interest on item 9 using prior year's actual return of <u>21.90</u> %	0	49,289
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (item 38 from prior year)		0
b Interest on (a) using prior year's effective rate of <u>6.83</u> %		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of item (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12).	0	274,355

Part III Funding percentages

14 Funding target attainment percentage	14	94.34 %
15 Adjusted funding target attainment percentage	15	94.34 %
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	90.00 %
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 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
Totals ▶ 18(b)			18(c)		

19 Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfall(s):

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

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment 5.03 %	2nd segment 6.73 %	3rd segment 6.82 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 4
22 Weighted average retirement age			22 62
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	4,254
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	6,918	2,982
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	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	7,236
35 Balances used to offset funding requirement	Carryover balance	Prefunding Balance
	0	7,236
36 Additional cash requirement (item 34 minus item 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	0
38 Interest-adjusted excess contributions for current year (see instructions)	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	
40 Unpaid minimum required contribution for all years	40	

2010 Schedule SB line 7 - Explanation of Prior Yr Discrepancy in PreFunding Balance**2010 Schedule SB Line 9 - Explanation of Credit Balance Discrepancy****Plan Name: The Christ Hospital Cardiovascular Associates LLC Defined Benefit Plan (TCHVA)****EIN: 31-0538525****PN: 001**

The TCHVA plan was spun off from the Ohio Heart & Vascular Center, Inc. Defined Benefit Plan (Ohio Heart) effective September 30, 2010. Shown below is the allocation of the Prefunding Balance.

Allocation Rule MVA = 100% of PC3 + 85.74% of PC4**Allocation Rule MVA - CB = 100% of PC3 + 80.80% of PC4****Allocation Rule CB = 4.94% of PC4**

Spinoff Calculation as of 1/1/2010		Full Year	Full year Remaining
	Combined Plan	TCHVA	Ohio Heart
PC1	0	0	0
PC2	0	0	0
PC3	783,425	437,961	345,464
PC4	6,314,570	5,554,350	760,220
PC5	557,973	474,279	83,694
PC6	11,236	11,236	0
PVAB	7,667,204	6,477,826	1,189,378
MVA	6,197,772	5,200,467	997,305
MVA - CB	5,885,865	4,926,111	959,754
CB	311,907	274,356	37,551
Line 7 - Balance as of 1-1-2009	268075	235801	32274
Line 8 - Portion used for 2009 funding	12204	10735	1469
Line 9 - Amount Remaining	255871	225066	30805
Line 10 - Interest @ 21.90%	56036	49289	6747
Line 11 - Prior year excess contributions	0	0	0
Line 12 - Reduction due to elections	0	0	0
Line 13 - Balance as of 1-1-2010	311907	274355	37552

2010 Schedule SB line 7 - Explanation of Prior Yr Discrepancy in PreFunding Balance**2010 Schedule SB Line 9 - Explanation of Credit Balance Discrepancy****Plan Name: The Christ Hospital Cardiovascular Associates LLC Defined Benefit Plan (TCHVA)****EIN: 31-0538525****PN: 001**

The TCHVA plan was spun off from the Ohio Heart & Vascular Center, Inc. Defined Benefit Plan (Ohio Heart) effective September 30, 2010. Shown below is the allocation of the Prefunding Balance.

Allocation Rule MVA = 100% of PC3 + 85.74% of PC4**Allocation Rule MVA - CB = 100% of PC3 + 80.80% of PC4****Allocation Rule CB = 4.94% of PC4**

Spinoff Calculation as of 1/1/2010		Full Year	Full year Remaining
	Combined Plan	TCHVA	Ohio Heart
PC1	0	0	0
PC2	0	0	0
PC3	783,425	437,961	345,464
PC4	6,314,570	5,554,350	760,220
PC5	557,973	474,279	83,694
PC6	11,236	11,236	0
PVAB	7,667,204	6,477,826	1,189,378
MVA	6,197,772	5,200,467	997,305
MVA - CB	5,885,865	4,926,111	959,754
CB	311,907	274,356	37,551
Line 7 - Balance as of 1-1-2009	268075	235801	32274
Line 8 - Portion used for 2009 funding	12204	10735	1469
Line 9 - Amount Remaining	255871	225066	30805
Line 10 - Interest @ 21.90%	56036	49289	6747
Line 11 - Prior year excess contributions	0	0	0
Line 12 - Reduction due to elections	0	0	0
Line 13 - Balance as of 1-1-2010	311907	274355	37552

2010 Schedule B, line 22 - Description of Weighted Average Retirement Age
Plan Name: The Christ Hospital Cardiovascular Associates LLC Defined Benefit Plan
EIN: 31-0538525
PN: 001

(A) Early Retirement Age	(B) Retirement Rates	(C) Fraction Remaining	(D) Probability Distribution	(E) Sum Weighted Average Age
55	0%	1.00000	0.00%	0.00000
56	0%	1.00000	0.00%	0.00000
57	0%	1.00000	0.00%	0.00000
58	0%	1.00000	0.00%	0.00000
59	0%	1.00000	0.00%	0.00000
60	0%	1.00000	0.00%	0.00000
61	0%	1.00000	0.00%	0.00000
62	85%	0.15000	85.00%	52.70000
63	2%	0.14700	0.30%	0.18900
64	2%	0.14406	0.29%	0.18816
65	100%	0.00000	14.41%	9.36390
Weighted Average Retirement Age				62.44

The Retirement Rates (Column B) at each Early Retirement Age (Column A) are converted to a probability distribution (Column D). The products of Column A and Column D are summed to determine the resulting Weighted Average Retirement Age.

2010 Schedule SB, line 25 – Change in Method.

Plan Name: The Christ Hospital Cardiovascular Associates LLC Defined Benefit Plan

EIN: 31-0538525

PN: 001

Effective with the January 1, 2010 valuation, the following methods were changed:

- The interest rates used to determine the Target Liability were changed from the IRS full yield curve for the first month preceding the valuation date to the IRS three-tiered segment rates for the fourth month preceding the valuation date.
- Effective September 30, 2010, the Christ Hospital Cardiovascular Associates LLC Defined Benefit Plan was spun off from the Ohio Heart & Vascular Center, Inc. Defined Benefit Plan.

2010 Schedule SB, Line 32 --Schedule of Amortization Bases

Plan Name: The Christ Hospital Cardiovascular Associates LLC Defined Benefit Plan

EIN: 31-0538525

PN: 001

<u>Type</u>	Present Value of Remaining <u>Installments</u>	Date <u>Established</u>	Rem. <u>Years</u>	Amortization <u>Installment</u>	<u>Prorated</u>
Shortfall	\$ 196,578	01/01/2008	5	\$ 43,266	10,817
Shortfall	\$ 26,796	01/01/2009	6	\$ 5,089	1,272
Shortfall	<u>\$ (216,456)</u>	01/01/2010	7	<u>\$ (36,428)</u>	<u>(9,107)</u>
	\$ 6,918			\$ 11,927	\$ 2,982

2010 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: The Christ Hospital Cardiovascular Associates LLC Defined Benefit Plan

EIN: 31-0538525

PN: 001

1. Interest Rates:

Target Liability

IRS three-tiered segment rates as of the fourth month prior to the valuation date.

- | | |
|-------------------------|-----------------|
| i. Tier 1 – Years 0-5 | 5.03% per year. |
| ii. Tier 2 – Years 5-20 | 6.73% per year. |
| iii. Tier 3 – Years 20+ | 6.82% per year. |

2. Mortality Rates:

a. Target Liability

2010 IRS Combined Static Mortality Table.

a. Lump Sums

2010 IRS Applicable Mortality Table.

3. Retirement Age:

Age 62 with 10 Years of Credited Service, but not later than age 65 and the fifth anniversary of Plan entry.

4. Salary Scale:

None.

5. Termination Rates:

None.

6. Disability Rates:

None.

7. Expense Load:

Expenses are assumed to be approximately equal to the prior year's administrative expenses paid.

2010 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Plan Name: The Christ Hospital Cardiovascular Associates LLC Defined Benefit Plan

EIN: 31-0538525

PN: 001

8. Percent Married/Spousal Age: 85% with wives 3 years younger than their husbands.
9. Payment Form: Participants are assumed to elect to receive their benefit in a lump sum.
10. Asset Valuation Method: Market Value.
11. Changes Since Last Year:
- The interest rates used to determine the Target liability were changed from the IRS yield curve as of the first month prior to the valuation date to the IRS three-tiered segment rates as of the fourth month prior to the valuation date.
- The mortality table used for plan liabilities was changed from the IRS 2009 Combined Static Mortality Table to the IRS 2010 Combined Static Mortality Table as required by IRS regulations. In addition, Lump Sums are determined using the IRS 2010 Applicable Mortality Table.

2010 Schedule SB, Part V – Summary of Plan Provisions

Plan Name: The Christ Hospital Cardiovascular Associates LLC Defined Benefit Plan

EIN: 31-0538525

PN: 001

1. Effective Date: September 30, 2010. Spinoff of the Ohio Heart and Vascular Center, Inc. Defined Benefit Plan.

2. Plan Year: January 1st through December 31st.

3. Eligibility for Participation: Transferred Physicians who were formerly Participants in the Ohio Heart & Vascular Center, Inc. Defined Benefit Plan.

4. Average Compensation: The average of the highest 36 consecutive months of Monthly Compensation.

5. Vesting Service: One Year of Vesting Service is earned for each Employment Year in which a Participant completes 1,000 Hours of Service.

6. Credited Service: One Year of Credited Service is earned for each Plan Year in which an Employee completes 1,000 Hours of Service.

No additional Credited Service will be granted for Plan years that begin after December 31, 2007.

2010 Schedule SB, Part V – Summary of Plan Provisions

Plan Name: The Christ Hospital Cardiovascular Associates LLC Defined Benefit Plan

EIN: 31-0538525

PN: 001

7. Normal Retirement:

a. Eligibility

Later of Age 62 and the tenth anniversary of Plan participation, but not later than Age 65 and the fifth anniversary of Plan participation.

b. Monthly Benefit

For Shareholder Physicians listed in the Plan document, 4.5% of Average Compensation for each year of Plan participation to a maximum of ten years. All other Participants receive 0.5% of average compensation for each year of Plan participation, to a maximum of ten years. The Normal Retirement benefit is offset by the actuarial equivalent of the equivalent benefit provided for by the first 7.5% of the defined contribution Plan, but the reduction each year shall not be more than 0.5%. However, the benefit shall not be reduced to less than \$40 for each year of active participation.

Benefits have been frozen as of December 31, 2007.

8. Early Retirement:

None.

9. Vested Retirement:

a. Eligibility

Graded 2-20 Vesting Schedule. Full vesting after six years of Vesting Service.

b. Monthly Benefit

Calculated as for Normal Retirement.

2010 Schedule SB, Part V – Summary of Plan Provisions

Plan Name: The Christ Hospital Cardiovascular Associates LLC Defined Benefit Plan

EIN: 31-0538525

PN: 001

10. Disability Retirement:

- | | |
|--------------------|--|
| a. Eligibility | Totally and Permanently Disabled. |
| b. Monthly Benefit | Calculated as for Normal Retirement, reduced by 1/15 th for each of the first five years, 1/30 th for each of the next five years, and actuarially for each additional year. |

11. Late Retirement:

A Participant who works beyond their Normal Retirement Date will upon actual retirement receive the greater of the actuarial equivalent of their Accrued Benefit calculated at Normal Retirement and their accrued benefit calculated as of their actual retirement.

12. Pre-Retirement Death:

- | | |
|--------------------|--|
| a. Eligibility | All Participants are eligible. |
| b. Monthly Benefit | Spouses of married Participants are eligible to receive a monthly annuity calculated as if the participant had terminated employment on his date of death, survived to his earliest retirement date, and retired with a Joint & 50% annuity. In addition, the named beneficiary shall receive the balance of the actuarial present value of the Accrued Benefit. |

13. Payment Forms:

- | | |
|-------------|---|
| a. Normal | Life Annuity for single participants and an Actuarially Equivalent 50% Joint & Survivor annuity for married participants. |
| b. Optional | Lump Sum, Periodic Installments. |

2010 Schedule SB, Part V – Summary of Plan Provisions

Plan Name: The Christ Hospital Cardiovascular Associates LLC Defined Benefit Plan

EIN: 31-0538525

PN: 001

14. Actuarial Equivalency:

a. Other Than Lump Sums

Pre-retirement: 5.00% interest only. Post-retirement: 5.00% interest and the 1994 GAR Blended Table. (50% male/50% female)

b. Lump Sums

Interest: the interest rate(s) as determined under Code Section 417(e) with an annual calendar year stability period and a look-back period of three months prior to the beginning of the stability period. Mortality: the applicable mortality table as determined under Code Section 417(e).

15. Changes Since Last Year:

None.