

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 <u>01/01/2010</u> and ending <u>12/31/2010</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>PARMA COMMUNITY GENERAL HOSPITAL - THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
		1c Effective date of plan	<u>07/01/1969</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)	<u>PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION</u>		
		2b Employer Identification Number (EIN)	<u>34-0827442</u>
		2c Sponsor's telephone number	<u>440-743-3000</u>
<u>7007 POWERS BOULEVARD PARMA, OH 44129-5495</u>		2d Business code (see instructions)	<u>622000</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/14/2011</u>	<u>BARRY FRANKLIN</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION 7007 POWERS BOULEVARD PARMA, OH 44129-5495	3b Administrator's EIN 34-0827442 3c Administrator's telephone number 440-743-3000
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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	2648
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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	1282
b Retired or separated participants receiving benefits.....	6b	261
c Other retired or separated participants entitled to future benefits.....	6c	981
d Subtotal. Add lines 6a , 6b , and 6c	6d	2524
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	47
f Total. Add lines 6d and 6e	6f	2571
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	32

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1A 1G 3D 3H

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

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

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 0 A (Insurance Information) (4) ☐ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 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>PARMA COMMUNITY GENERAL HOSPITAL - THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION</u>	D Employer Identification Number (EIN) <u>34-0827442</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>47857494</u>
b Actuarial value	2b <u>47857494</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>265</u> <u>5959670</u>
b For terminated vested participants	3b <u>945</u> <u>15136717</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>841621</u>
(2) Vested benefits	3c(2) <u>36761590</u>
(3) Total active	3c(3) <u>1438</u> <u>37603211</u>
d Total	3d <u>2648</u> <u>58699598</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>6.73</u> %
6 Target normal cost	6 <u>2580087</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>10/07/2011</u>
Signature of actuary	Date
<u>WILLIAM E. ROBERTS</u>	<u>08-05427</u>
Type or print name of actuary	Most recent enrollment number
<u>TOWERS WATSON DELAWARE, INC.</u>	<u>216-937-4000</u>
Firm name	Telephone number (including area code)
<u>1001 LAKESIDE AVENUE</u> <u>SUITE 1900</u> <u>CLEVELAND, OH 44114</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	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	0	0
10	Interest on item 9 using prior year's actual return of <u>23.38</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		128
b	Interest on (a) using prior year's effective rate of <u>8.10</u> %		10
c	Total available at beginning of current plan year to add to prefunding balance		138
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	0	0

Part III	Funding percentages		
14	Funding target attainment percentage.....	14	81.52 %
15	Adjusted funding target attainment percentage.....	15	81.52 %
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	94.12 %
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
04/14/2010	602975				
07/14/2010	602975				
10/13/2010	602975				
01/13/2011	602975				
09/14/2011	1898330				
			Totals ▶	18(b)	4310230
				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	4009580
20 Quarterly contributions and liquidity shortfalls:			
a	Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b	If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c	If 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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	2580087
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	8494120	1429493
b Waiver amortization installment		
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	4009580
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	4009580
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	4009580
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 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.	
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010					
A Name of plan PARMA COMMUNITY GENERAL HOSPITAL - THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION				D Employer Identification Number (EIN) 34-0827442	
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: GCHA AMENDED RESTATED RET PLAN TR					
b Name of sponsor of entity listed in (a): HEALTHCOMP, INC.					
c EIN-PN 34-6903825-001		d Entity code E		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 51097618	
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:					
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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)	
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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)	
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b Name of sponsor of entity listed in (a):					
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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)	
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a Name of MTIA, CCT, PSA, or 103-12 IE:					
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a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
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a Name of MTIA, CCT, PSA, or 103-12 IE:					
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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:					
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a Name of MTIA, CCT, PSA, or 103-12 IE:					
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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:					
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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	

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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 <u>PARMA COMMUNITY GENERAL HOSPITAL - THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION</u>	D Employer Identification Number (EIN) <u>34-0827442</u>	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	<u>932437</u>	<u>2501305</u>
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	<u>46947424</u>	<u>51097618</u>
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	47879861	53598923

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	47879861	53598923
---	-----------	----------	----------

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)	4310230	
(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)		4310230
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(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)		5887581
(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		10197811

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4478749	
(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)		4478749
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		4478749

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5719062
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MALONEY & NOVOTNY LLC

(2) EIN: 34-0677006

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
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 <u>PARMA COMMUNITY GENERAL HOSPITAL - THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PARMA COMMUNITY GENERAL HOSPITAL ASSOCIATION</u>	D Employer Identification Number (EIN) <u>34-0827442</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>36-1561860</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>33</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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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: 69.0% Investment-Grade Debt: 26.0% High-Yield Debt: _____% Real Estate: _____% Other: 5.0%

- 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): _____

**PARMA COMMUNITY GENERAL HOSPITAL -
THE GREATER CLEVELAND HOSPITAL
ASSOCIATION RETIREMENT PLAN**

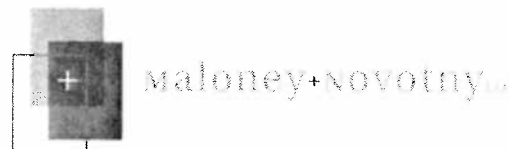
FINANCIAL REPORT

DECEMBER 31, 2010 and 2009

PARMA COMMUNITY GENERAL HOSPITAL -
THE GREATER CLEVELAND HOSPITAL
ASSOCIATION RETIREMENT PLAN

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The Board of Trustees
Parma Community General Hospital
Parma, Ohio

Independent Auditors' Report

We were engaged to audit the financial statements and supplemental schedule of Parma Community General Hospital - The Greater Cleveland Hospital Association Retirement Plan (the "Plan") as of December 31, 2010 and 2009 and for the years then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 and 29 CFR 2520.103-12 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, as of December 31, 2010 and 2009 and for the years then ended, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 3, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian of The HealthComp, Inc. Group Trust (formerly The Greater Cleveland Hospital Association Amended and Restated Retirement Plan Trust) (the "Trust") holds the Plan's investment assets and executes investment transactions. The plan administrator has been informed by the trustee of the Trust that the Trust reported directly to the Department of Labor on behalf of the plan administrator by the date on which the Plan's annual report is due.

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

Maloney + Novotny LLC

Cleveland, Ohio
October 14, 2011

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2010

Attained Age	Years of Credited Service															
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	15		12		0		0		0		0		0		0	
25 - 29	10		68	35,472	15		0		0		0		0		0	
30 - 34	4		63	45,543	31	43,950	1		0		0		0		0	
35 - 39	10		61	44,848	48	50,521	12		5		0		0		0	
40 - 44	11		54	45,580	37	48,748	15		16		4		0		0	
45 - 49	6		77	47,832	55	53,268	24	47,519	19		23	44,152	0		0	
50 - 54	8		62	46,853	61	45,610	52	53,973	31	60,312	28	56,550	22	53,083	0	
55 - 59	8		57	45,605	66	47,079	44	47,973	32	62,978	27	57,601	25	54,255	20	47,780
60 - 64	2		16		46	46,920	17		21	58,391	14		16		0	
65 - 69	0		8		11		7		4		3		4		3	
70 & Over	3		4		1		2		4		0		0		1	

Plan Name: Parma Community General Hospital - The Greater Cleveland Hospital Association Retirement Plan
 EIN / PN: 34-0827442 / 001
 Plan Sponsor: Parma Community General Hospital
 Valuation Date: January 1, 2010

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 32 Schedule of Amortization Bases as of January 1, 2010

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1 Shortfall	01/01/2010	8,494,120	7	8,494,120	1,429,493
Total				8,494,120	1,429,493

Plan Name:
 EIN / PN:
 Plan Sponsor:
 Valuation Date:

Parma Community General Hospital - The Greater Cleveland Hospital Association Retirement Plan
 34-0827442 / 001
 Parma Community General Hospital
 January 1, 2010

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Statement of Actuarial Assumptions/Methods

Plan Sponsor

Parma Community General Hospital

EIN/PN

34-0827442/001

Discount Rates

Current Year PPA effective interest rate: 6.73%

Prior Plan Year PPA effective interest rate: 8.10%

3-Segment Rates

Applicable month: September 2009

Transition election: none

Assumed Cost of Living Adjustments

None.

Inclusion Date

The valuation date coincident with or next following the date on which the employee becomes a participant.

Plan-related Expenses

The amount included this year for plan related expenses is \$487,706.

Plan Name: Parma Community General Hospital - The Greater Cleveland Hospital Association
Retirement Plan
EIN / PN: 34-0827442 / 001
Plan Sponsor: Parma Community General Hospital
Valuation Date: January 1, 2010

SCHEDULE SB ATTACHMENTS

Mortality

For non-disabled participants: the prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

For disabled participants: the mortality tables prescribed by Revenue Ruling 96-7 for males and females.

Retirement

For purposes of determining the Funding Target and Target Normal Cost (both disregarding at-risk assumptions), the rates at which participants retire by age are shown below.

Age	Percent Retiring
55-57	5%
58-59	3
60-61	5
62	30
63-64	10
65	70
66-69	50
70 or older	100

An actuarially increased benefit is valued at post-65 retirement ages.

Compensation Increases

For purposes of determining Target Normal Cost, compensation is assumed to increase at a rate of 3.50% per year, compounded annually.

Future Increases in Social Security

For purposes of determining Target Normal Cost, the National Average Wage Index is assumed to increase by 3.25% per annum.

Future Increases in Maximum Benefits and Plan Compensation Limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC Section 415. Plan compensation is limited to the maximum presently allowed under IRC Section 401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Plan Name: Parma Community General Hospital - The Greater Cleveland Hospital Association Retirement Plan
EIN / PN: 34-0827442 / 001
Plan Sponsor: Parma Community General Hospital
Valuation Date: January 1, 2010

SCHEDULE SB ATTACHMENTS

Calculation of Lump Sum

90% of the eligible participants are assumed to elect a lump sum form of payment under the plan when eligible. Lump sums are valued using the substitution of annuity form under Proposed IRC §1.430(d)-1(f)(4).

Representative Termination Rates (per 100 employees) Not Due to Disability, Retirement or Mortality

Attained Age	Annual Rate of Withdrawal
20	17.94
25	17.22
30	16.21
35	14.86
40	13.10
45	10.84
50	7.92
55	4.40
60	1.20
65 or older	0.00

Representative Disability Rates (per 1,000 employees)

The rates at the following illustrative ages indicate the disability incidence assumptions used:

Age	Males	Females
20	0.3	0.3
25	0.3	0.3
30	0.3	0.4
35	0.4	0.7
40	0.8	1.3
45	1.6	2.4
50	3.3	4.0
55	6.9	6.4
60	11.5	9.0
65 or older	0.0	0.0

Form of Payment

Of the lump sum eligible participants, 90% of participants are assumed to elect lump sums and 10% are assumed to elect monthly life annuities. All other participants are assumed to elect monthly life annuities.

Marriage

75% of male and 75% of female participants are assumed to be married. In addition, it is assumed that male spouses are three years older than female spouses.

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Employees

It is assumed that there will be no new or rehired employees.

Plan Compensation

Compensation assumed paid in the current year beginning on the valuation date is the W-2 pay reported for the prior calendar year, annualized if compensated hours are less than 1,800, and increased in accordance with the compensation increase assumptions.

Asset Method

Valuation assets are equal to the market value of assets as of the valuation date plus the discounted present value of receivable contributions expected to be made after the valuation date based on the prior plan year PPA effective interest rate.

Participant Data

Participant data were supplied electronically as of the census date, January 1, 2010.

Tax Policy

The actuarial valuation performed for the plan year ending December 31, 2010 is used to determine the maximum deductible contribution for the tax year ending December 31, 2010.

Benefits Not Included in Valuation

None.

Nature of Actuarial Calculations

The results documented in this report are estimates based on data that may be imperfect and on assumptions about future events. Certain plan provisions may be approximated or deemed insignificant and therefore are not valued. Assumptions may be made about participant data or other factors. Reasonable efforts were made in this valuation to ensure that items that are significant in the context of the actuarial liabilities or costs are treated appropriately, and not excluded or included inappropriately.

A range of results, different from those presented in this report could be considered reasonable. The numbers are not rounded, but this is for convenience only and should not imply a level of precision beyond that which is inherent in actuarial calculations. Certain percentages determined in this report, such as the

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Funding Target Attainment Percentage, were truncated to be consistent with the instructions for Schedule SB of the Form 5500.

The assumptions selected for this valuation other than those prescribed by law, generally reflect long-term average expectations. If overall future plan experience is less favorable than assumed, the relative level of plan costs or contribution requirements determined in this valuation will likely increase in future valuations. Future actuarial measurements may differ significantly from the current measurements presented in this report due to such factors as the following: plan experience differing from that anticipated by the economic or demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for the measurements (such as the end of an amortization period); and changes in plan provisions or applicable law.

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Schedule SB, Part V Summary of Plan Provisions

Plan Sponsor

Parma Community General Hospital

Plan

The Greater Cleveland Hospital Association Retirement Plan

Effective Date and Most Recent Amendment

July 1, 1984. Most recently amended effective April 1, 2008.

Plan Year

January 1 to December 31.

Participation

Age 21 and one year of service. Participants who have 60 points (age and service) or 15 years of service as of April 1, 2008 will continue to accrue benefits under this Plan. Accruals for other participants were suspended as of that date. The plan is closed to future new hires.

Credited Service

One year is credited for each calendar year in which a participant's actual hours (compensated plus noncompensated) are 1,000 or more.

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Benefit Service

Determined according to the following schedule based on Compensated Hours of Service in a calendar year:

Compensated Hours	Benefit Service
1,800 or more	100%
1,640 – 1,799	90
1,480 – 1,639	80
1,320 – 1,479	70
1,160 – 1,319	60
1,000 – 1,159	50
0 – 999	0

Average Monthly Compensation

The sum of a participant's compensation (annualized if participant's compensated hours in any calendar year is less than 1,800) during the five highest consecutive completed calendar years out of the last ten years prior to the date of termination, divided by 60.

Compensated Hours

Hours of Service for which a participant was compensated.

Non-compensated Hours

Hours of Service for which a participant was scheduled to work, but did not and was not compensated.

Normal Retirement Benefit

Normal Retirement Date: The first day of the month coincident with or next following attainment of age 65 or 5th anniversary of participation, if later.

Benefit Formula: The Greater of (i), (ii), or (iii):

- (i) 1.20% of Average Monthly Compensation plus 0.65% of Average Monthly Compensation in excess of Social Security Covered Compensation for each year of Benefit Service up to a maximum of 25 years.
- (ii) \$8.00 per month for each year of Benefit Service up to a maximum of 25 years.
- (iii) Accrued benefit under the plan provisions in effect as of June 30, 1989.

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Normal Form of Benefit: The normal form of payment is a monthly life annuity. However, a married participant shall normally receive an actuarially reduced 50% Joint and Survivor form with a 50% continuation after the participant's death to his or her spouse, if surviving.

Accrued Benefit

The Normal Retirement Benefit multiplied by the Credited Service Ratio. In determining the Normal Retirement Benefit, Benefit Service is computed as the sum of:

- (i) Benefit Service at determination date; and
- (ii) The ratio of (i) to elapsed time from date of plan entry to the determination date, multiplied by number of years from the date of determination to Normal Retirement Date.

Early Retirement Benefit

Eligibility: The first day of any month following the attainment of age 55 and the completion of 5 years of Credited Service.

Benefit: The Accrued Benefit reduced actuarially for commencement prior to age 65 in accordance with the following:

Age	Early Retirement Factor
65	1.000
64	0.894
63	0.800
62	0.718
61	0.646
60	0.582
59	0.526
58	0.475
57	0.430
56	0.390
55	0.354

Disability Benefit

Eligibility: Any age with 10 years of Credited Service upon total and permanent disability.

Benefit: The Accrued Benefit commencing without reduction on the first of the month following five months of disability.

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Vested Benefits Upon Termination of Service

Vesting: Any age with 5 years of Credited Service.

Termination Benefit: Same as early retirement benefit above.

Death Benefits for Participants in Active Service

Eligibility: Any participant eligible for a vested retirement benefit who has been married for at least one year.

Benefit: 50% of the participant's Accrued Benefit reduced for both 50% Joint and Survivor form and early receipt and payable at the participant's earliest retirement age.

Optional Forms of Retirement Income in Lieu of Normal Form

A participant may elect one of the following forms of payment of equivalent value:

- (i) 60 months certain and life option.
- (ii) 120 months certain and life option.
- (iii) Joint and 50%, 66-2/3%, 75% or 100% to contingent annuitant option.
- (iv) Lump Sum equal to the actuarial present value of the Normal Retirement Benefit available to participants who terminate after age 55 with ten years of Credited Service.

Social Security Covered Compensation

The average of the maximum taxable wage bases for the 35 calendar years ending with the year an individual attains Social Security Retirement Age. In determining an individual's Covered Compensation in any given year, the current year's wage base is assumed to remain level in future years.

Changes in Plan Provisions Since Last Actuarial Valuation

There have been no changes in the provisions since the preceding expense valuation.

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PARMA COMMUNITY GENERAL HOSPITAL -
THE GREATER CLEVELAND HOSPITAL
ASSOCIATION RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
<u>ASSETS</u>		
Participation in pooled investment trust, at fair value	\$51,097,618	\$46,947,424
Employer contributions receivable	<u>2,501,305</u>	<u>932,437</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$53,598,923</u>	<u>\$47,879,861</u>

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

PARMA COMMUNITY GENERAL HOSPITAL -
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STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
ADDITIONS		
Net increase in pooled investment trust	\$ 5,887,581	\$ 8,509,410
Employer contributions	<u>4,310,230</u>	<u>2,560,471</u>
Total additions	10,197,811	11,069,881
DEDUCTION		
Pension benefits	<u>4,478,749</u>	<u>1,320,078</u>
Increase in net assets available for benefits	5,719,062	9,749,803
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	<u>47,879,861</u>	<u>38,130,058</u>
END OF YEAR	<u>\$53,598,923</u>	<u>\$47,879,861</u>

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

PARMA COMMUNITY GENERAL HOSPITAL -
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NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

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

The Plan is a defined benefit pension plan, covering essentially all employees of the participating institution who have one year of service and are age twenty-one or older, except for certain members of religious organizations, students, interns, and residents. Effective April 1, 2008, participation in the Plan was frozen to new employees. Participants in the Plan hired prior to April 1, 2008 will continue to accrue benefits in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended. Participants become 100% vested in their pension benefits after completing five years of credited service.

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

Note 2. Summary of Significant Accounting Policies

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

- A. Basis of Presentation – The accompanying financial statements are prepared on the accrual basis of accounting.
- B. Plan Administration – Parma Community General Hospital ("Parma") is the plan administrator and Northern Trust Company is plan trustee.

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

- C. Funding Policy – Parma has agreed to make contributions to the Plan based upon actuarial computations. The contributions for the years ended December 31, 2010 and 2009 met the minimum funding requirements for ERISA.

PARMA COMMUNITY GENERAL HOSPITAL -
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NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (Continued)

- D. Investments Valuation and Income Recognition – The Northern Trust Company, custodian of the Plan, manages all funds and has been granted non-discretionary authority concerning purchases and sales of investments in the funds. The investments, investment income, and net appreciation in fair value of investments of these funds (as disclosed in the accompanying financial statements) have been reported to the Plan by the custodian as having been determined at their fair values as of the close of business on December 31, 2010 and 2009.

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

- E. Use of Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.
- F. Payment of Benefits – Benefit payments to participants are recorded upon distribution.
- G. Subsequent Events – The Plan has evaluated subsequent events through October 14, 2011, the date the financial statements were available to be issued.
- H. Expenses – Expenses are reported and paid out of the Trust. Trustee fees and other investment fees are allocated to the Plan based on asset balances. Certain administrative expenses are approved and allocated to the Plan at the option of the plan sponsor. These fees and expenses are included in net increase in pooled investment trust on the statements of changes in net assets available for benefits.
- I. Reclassification – Certain reclassifications of prior year amounts have been made to conform to the current year presentation.

Note 3. Unaudited Information

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

PARMA COMMUNITY GENERAL HOSPITAL -
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NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 3. Unaudited Information (Continued)

The Trust's assets (modified cash basis) are summarized below as of December 31, 2010 and 2009:

	<u>2010</u>	<u>2009</u>
The HealthComp, Inc. Group Trust (formerly Greater Cleveland Hospital Association Amended and Restated Retirement Plan Trust)		
Equities	\$ 70,295,511	\$ 60,650,643
Common/collective trusts	5,622,218	31,469,425
Fixed income	9,571,709	-
U.S. Government and governmental agencies	16,315,741	-
Other	172,013	42,924
Pending transactions	<u>(497,516)</u>	<u>498,829</u>
	<u>\$ 101,479,676</u>	<u>\$ 92,661,821</u>

As of December 31, 2010 and 2009, the Plan's interest in the total Trust assets held by the custodian was approximately 50% and 51%, respectively.

Net investment gain (loss) in the Trust during the years ended December 31, 2010 and 2009 includes the following:

	<u>2010</u>	<u>2009</u>
Net appreciation (depreciation) in fair value of investments:		
Equities	\$ 9,930,138	\$ 15,448,684
Common/collective trusts	1,869,504	1,537,974
Fixed income	(85,691)	-
U.S. Government and governmental agencies	(105,149)	-
Other	<u>31,080</u>	<u>3,500</u>
Net appreciation	<u>\$ 11,639,882</u>	<u>\$ 16,990,158</u>
Interest and dividends	<u>\$ 930,699</u>	<u>\$ 628,838</u>

Note 4. Fair Value Measurements

The Plan estimates the fair value of financial instruments using available market information and other generally accepted valuation methodologies. Fair value is defined as the price that would be received to sell an asset or would be paid to transfer a liability in an orderly transaction between market participants at the measurement date. The inputs used to measure fair value are classified into three levels:

Level 1 – Quoted market prices in active markets for identical assets and liabilities

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NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 4. Fair Value Measurements (Continued)

Level 2 – Observable market-based inputs or unobservable inputs that are corroborated by market data

Level 3 – Unobservable inputs in which little or no market data exists

The following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at December 31, 2010 and 2009.

- Equities and U.S. Government and governmental agencies: Valued at the quoted closing price reported in active markets for identical investments, and are classified as Level 1.
- Common/collective trusts: Valued based on their reported net asset value ("NAV"). The NAV of short-term securities is based on the market value of their underlying investments, adjusted for charges and expenses, and is classified as Level 2.
- Fixed income: Based on observable market information in primary markets or determined by pricing services based on market values for investments with similar ratings and maturity dates. These securities are classified as Level 2.
- Other: Based on their reported NAV. The NAV is based primarily on observable inputs, the market value of the underlying investments, and classified as Level 2.

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

The following tables set forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of December 31, 2010 and 2009:

	<u>Assets at Fair Value as of December 31, 2010</u>			
	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Equities	\$ 70,295,511	\$ -	\$ -	\$ 70,295,511
Common/collective trusts	-	5,622,218	-	5,622,218
Fixed income	-	9,571,709	-	9,571,709
U.S. Government and governmental agencies	16,315,741	-	-	16,315,741
Other	-	172,013	-	172,013
Pending transactions	<u>(497,516)</u>	<u>-</u>	<u>-</u>	<u>(497,516)</u>
Total	<u>\$ 86,113,736</u>	<u>\$ 15,365,940</u>	<u>\$ -</u>	<u>\$ 101,479,676</u>

PARMA COMMUNITY GENERAL HOSPITAL -
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NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 4. Fair Value Measurements (Continued)

Assets at Fair Value as of December 31, 2009				
	Level 1	Level 2	Level 3	Total
Equities	\$ 60,650,643	\$ -	\$ -	\$ 60,650,643
Common/collective trusts	-	31,469,425	-	31,469,425
Other	-	42,924	-	42,924
Pending transactions	498,829	-	-	498,829
Total	\$ 61,149,472	\$ 31,512,349	\$ -	\$ 92,661,821

Note 5. Obligation for Pension Benefits

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions for service rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries and (b) present employees or their beneficiaries. Benefits under the Plan are based on employees' average compensation of the highest five consecutive calendar years of employment out of the last ten years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by the actuary, Watson Wyatt, at January 1, 2010 (see Note 9. Related Party Transactions). The present value amount is determined by applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements, such as death, disability, withdrawal, or retirements) between the valuation date and the expected date of payment.

Actuarial Assumptions

Significant assumptions used by the actuary in determining the actuarial present value of accumulated plan benefits as of January 1, 2010 and 2009 are as follows:

	January 1, 2010	January 1, 2009
Actuarial Cost Method	Unit Credit Actuary Cost Method	Unit Credit Actuary Cost Method
Discount Rate	8.0%, 6.73% for determining lump-sum amounts	8.5%, 8.0% for determining lump-sum amounts
Mortality Rate	RP-2000 Mortality Tables for Males and Females projected 15 Years	RP-2000 Mortality Tables for Males and Females
Average Retirement Age	65	65
Investment Return Percentage	6.73%	8.10%

PARMA COMMUNITY GENERAL HOSPITAL -
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NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 5. Obligation for Pension Benefits (Continued)

Actuarial Assumptions (Continued)

Distributions are assumed to be paid in a lump-sum to participants who retire from active status. For participants who retire from terminated vested status, half are assumed to elect a lump-sum and half are assumed to elect an annuity.

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

Based upon the actuarial assumption changes noted in the above table, the actuarial liability increased by \$5,203,000.

The actuarial present value of accumulated plan benefits as of January 1, 2010 and 2009 is as follows:

Accumulated Plan Benefits	<u>2010</u>	<u>2009</u>
Vested benefits:		
Participants currently receiving payments	\$ 5,370,000	\$ 4,299,000
Other participants	<u>44,367,000</u>	<u>36,287,000</u>
	49,737,000	40,586,000
Nonvested benefits	<u>1,561,000</u>	<u>1,618,000</u>
 Total actuarial present value of accumulated plan benefits	 <u>\$ 51,298,000</u>	 <u>\$ 42,204,000</u>

Changes in accumulated plan benefits for the year ended December 31, 2010 are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 42,204,000
Increase (decrease) during the year attributable to:	
Benefits accumulated	1,969,000
Actuarial gains	(457,000)
Decrease in the discount period	3,699,000
Actual benefits paid	(1,320,000)
Change of assumptions	<u>5,203,000</u>
 Net increase	 <u>9,094,000</u>
 Actuarial present value of accumulated plan benefits at end of year	 <u>\$ 51,298,000</u>

PARMA COMMUNITY GENERAL HOSPITAL -
THE GREATER CLEVELAND HOSPITAL
ASSOCIATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 6. Income Taxes

The Internal Revenue Service has determined and informed the Plan by a letter dated February 11, 2009 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken or expected to be taken by the Plan for possible recognition and measurement in the financial statements based upon certain prescribed criteria. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require such recognition or disclosure in the financial statements. As of December 31, 2010, the Plan's tax years from 2007 and thereafter remain subject to examination by the Internal Revenue Service, as well as various other taxing authorities.

Note 7. Plan Termination

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

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- A. Benefits attributable to employee contributions, taking into account those paid out before termination.
- B. Annuity benefits former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- C. Other vested benefits insured by the Pension Benefit Guaranty Corporation ("PBGC"), a U.S. Government agency, up to the applicable limitations, discussed subsequently.
- D. All other vested benefits (that is, vested benefits not insured by the PBGC).
- E. All nonvested benefits.

PARMA COMMUNITY GENERAL HOSPITAL -
THE GREATER CLEVELAND HOSPITAL
ASSOCIATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 7. Plan Termination (Continued)

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, a statutory ceiling exists, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

Note 8. Risk and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits is reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimates and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note 9. Related Party Transactions

Certain plan investments are managed by The Northern Trust Company. The Northern Trust Company is the trustee and custodian of the Plan and, therefore, these transactions qualify as party-in-interest transactions. In addition, the Plan appointed Watson Wyatt to serve as the actuary and investment manager and CHAMPS Management Services Retirement Resource Center to serve as the third party administrator of the Plan.

PARMA COMMUNITY GENERAL HOSPITAL -
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ASSOCIATION RETIREMENT PLAN

EMPLOYER NO. 34-0827442
PLAN NO. 001

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

December 31, 2010

(a)	(b) <u>Identity of Party</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	Current (e) <u>Value</u>
		POOLED INVESTMENT TRUST		
*	The Northern Trust Company	The HealthComp, Inc. Group Trust	<u>\$43,836,789</u>	<u>\$51,097,618</u>

* Represents a party-in-interest

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25

Change in Method

The following changes in methods were made as part of this valuation:

- This valuation is based on 3-segment rates for the look-back month of September. Results for the 2009 plan year were based on the full yield curve for the look-back month of October. For 2010, a change in the method and timing of selecting the interest rate does not require IRS approval.
- The asset method was changed from a smoothed asset value based on the annual asset values of the current and two prior valuation dates, to the market value of assets as of the current valuation date. For 2010, a change in the asset method does not require IRS approval.
- In accordance with 1.430(d)-1(g)(3)(ii)(A), automatic approval has been granted for the first plan year for which all the provisions of 1.430(d)-1, 1.430(f)-1, 1.430(g)-1, 1.430(i)-1, and 1.436-1 are reflected of any changes to funding methods permitted by the Pension Protection Act. 2010 is the first plan year for which all of these provisions were reflected, and thus all funding method changes are automatically approved.

Plan Name: Parma Community General Hospital - The Greater Cleveland Hospital Association
Retirement Plan
EIN / PN: 34-0827442 / 001
Plan Sponsor: Parma Community General Hospital
Valuation Date: January 1, 2010

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2010

See Schedule SB, Part V for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Age of Retirement (A)	Rates of Retirement (B)	% Retiring (C)	Weighted Ages (A)*(C)
55	5.00%	5.00%	2.7500
56	5.00%	4.75%	2.6600
57	5.00%	4.51%	2.5721
58	3.00%	2.57%	1.4918
59	3.00%	2.49%	1.4720
60	5.00%	4.03%	2.4201
61	5.00%	3.83%	2.3374
62	30.00%	21.84%	13.5417
63	10.00%	5.10%	3.2107
64	10.00%	4.59%	2.9355
65	70.00%	28.90%	18.7826
66	50.00%	6.19%	4.0868
67	50.00%	3.10%	2.0743
68	50.00%	1.55%	1.0527
69	50.00%	0.77%	0.5341
70	100.00%	0.77%	0.5418

Retirement Age: 62

Plan Name: Parma Community General Hospital - The Greater Cleveland Hospital Association Retirement Plan
EIN / PN: 34-0827442 / 001
Plan Sponsor: Parma Community General Hospital
Valuation Date: January 1, 2010

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 PARMA COMMUNITY GENERAL HOSPITAL - THE GCHA RETIREMENT PLAN	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">B Three-digit plan number (PN) ►</td> <td style="width:40%; text-align: center;">001</td> </tr> <tr> <td colspan="2">C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PARMA COMMUNITY GENERAL HOSPITAL</td> </tr> <tr> <td colspan="2">D Employer Identification Number (EIN) 34-0827442</td> </tr> </table>	B Three-digit plan number (PN) ►	001	C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PARMA COMMUNITY GENERAL HOSPITAL		D Employer Identification Number (EIN) 34-0827442	
B Three-digit plan number (PN) ►	001						
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PARMA COMMUNITY GENERAL HOSPITAL							
D Employer Identification Number (EIN) 34-0827442							
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500							

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2010</u>			
2 Assets:			
a Market value.....	2a		47,857,494
b Actuarial value.....	2b		47,857,494
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	265	5,959,670
b For terminated vested participants	3b	945	15,136,717
c For active participants:			
(1) Non-vested benefits.....	3c(1)		841,621
(2) Vested benefits.....	3c(2)		36,761,590
(3) Total active	3c(3)	1,438	37,603,211
d Total.....	3d	2,648	58,699,598
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	6.73 %	
6 Target normal cost.....	6	2,580,087	

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.

William E. Roberts/ <i>WR</i> Signature of actuary William E. Roberts Type or print name of actuary Towers Watson Delaware Inc. Firm name 1001 Lakeside Avenue, Suite 1900 Cleveland, OH 44114 Address of the firm	<i>October 7, 2011</i> Date 11-05427 Most recent enrollment number (216) 937-4000 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of <u>23.38</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		128
b Interest on (a) using prior year's effective rate of <u>8.10</u> %		10
c Total available at beginning of current plan year to add to prefunding balance		138
d Portion of (c) to be added to prefunding balance.....		0
12 Reduction in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages

14 Funding target attainment percentage.....	14	81.52 %
15 Adjusted funding target attainment percentage.....	15	81.52 %
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	94.12 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

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
04/14/2010	602,975				
07/14/2010	602,975				
10/13/2010	602,975				
01/13/2011	602,975				
09/14/2011	1,898,330				
Totals ▶			18(b)	4,310,230	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	4,009,580

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of Quarter of this plan year

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

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	
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	2,580,087
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	8,494,120	1,429,493
b Waiver amortization installment		
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	4,009,580
35 Balances used to offset funding requirement	Carryover balance	Prefunding balance
	0	0
36 Additional cash requirement (item 34 minus item 35)	36	4,009,580
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	4,009,580
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 ATTACHMENTS

Schedule SB, Line 32 Schedule of Amortization Bases as of January 1, 2010

Type of Base	Date Established	Initial Amount	Remaining Amortization Period (Years)	Outstanding Balance	Amortization Payment
1 Shortfall	01/01/2010	8,494,120	7	8,494,120	1,429,493
Total				8,494,120	1,429,493

Plan Name:
EIN / PN:
Plan Sponsor:
Valuation Date:

Parma Community General Hospital - The Greater Cleveland Hospital Association Retirement Plan
34-0827442 / 001
Parma Community General Hospital
January 1, 2010