Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2010** **This Form is Open to Public Inspection**

Part I Annual Report Identification Information

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

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
SUMMA HEALTH SYSTEM PENSION SAVINGS PLAN

1b Three-digit plan number (PN) ▶ 011

1c Effective date of plan 01/01/1993

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
SUMMA AKRON CITY AND ST. THOMAS HOSPITALS

525 E. MARKET STREET
AKRON, OH 44309

2b Employer Identification Number (EIN) 34-0714755

2c Sponsor's telephone number 330-996-8744

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	03/22/2012	NINO CIRALDO
	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.

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SUMMA AKRON CITY AND ST. THOMAS HOSPITALS 525 E. MARKET STREET AKRON, OH 44309	**3b** Administrator's EIN 34-0714755 **3c** Administrator's telephone number 330-996-8744

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:		**4b** EIN
a Sponsor's name		**4c** PN

5 Total number of participants at the beginning of the plan year	**5**	2918
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**	2227
b Retired or separated participants receiving benefits	**6b**	43
c Other retired or separated participants entitled to future benefits	**6c**	542
d Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	2812
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	9
f Total. Add lines **6d** and **6e**	**6f**	2821
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	2472
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	☐ Insurance	**(1)**	☐ Insurance
(2)	☐ Code section 412(e)(3) insurance contracts	**(2)**	☐ Code section 412(e)(3) insurance contracts
(3)	☒ Trust	**(3)**	☒ Trust
(4)	☐ General assets of the sponsor	**(4)**	☐ General assets of the sponsor

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

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

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

A Name of plan
SUMMA HEALTH SYSTEM PENSION SAVINGS PLAN

B Three-digit plan number (PN) ▶ 011

C Plan sponsor's name as shown on line 2a of Form 5500
SUMMA AKRON CITY AND ST. THOMAS HOSPITALS

D Employer Identification Number (EIN)
34-0714755

Part I Service Provider Information (see instructions)

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

1 Information on Persons Receiving Only Eligible Indirect Compensation

a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions).. . . . . [X] Yes [ ] No

b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

FIDELITY INVESTMENTS INSTL OPS CO.

04-2647786

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, $5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

FIDELITY INVESTMENTS INSTL OPS CO.

04-2647786

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
64 65 60	RECORDKEEPER	150	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] No [ ]

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received $1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTL OPS CO.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
DOMINI SOCIAL EQUITY INVESTMENT 04-2526037	0.40%

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

4 Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

(a) Enter name and EIN or address of service provider (see instructions)	**(b)** Nature of Service Code(s)	**(c)** Describe the information that the service provider failed or refused to provide

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)	Financial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
SUMMA HEALTH SYSTEM PENSION SAVINGS PLAN

B Three-digit plan number (PN) ▶ 011

C Plan sponsor's name as shown on line 2a of Form 5500
SUMMA AKRON CITY AND ST. THOMAS HOSPITALS

D Employer Identification Number (EIN)
34-0714755

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1465386	1377565
(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)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	9667919	10643141
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	11133305	12020706
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 through1j)	1k		
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	11133305	12020706

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)		
(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)		
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	280	
(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)		280
(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)	238458	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		238458
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b **(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		999417
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		1238155

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	350583	
(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)		350583
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)	171	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		171
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		350754

Net Income and Reconciliation

k Net income (loss). Subtract line **2j** from line **2d**	2k		887401
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: SS&G FINANCIAL SERVICES INC. **(2)** EIN: 34-1945695

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.)	4a		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.)	4b		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.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i		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.)	4j		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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	

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)	Retirement Plan Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
SUMMA HEALTH SYSTEM PENSION SAVINGS PLAN

B Three-digit plan number (PN) ▶ 011

C Plan sponsor's name as shown on line 2a of Form 5500
SUMMA AKRON CITY AND ST. THOMAS HOSPITALS

D Employer Identification Number (EIN)
34-0714755

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**

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): 34-0733119 _____

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**

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

Part III Amendments

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box. ..... ☐ **Increase** ☐ **Decrease** ☐ **Both** ☐ **No**

Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SUMMA HEALTH SYSTEM PENSION SAVINGS PLAN

FINANCIAL STATEMENTS

FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

SUMMA HEALTH SYSTEM PENSION SAVINGS PLAN

TABLE OF CONTENTS

	Page
INDEPENDENT AUDITORS' REPORT	1
FINANCIAL STATEMENTS	
Statements of Net Assets Available for Benefits	2
Statements of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4-10
SUPPLEMENTAL INFORMATION	
Schedule of Assets (Held at End of Year)	11-16

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INDEPENDENT AUDITORS' REPORT

To the Plan Administrator
Summa Health System Pension Savings Plan
Akron, Ohio

We were engaged to audit the accompanying statements of net assets available for benefits of Summa Health System Pension Savings Plan (the Plan) as of December 31, 2010 and 2009, the related statements of changes in net assets available for benefits for the years then ended and the supplemental schedule listed in the accompanying table of contents as of December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform and we did not perform, any auditing procedures with respect to the investment information summarized in Notes C and G, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and 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 trustee, 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.

SS&G Financial Services, Inc.

CERTIFIED PUBLIC ACCOUNTANTS

October 4, 2011

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SUMMA HEALTH SYSTEM PENSION SAVINGS PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

	DECEMBER 31,	
	2010	2009
Investments, at fair value:		
Shares of registered investment companies	**$ 10,643,141**	$ 9,667,919
Money market funds	**1,377,565**	1,465,386
NET ASSETS AVAILABLE FOR BENEFITS	**$ 12,020,706**	$ 11,133,305

See accompanying notes to financial statements.

SUMMA HEALTH SYSTEM PENSION SAVINGS PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	FOR THE YEARS ENDED DECEMBER 31,	
	2010	2009
ADDITIONS TO NET ASSETS ATTRIBUTED TO:		
Interest and dividend income	**$ 238,738**	$ 261,597
Net appreciation in fair value of investments	**999,417**	1,737,784
	1,238,155	1,999,381
DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO:		
Benefit payments to participants	**350,583**	234,410
Administrative expenses	**171**	80
	350,754	234,490
NET INCREASE	**887,401**	1,764,891
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of the year	**11,133,305**	9,368,414
End of the year	**$ 12,020,706**	$ 11,133,305

See accompanying notes to financial statements.

NOTE A - Description of the Plan

The following brief description of the Summa Health System Pension Savings Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more comprehensive description of the Plan's provisions.

General
The Plan is a defined contribution plan covering substantially all full-time employees of Summa Health System (the System) who are not covered by a collective bargaining agreement. Participation in the Plan was frozen as of March 31, 1997. Since March 31, 1997, no additional individuals are permitted to participate in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Contributions
Prior to March 31, 1997, the System made a contribution equal to 1% of each participant's compensation, as defined in the Plan agreement. No contributions have been made by the System to the Plan since March 31, 1997. Participants are not permitted to make contributions to the Plan.

Participant accounts
Each participant's account is credited with the System's contributions, if any, and an allocation of Plan earnings and charged with an allocation of administrative expenses. Allocations are based on each participant's account balance. The benefit to which a participant is entitled is the vested benefit that can be provided from the participant's account. Effective January 1, 2001, participants have the option to direct the investment of their accounts into various shares of registered investment companies.

Vesting
Vesting in the participant's account is based upon years of continuous service in accordance with the following schedule:

Completed years of service	Vesting Percentage
Fewer than 3	0%
3 or more	100%

A participant will also become 100% vested in the event of (a) retirement at age 65 while still an employee; (b) death or permanent disability while an employee; or (c) the Plan is terminated or partially terminated.

Forfeitures
Forfeitures represent the nonvested portion of System contributions plus earnings thereon which are not distributable to participants who terminate employment before they are 100% vested. In the event a terminated employee is not re-employed within five years, such forfeitures are first used to pay plan fees or adjust previous allocations. Any remaining forfeited amounts are allocated to the remaining participants in the Plan. There were no forfeitures for the years ended December 31, 2010 and 2009.

NOTE A - Description of the Plan, continued

Payment of benefits
Upon termination of service due to death, disability, or retirement, or due to separation of service from the System, participants will receive a lump-sum amount equal to the value of their account balance if it is $5,000 or less. If the value of the participant's account balance is greater than $5,000, benefits will be paid either in the form of an annuity for the life of the participant with a survivor annuity for the participant's surviving spouse or in a lump sum payment, based on the participant's election.

Administrative expenses
Certain administrative and other expenses of the Plan are paid by the System. All other administrative fees are paid by the Plan.

NOTE B - Summary of significant accounting policies

Basis of accounting
The accompanying financial statements and supplemental schedule have been prepared on the accrual basis of accounting.

Use of estimates
The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts and disclosures. Accordingly, actual results could differ from those estimates.

Payments of benefits
Benefits are recorded when paid.

Investment valuation and income recognition
Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note I for discussion of fair value measurements.

Purchases and sales of investments are reflected on a trade date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date.

Recent accounting pronouncements
In January 2010, the Financial Accounting Standards Board (FASB) issued guidance to improve the disclosures related to fair value measurements. The new guidance requires expanded fair value disclosures, including the reasons for significant transfers between Level 1 and Level 2 and the amount of significant transfers into each level disclosed separately from transfers out of each level. For Level 3 fair value measurements, information in the reconciliation of recurring Level 3 measurements about purchases, sales, issuances and settlements shall be presented separately on a gross basis, rather than as one net number.

NOTE B - Summary of significant accounting policies, continued

Recent accounting pronouncements, continued
In addition, clarification is provided about existing disclosure requirements, such as presenting fair value measurement disclosures for each class of assets and liabilities that are determined based on their nature and risk characteristics and their placement in the fair value hierarchy (that is, Level 1, 2, or 3), as opposed to each major category of assets and liabilities, as required in the previous guidance.

Disclosures about the valuation techniques and inputs used to measure fair value for both recurring and nonrecurring fair value measurements are required for fair value measurements that fall in either Level 2 or Level 3. The new guidance is effective for interim and annual reporting periods beginning after December 15, 2009, except for the disclosures related to the gross presentation of purchases, sales, issuances and settlements for Level 3 fair value measurements, which will be effective for reporting periods beginning after December 15, 2010.

Subsequent Events
The Plan has evaluated subsequent events through October 4, 2011, the date the financial statements were available to be issued.

NOTE C - Investments

The Plan's investments at December 31, 2010 and 2009 were held by Fidelity Management Trust Company, the trustee. Individual investments that represent 5% or more of the fair value of the Plan's net assets are as follows:

	2010	2009
Spartan 500 Index	$ **1,795,813**	$ 1,631,209
Fidelity Investment Grade Bond	**1,851,734**	1,782,838
Fidelity Short-Intermediate Government	**1,668,533**	1,686,755
Fidelity Retirement Money Market	**1,337,424**	1,410,235
Fidelity Growth Company	**1,396,080**	1,213,153
Fidelity Mid-Cap Stock	**1,071,772**	911,421
Fidelity Diversified International	**650,063**	613,995
Fidelity Capital & Income	**793,013**	701,142

During the years ended December 31, 2010 and 2009, net appreciation of the Plan's investments (including investments bought, sold, and held during the year) was as follows:

	2010	2009
Shares of registered investment companies	$ **999,417**	$ 1,737,784

NOTE D - Party-in-interest transactions

Certain plan investments in registered investment companies and money market funds were managed by Fidelity Management Trust Company, the trustee. Therefore, these transactions qualify as party-in-interest transactions. There were no fees paid by the Plan during 2010 and 2009 for trustee services.

NOTE E - Tax status

The Internal Revenue Service has determined and informed the System by a letter dated December 19, 2002, that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The Plan has been amended since receiving the determination letter; however, the plan administrator believes that the Plan is designed, and is currently being operated in compliance with the applicable requirements of the IRC. Accordingly, 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 by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the tax authorities. 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 recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

NOTE F - Plan termination

Although the System has not expressed any intent to terminate the Plan, the System has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested in their accounts.

NOTE G - Information certified by the trustee (unaudited)

The financial information included in the Plan's financial statements, except for distributions for withdrawals and terminations, has been derived from information certified as complete and accurate by the trustee, Fidelity Management Trust Company, in accordance with Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

NOTE H - Risks 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 values of investment securities will occur in the near term and those changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for benefits.

NOTE I - Fair value measurements

The ASC Topic *Fair Value Measurements and Disclosures* defines fair value and provides guidance for measuring fair value and expands disclosures about fair value measurements in accordance with accounting principles generally accepted in the United States of America. *Fair Value Measurements and Disclosures* does not require any new fair value measurements, but rather applies to all other accounting pronouncements that require or permit fair value measurements.

Fair Value Measurements and Disclosures establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobserved inputs (Level 3 measurements). The three levels of the fair value hierarchy are described below:

Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2: Inputs to the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

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

Shares of registered investment companies: Valued at the net asset value of shares held by the Plan at year-end.

Money market investments: Valued at $1 per unit including applicable interest and fees.

NOTE I - Fair value measurements, continued

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 Plan's assets at fair value as of December 31, 2010 and 2009:

	Fair Value Measurements at December 31, 2010 Using			
	Level 1	Level 2	Level 3	Total
Shares of registered investment companies:				
Large Cap	**$ 3,355,987**	**$ -**	**$ -**	**$ 3,355,987**
Mid Cap	**1,125,353**	**-**	**-**	**1,125,353**
Small Cap	**29,391**	**-**	**-**	**29,391**
International Fund	**724,398**	**-**	**-**	**724,398**
Balanced Fund	**860,737**	**-**	**-**	**860,737**
Bond Fund	**4,427,881**	**-**	**-**	**4,427,881**
Specialty Fund	**119,394**	**-**	**-**	**119,394**
Total shares of registered investment companies	**10,643,141**	**-**	**-**	**10,643,141**
Money market investments	**1,377,565**	**-**	**-**	**1,377,565**
Total assets at fair value	**$ 12,020,706**	**$ -**	**$ -**	**$ 12,020,706**

	Fair Value Measurements at December 31, 2009 Using			
	Level 1	Level 2	Level 3	Total
Shares of registered investment companies:				
Large Cap	$ 2,978,929	$ -	$ -	$ 2,978,929
Mid Cap	949,994	-	-	949,994
Small Cap	22,730	-	-	22,730
International Fund	692,092	-	-	692,092
Balanced Fund	640,707	-	-	640,707
Bond Fund	4,280,875	-	-	4,280,875

NOTE I - Fair value measurements, continued

	Fair Value Measurements at December 31, 2009 Using			
	Level 1	Level 2	Level 3	Total
Specialty Fund	$ 84,915	$ -	$ -	$ 84,915
Other Funds	17,677	-	-	17,677
Total shares of registered investment companies	9,667,919	-	-	9,667,919
Money market investments	1,465,386	-	-	1,465,386
Total assets at fair value	$ 11,133,305	$ -	$ -	$ 11,133,305

SUMMA HEALTH SYSTEM PENSION SAVINGS PLAN

DECEMBER 31, 2010
EIN: 34-0714755 PLAN NO: 011
SCHEDULE H, PART IV, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

(a)	(b) Identity of issue, lessor, or similar party	(c) Description of investment	(d) Cost**	(e) Current Value
*	Spartan 500 Index	Registered Investment Companies	**	$ 1,795,813
*	Fidelity Investment Grade Bond	Registered Investment Companies	**	1,851,734
*	Fidelity Short-Intermediate Government	Registered Investment Companies	**	1,668,533
*	Fidelity Retirement Money Market	Money Market Fund	**	1,337,424
*	Fidelity Growth Company	Registered Investment Companies	**	1,396,080
*	Fidelity Mid-Cap Stock	Registered Investment Companies	**	1,071,772
*	Fidelity Diversified International	Registered Investment Companies	**	650,063
*	Fidelity Capital & Income	Registered Investment Companies	**	793,013
*	Fidelity Freedom 2030	Registered Investment Companies	**	98,892
*	Fidelity Low Price Stock	Registered Investment Companies	**	14,993
*	Fidelity Freedom 2035	Registered Investment Companies	**	41,243
*	Fidelity Freedom 2010	Registered Investment Companies	**	76,316
*	Fidelity Ginnie Mae	Registered Investment Companies	**	8,057
*	Fidelity Freedom 2025	Registered Investment Companies	**	134,320
*	Fidelity Freedom 2015	Registered Investment Companies	**	176,749
*	Fidelity Select Natural Gas	Registered Investment Companies	**	18,256
*	Fidelity Intermediate Bond	Registered Investment Companies	**	4,142
*	Fidelity US Government Reserves	Money Market Fund	**	15,879
*	Fidelity Value	Registered Investment Companies	**	18,340
	Dominion Social Equity	Registered Investment Companies	**	7,803
*	Fidelity Asset Manager 50%	Registered Investment Companies	**	9,472
*	Fidelity Select Gold	Registered Investment Companies	**	39,266
*	Fidelity International Small Cap Opportunities	Registered Investment Companies	**	292
*	Fidelity Telecom & Utilities	Registered Investment Companies	**	681

SUMMA HEALTH SYSTEM PENSION SAVINGS PLAN

DECEMBER 31, 2010
EIN: 34-0714755 PLAN NO: 011
SCHEDULE H, PART IV, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

(a)	(b) Identity of issue, lessor, or similar party	(c) Description of investment	(d) Cost**	(e) Current Value
*	Fidelity Equity Income	Registered Investment Companies	**	$ 20,337
*	Fidelity Select Technology	Registered Investment Companies	**	2,964
*	Fidelity Freedom 2005	Registered Investment Companies	**	8,432
*	Fidelity Balanced	Registered Investment Companies	**	20,318
*	Fidelity New Markets Income	Registered Investment Companies	**	5,303
*	Fidelity Strategic Income	Registered Investment Companies	**	35,483
*	Fidelity Equity Income II	Registered Investment Companies	**	5,772
*	Fidelity Dividend Growth	Registered Investment Companies	**	4,416
*	Fidelity Freedom 2040	Registered Investment Companies	**	4,602
*	Fidelity Select Defense	Registered Investment Companies	**	991
*	Fidelity Mega Cap Stock	Registered Investment Companies	**	980
*	Fidelity Focused Stock	Registered Investment Companies	**	1,022
*	Fidelity Blue Chip Value	Registered Investment Companies	**	1,029
*	Fidelity Nordic	Registered Investment Companies	**	1,204
*	Fidelity China Region	Registered Investment Companies	**	12,005
*	Fidelity Growth Strategies	Registered Investment Companies	**	6,390
*	Fidelity Freedom Income	Registered Investment Companies	**	14,174
*	Fidelity Emerging Markets	Registered Investment Companies	**	13,382
*	Fidelity International Discovery	Registered Investment Companies	**	6,932
*	Fidelity Select Air Transport	Registered Investment Companies	**	2,004
*	Fidelity Select Leisure	Registered Investment Companies	**	2,461
*	Fidelity Capital Appreciation	Registered Investment Companies	**	2,657
*	Fidelity International Small Cap Opportunities	Registered Investment Companies	**	1,910
*	Fidelity Real Estate Investment	Registered Investment Companies	**	11,496

SUMMA HEALTH SYSTEM PENSION SAVINGS PLAN

DECEMBER 31, 2010
EIN: 34-0714755 PLAN NO: 011
SCHEDULE H, PART IV, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

(a)	(b) Identity of issue, lessor, or similar party	(c) Description of investment	(d) Cost**	(e) Current Value
*	Fidelity EMEA	Registered Investment Companies	**	$ 577
*	Fidelity Small Cap Stock	Registered Investment Companies	**	9,886
*	Fidelity Select Wireless	Registered Investment Companies	**	2,499
*	Fidelity Freedom 2050	Registered Investment Companies	**	3,560
*	Fidelity International Small Cap	Registered Investment Companies	**	235
*	Fidelity Magellan	Registered Investment Companies	**	2,560
*	Fidelity Exp & Multi	Registered Investment Companies	**	2,312
*	Fidelity Select Automotive	Registered Investment Companies	**	556
*	Fidelity Select Energy	Registered Investment Companies	**	7,611
*	Fidelity Select Transportation	Registered Investment Companies	**	1,824
*	Fidelity Puritan	Registered Investment Companies	**	20,069
*	Fidelity Mid Cap Growth	Registered Investment Companies	**	2,178
*	Fidelity High Income	Registered Investment Companies	**	7,042
*	Fidelity Select Pharmaceutical	Registered Investment Companies	**	1,919
*	Fidelity Blue Chip Growth	Registered Investment Companies	**	3,252
*	Fidelity Sel Brokerage	Registered Investment Companies	**	1,045
*	Fidelity Inflation Protect Bond	Registered Investment Companies	**	9,901
*	Fidelity OTC Portfolio	Registered Investment Companies	**	1,085
*	Fidelity Cash Reserve	Money Market Fund	**	14,472
*	Fidelity Government Income	Registered Investment Companies	**	29,796
*	Fidelity Select Computers	Registered Investment Companies	**	677
*	Fidelity Contrafund	Registered Investment Companies	**	66,323
*	Fidelity International Small Cap Opportunities	Registered Investment Companies	**	991
*	Fidelity Emerging Asia	Registered Investment Companies	**	4,236

SUMMA HEALTH SYSTEM PENSION SAVINGS PLAN

DECEMBER 31, 2010
EIN: 34-0714755 PLAN NO: 011
SCHEDULE H, PART IV, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

(a)	(b) Identity of issue, lessor, or similar party	(c) Description of investment	(d) Cost**	(e) Current Value
*	Fidelity Four in One Index	Registered Investment Companies	**	$ 9,909
*	Fidelity Large Cap Stock	Registered Investment Companies	**	2,595
*	Fidelity Small Capital Growth	Registered Investment Companies	**	5,057
*	Fidelity Select Telecommunications	Registered Investment Companies	**	202
*	Fidelity Select Money Market	Money Market Fund	**	2,608
*	Fidelity Leveraged Company Stock	Registered Investment Companies	**	7,755
*	Fidelity Canada	Registered Investment Companies	**	12,060
*	Fidelity Select Utilities	Registered Investment Companies	**	3,590
*	Fidelity Growth Discovery	Registered Investment Companies	**	879
*	Fidelity Asset Manager 85%	Registered Investment Companies	**	7,055
*	Fidelity Sel Comm Equip	Registered Investment Companies	**	530
*	Fidelity Latin America	Registered Investment Companies	**	5,084
*	Fidelity Select Healthcare	Registered Investment Companies	**	3,878
*	Fidelity Freedom 2020	Registered Investment Companies	**	224,268
*	Spartan Extended Market Index	Registered Investment Companies	**	1,503
*	Fidelity Sm Cap ENH Index	Registered Investment Companies	**	5,321
*	Fidelity Select Construction/House	Registered Investment Companies	**	497
*	Fidelity Select Natural Resource	Registered Investment Companies	**	2,975
*	Fidelity Large Cap Value	Registered Investment Companies	**	2,138
*	Fidelity Mid Cap Value	Registered Investment Companies	**	1,626
*	Fidelity Large Cap Growth	Registered Investment Companies	**	866
*	Spartan Total Market Index	Registered Investment Companies	**	4,414
*	Fidelity International Small Cap Opportunities	Registered Investment Companies	**	1,615
*	Fidelity Asset Manager 70%	Registered Investment Companies	**	35

SUMMA HEALTH SYSTEM PENSION SAVINGS PLAN

DECEMBER 31, 2010
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SCHEDULE H, PART IV, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

(a)	(b) Identity of issue, lessor, or similar party	(c) Description of investment	(d) Cost**	(e) Current Value
*	Fidelity Float Rate High Income	Registered Investment Companies	**	$ 975
*	Fidelity Real Estate Income	Registered Investment Companies	**	958
*	Fidelity Select Energy Svcs	Registered Investment Companies	**	4,759
*	Fidelity Small Cap Value	Registered Investment Companies	**	8,136
*	Fidelity Disciplined Equity	Registered Investment Companies	**	5,472
*	Fidelity Pacific Basin	Registered Investment Companies	**	2,709
*	Fidelity Overseas	Registered Investment Companies	**	3,832
*	Fidelity Asset Manager 20%	Registered Investment Companies	**	9,793
*	Fidelity Select Med Equity & Sys	Registered Investment Companies	**	2,463
*	Fidelity Fifty	Registered Investment Companies	**	2,043
*	Fidelity Fidelity	Registered Investment Companies	**	687
*	Fidelity Value Strategies	Registered Investment Companies	**	506
*	Fidelity Select Software	Registered Investment Companies	**	1,173
*	Fidelity Value Discovery	Registered Investment Companies	**	857
*	Fidelity NASDAQ Comp Index	Registered Investment Companies	**	4,097
*	Fidelity Intl Real Estate	Registered Investment Companies	**	2,495
*	Fidelity Worldwide	Registered Investment Companies	**	7,371
*	Fidelity Focused High Inc	Registered Investment Companies	**	1,084
*	Fidelity Money Market	Money Market Fund	**	7,182
*	Fidelity Select Medical Delivery	Registered Investment Companies	**	60
*	Fidelity Select Consumer Discretionary	Registered Investment Companies	**	413
*	Fidelity US Bond Index	Registered Investment Companies	**	9,844
*	Fidelity International Small Cap Opportunities	Registered Investment Companies	**	598
*	Spartan Intermediate Treasury Bond Index	Registered Investment Companies	**	2,343

SUMMA HEALTH SYSTEM PENSION SAVINGS PLAN

DECEMBER 31, 2010
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SCHEDULE H, PART IV, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR), CONTINUED

(a)	(b) Identity of issue, lessor, or similar party	(c) Description of investment	(d) Cost**	(e) Current Value
*	Fidelity Freedom 2000	Registered Investment Companies	**	$ 4,802
*	Fidelity Strategy Real Retirement	Registered Investment Companies	**	1,447
*	Fidelity Independence	Registered Investment Companies	**	10,589
*	Fidelity Select Chemicals	Registered Investment Companies	**	3,645
*	Fidelity Total Bond	Registered Investment Companies	**	631
*	Fidelity Convertible Security	Registered Investment Companies	**	3,279
				$ 12,020,706

* Indicates party-in-interest to the plan

** Cost is not required for self-directed investment