

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), 6057(b), 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
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</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>UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER EMPLOYEES PENSION PLAN</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>08/01/1962</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER</u> <u>P.O. BOX 648</u> <u>158 WEST MAIN ROAD</u> <u>CONNEAUT, OH 44030</u> <u>CONNEAUT, OH 44030</u>	2b Employer Identification Number (EIN) <u>34-0714550</u> 2c Sponsor's telephone number <u>440-593-1131</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>10/12/2012</u>	<u>ELLIOTT KELLMAN</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 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER P.O. BOX 648 CONNEAUT, OH 44030	3b Administrator's EIN 34-0714550 3c Administrator's telephone number 440-593-1131
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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 UHHS BROWN MEMORIAL HOSPITAL	4b EIN 34-0714550 4c PN 001	
5 Total number of participants at the beginning of the plan year	5	258
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	177
b Retired or separated participants receiving benefits.....	6b	18
c Other retired or separated participants entitled to future benefits.....	6c	60
d Subtotal. Add lines 6a , 6b , and 6c	6d	255
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	5
f Total. Add lines 6d and 6e	6f	260
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	5
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

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

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

b General Schedules

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **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>UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>34-0714550</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>2011</u>
2	Assets:
a	Market value 2a <u>7125498</u>
b	Actuarial value 2b <u>6617171</u>
3	Funding target/participant count breakdown:
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>23</u> <u>1056973</u>
b	For terminated vested participants 3b <u>60</u> <u>664771</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>123665</u>
(2)	Vested benefits 3c(2) <u>4950617</u>
(3)	Total active 3c(3) <u>177</u> <u>5074282</u>
d	Total 3d <u>260</u> <u>6796026</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.05 %</u>
6	Target normal cost 6 <u>585083</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>10/03/2012</u>
Signature of actuary	Date
<u>JASON M. BRAVO</u>	<u>11-05569</u>
Type or print name of actuary	Most recent enrollment number
<u>HEWITT ASSOCIATES LLC</u>	<u>216-573-9700</u>
Firm name	Telephone number (including area code)
<u>5005 ROCKSIDE ROAD, SUITE 1000</u> <u>INDEPENDENCE, OH 44131-6828</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) 2011
v.012611

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 (line 13 from prior year)	0	218701
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	218683
9	Amount remaining (line 7 minus line 8)	0	18
10	Interest on line 9 using prior year's actual return of <u>14.10</u> %		3
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		218870
b	Interest on (a) using prior year's effective rate of <u>6.54</u> % except as otherwise provided (see instructions)		30846
c	Total available at beginning of current plan year to add to prefunding balance		249716
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	21

Part III		Funding percentages	
14	Funding target attainment percentage	14	97.36 %
15	Adjusted funding target attainment percentage	15	97.36 %
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	96.97 %
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
04/11/2011	145921				
07/13/2011	145921				
10/13/2011	138266				
01/12/2012	138266				
04/11/2012	153629				
07/09/2012	153629				
Totals ▶			18(b)	875632	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 contributions 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 830296
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
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 3.78%	2nd segment: 6.31%	3rd segment: 6.57%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 61
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 contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	585083	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	178876	29430	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	614513	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	614513	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	830296	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	215783	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>34-0714550</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MANNING AND NAPIER ADVISORS, LLC

45-3328488

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 71	NONE	25802	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

HEWITT ASSOCIATES LLC

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	23743	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

KEYBANK NATIONAL ASSOCIATION

127 PUBLIC SQUARE
14TH FLOOR
CLEVELAND, OH 44114

(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?
25 50	TRUSTEE	18574	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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)

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER EMPLOYEES PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER	D Employer Identification Number (EIN) 34-0714550	

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)	398619	445524
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	98087	9620
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	232952	0
(2) U.S. Government securities.....	1c(2)	1332025	1173568
(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)	2896230	3528191
(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)	2289497	2493194
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	4027	5515

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	7251437	7655612

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	5655	9082
i Acquisition indebtedness	1i	85035	0
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	90690	9082

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7160747	7646530
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	875632	
(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)		875632
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)	205061	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		205061
(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)	-51272	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-51272
(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)		-169197
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		860224

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	306322	
(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)		306322
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)	23743	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	25802	
(4) Other	2i(4)	18574	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		68119
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		374441

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		485783
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: KPMG, LLP

(2) EIN: 13-5565207

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		20000000
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.			
4n			

- 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 2011 This Form is Open to Public Inspection.
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER EMPLOYEES PENSION PLAN		B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER		D Employer Identification Number (EIN) 34-0714550
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 25-1904625		
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 1
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 (include any prior year accumulated funding deficiency not waived)		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 or other authority 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. 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) 2011 v.012611		

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): _____



**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

Financial Statements and Supplemental Schedules

December 31, 2011 and 2010

(With Independent Auditors' Report Thereon)

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

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1 Schedule H, Line 4i – Schedule of Assets Held (At End of Year) – December 31, 2011	12
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All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because there is no information to report.



KPMG LLP
One Cleveland Center
Suite 2600
1375 East Ninth Street
Cleveland, OH 44114-1796

Independent Auditors' Report

Plan Administrator
University Hospitals Conneaut Medical Center
Employees Pension Plan:

We were engaged to audit the accompanying statements of net assets available for benefits of the University Hospitals Conneaut Medical Center Employees Pension Plan (the Plan) as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended and the supplemental schedules of (1) Schedule H, Line 4i – Schedule of Assets Held (At End of Year) and (2) Schedule H, Line 4j – Schedule of Reportable Transactions as of and for the year ended December 31, 2011. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in notes 3 and 4 to the financial statements, which was certified by Key Bank National Association, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. 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 certifications from the trustee as of and for the years ended December 31, 2011 and 2010 that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's financial statements that we did not audit, we are unable to, and do not, express an opinion on the financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedules, 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.

KPMG LLP

October 8, 2012

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

Statements of Net Assets Available for Benefits

December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Assets:		
Investments, at fair value:		
Cash equivalents	\$ —	232,952
Common stock	3,528,191	2,896,230
U.S. government securities	1,173,568	1,332,025
Mutual funds	2,493,194	2,289,497
Total investments	<u>7,194,953</u>	<u>6,750,704</u>
Receivables:		
Employer contributions receivable	445,524	398,619
Accrued income	9,620	98,087
Total receivables	<u>455,144</u>	<u>496,706</u>
Prepays:		
Prepaid service costs	5,515	4,027
Total prepaids	<u>5,515</u>	<u>4,027</u>
Total assets	<u>7,655,612</u>	<u>7,251,437</u>
Liabilities:		
Due to broker for securities purchased	—	85,035
Accrued payables	9,082	5,655
Total liabilities	<u>9,082</u>	<u>90,690</u>
Total net assets available for benefits	<u>\$ 7,646,530</u>	<u>7,160,747</u>

See accompanying notes to financial statements.

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Investment (loss) income:		
Interest and dividends	\$ 205,061	153,388
Net (depreciation) appreciation in fair value of investments	<u>(220,469)</u>	<u>639,624</u>
Total investment (loss) income	<u>(15,408)</u>	<u>793,012</u>
Contributions:		
Employer contributions	<u>875,632</u>	<u>630,305</u>
Total contributions	<u>875,632</u>	<u>630,305</u>
Deductions from net assets attributed to:		
Benefit payments to participants	306,322	304,218
Administrative expenses	<u>68,119</u>	<u>60,591</u>
Total deductions	<u>374,441</u>	<u>364,809</u>
Net increase in net assets available for benefits	<u>485,783</u>	<u>1,058,508</u>
Net assets available for benefits:		
Beginning of year	<u>7,160,747</u>	<u>6,102,239</u>
End of year	<u><u>\$ 7,646,530</u></u>	<u><u>7,160,747</u></u>

See accompanying notes to financial statements.

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

Notes to Financial Statements

December 31, 2011 and 2010

(1) Description of the Plan

The following brief description of the University Hospitals Conneaut Medical Center Employees Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan agreement for more complete information.

(a) General

The Plan is a defined benefit pension plan covering substantially all employees of the Brown Memorial Hospital d/b/a University Hospitals Conneaut Medical Center (Hospital or Plan Sponsor) and provides for retirement and disability retirement benefits. Employees are eligible to participate in the Plan on January 1 or July 1 following attainment of age 21 and completion of 1 year of service.

Effective January 1, 2009, the Plan was frozen and employees of the Hospital hired subsequent to this date participate in the University Hospitals Health System, Inc. Retirement Plan.

(b) Pension Benefits

Participants are eligible to receive monthly benefit payments beginning at normal retirement age of 65 or the fifth anniversary of participation. The amount of a plan participant's benefit is based upon several factors, including years of service, Social Security covered compensation, and age. Participants may elect to receive their benefits as a life annuity payable monthly during retirement or may elect to receive optional forms of payment of actuarially equivalent amounts. The Plan permits early retirement benefits after attaining the age of 55 and having completed at least 10 years of vested service.

(c) Death Benefits

If an active participant dies at age 55 or older, the surviving spouse may be entitled to 50% of the participant's monthly retirement benefit. An unmarried participant may designate a beneficiary entitled to receive 50% of the participant's monthly retirement benefit, which is to be paid out in a lump sum.

(d) Vesting

Vesting is based on years of credited service. A participant is credited for 1 year of service for each plan year in which the participant completes 1,000 hours of service. After 5 years of service, the participant is 100% vested in the Plan.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

Notes to Financial Statements

December 31, 2011 and 2010

(b) *Funding Policy*

It is the Hospital's policy to make contributions to the Plan based upon actuarial computations which meet the greater of the minimum funding requirements of Employee Retirement Income Security Act of 1974 (ERISA) or 90% of the actuarial present value of accumulated plan benefits. The Hospital met the minimum funding requirements of ERISA for 2011 and 2010, as determined by consulting actuaries, AonHewitt.

(c) *Valuation of Investments and Income Recognition*

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 4 for a discussion of fair value measurements.

Net (depreciation) appreciation in the fair value of investments reported in the statements of changes in net assets available for benefits includes both realized and unrealized gains and losses. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date and interest income on the accrual basis.

(d) *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 at the date of the financial statements. Actual results could differ from those estimates.

(e) *Actuarial Present Value of Accumulated Plan Benefits*

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to employee service rendered as of the valuation date.

(f) *Payments of Benefits*

Benefit payments to participants are recorded upon distribution.

(g) *Expenses Paid by Plan Sponsor*

Certain plan expenses such as ERISA attorney fees, expenses in relation to the actuarial valuation, and audit fees are paid by the Plan Sponsor.

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

Notes to Financial Statements

December 31, 2011 and 2010

(3) Investments

Under the terms of a trust agreement between Key Bank National Association (the trustee) and the Plan, the trustee maintains a trust fund on behalf of the Plan. The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator has obtained certification from the trustee of the Plan that all of the information provided by them is complete and accurate. Information included in the accompanying financial statements as to investments in the trust fund administered by the trustee, investment income receivable, interest and dividends, information included in this note, and all information in the supplemental schedules is presented in reliance solely upon the certification.

The following table summarizes the investments and cash equivalents certified to be complete and accurate by the trustee. Individual investments that represent 5% or more of the Plan's net assets available for benefits at December 31, 2011 and 2010 are separately identified (*).

	<u>2011</u>	<u>2010</u>
Cash equivalents	\$ —	232,952
Common stock	3,528,191	2,896,230
U.S. government securities:		
U.S. Treasury notes at 1.75% due 07/31/15	—	398,720*
Other U.S. government securities	1,173,568	933,305
Mutual funds:		
Manning & Napier Core Plus Bd	1,094,935*	989,188*
Other mutual funds	1,398,259	1,300,309
Total investments	\$ <u>7,194,953</u>	<u>6,750,704</u>

Investment (loss) income for the years ended December 31, 2011 and 2010, as certified to be complete and accurate by the trustee, is summarized as follows:

	<u>2011</u>	<u>2010</u>
Investment (loss) income:		
Interest and dividends	\$ 205,061	153,388
Net (depreciation) appreciation in fair value of investments:		
Common stock	(119,463)	432,544
U.S. government securities	68,191	42,160
Mutual funds	(169,197)	164,920
Total investment (loss) income	\$ <u>(15,408)</u>	<u>793,012</u>

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

Notes to Financial Statements

December 31, 2011 and 2010

(4) Fair Value Measurements

The Plan has an established framework for measuring and disclosing fair value according to generally accepted accounting principles. Generally accepted accounting principles emphasize that fair value is a market-based measurement, not an entity-specific measurement, and should be determined based on the assumptions that market participants would use in pricing the asset or liability.

A hierarchy was established for ranking the quality and reliability of the information used to determine fair values. The Plan's assets carried at fair value are disclosed according to the following three levels:

- **Level 1** – Unadjusted quoted prices for identical assets or liabilities in active markets. Level 1 yields the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities. A quoted price in an active market provides the most reliable evidence of fair value and shall be used to measure fair value whenever available.
- **Level 2** – Observable inputs other than quoted prices in Level 1. Inputs such as quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar liabilities that are not active, or other inputs that are observable or can be corroborated by observable market data.
- **Level 3** – Unobservable inputs that are significant to the valuation of assets or liabilities and are supported by little or no market data. This includes discounted cash flow methodologies, pricing models, and similar techniques that use significant unobservable inputs. There are no instruments with a Level 3 classification.

The inputs used to fair value Level 1 instruments are unadjusted quoted prices derived from stock exchanges and the Chicago Board of Trade. Level 1 instruments primarily consist of common stock, certain U.S. government securities, and mutual funds. The Plan invests in a variety of equity securities, government securities, and mutual funds to diversify the portfolio as part of the overall investment strategy.

Investments in Level 2 primarily are comprised of cash equivalents and certain U.S. government securities. Level 2 inputs primarily consist of quotes from independent pricing vendors based on recent trading activity and other relevant information that may include matrix pricing, market corroborated pricing, yield curves, and other indices that are used when Level 1 inputs are not available.

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

Notes to Financial Statements

December 31, 2011 and 2010

December 31, 2011	Level 1	Level 2	Level 3	Total
Assets:				
Common stock	\$			
U.S. common stock	3,355,079	—	—	3,355,079
International common stock	173,112	—	—	173,112
Total common stock	<u>3,528,191</u>	<u>—</u>	<u>—</u>	<u>3,528,191</u>
U.S. government securities:				
FNMA pool	—	81,757	—	81,757
U.S. government agency	—	605,053	—	605,053
U.S. Treasury notes	<u>486,758</u>	<u>—</u>	<u>—</u>	<u>486,758</u>
Total U.S. government securities	486,758	686,810	—	1,173,568
Mutual funds:				
Equity	857,465	—	—	857,465
Fixed income	1,287,133	—	—	1,287,133
International	<u>348,596</u>	<u>—</u>	<u>—</u>	<u>348,596</u>
Total mutual funds	<u>2,493,194</u>	<u>—</u>	<u>—</u>	<u>2,493,194</u>
Total assets	<u>\$ 6,508,143</u>	<u>686,810</u>	<u>—</u>	<u>7,194,953</u>

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

Notes to Financial Statements

December 31, 2011 and 2010

December 31, 2010	Level 1	Level 2	Level 3	Total
Assets:				
Cash equivalents	\$ —	232,952	—	232,952
Common stock	2,896,230	—	—	2,896,230
U.S. government securities:				
FNMA pool	—	115,474	—	115,474
U.S. government agency	—	343,860	—	343,860
U.S. Treasury notes	872,691	—	—	872,691
Total U.S. government securities	872,691	459,334	—	1,332,025
Mutual funds:				
Equity	724,305	—	—	724,305
Fixed income	989,188	—	—	989,188
Government	183,265	—	—	183,265
International	392,739	—	—	392,739
Total mutual funds	2,289,497	—	—	2,289,497
Total assets	\$ 6,058,418	692,286	—	6,750,704

There have been no significant transfers in or out of Level 1 or 2 for the years ended December 31, 2011 and 2010.

(5) Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

Notes to Financial Statements

December 31, 2011 and 2010

The accumulated plan benefit information as of December 31, 2010 and 2009 is as follows:

	<u>2010</u>	<u>2009</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 1,003,000	834,000
Vested benefits for other participants	<u>5,413,000</u>	<u>3,896,000</u>
Total vested benefits	6,416,000	4,730,000
Nonvested benefits	<u>99,000</u>	<u>160,000</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 6,515,000</u>	<u>4,890,000</u>

The changes in the accumulated plan benefits for the years ended December 31, 2010 and 2009 were:

	<u>2010</u>	<u>2009</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 4,890,000	4,419,000
Increase (decrease) during the year attributable to:		
Interest on prior liability	389,000	359,000
Benefits accumulated	311,000	133,000
Benefits paid	(304,000)	(180,000)
Changes in actuarial assumptions	<u>1,229,000</u>	<u>159,000</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 6,515,000</u>	<u>4,890,000</u>

The significant actuarial assumptions used in the valuations as of December 31, 2010 and 2009 include:

Assumed rate of return on investments	6.75% and 8.25% per annum for 2010 and 2009, respectively
Mortality basis	2012 static mortality table for annuitants and non-annuitants per § 1.430 (h)(3)-1(e) (2010) RP-2000 Mortality Table projected to 2011 Scale AA (2009)
Average retirement age	61 (2010 and 2009)

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

Notes to Financial Statements

December 31, 2011 and 2010

(6) Plan Termination

The Hospital has the right under the Plan to discontinue its contributions for future periods and terminate the Plan at any time. In the event of termination of the Plan, the assets of the Plan are to be set aside first for the payment of vested benefits and second to the remaining participants on a pro rata basis. Distributions will be made in accordance with ERISA and the Pension Benefit Guaranty Corporation (PBGC) requirements. The PBGC guarantees the payment of all nonforfeitable basic benefits, subject to certain limitations prescribed by ERISA.

(7) Income Tax Status

The Internal Revenue Service (IRS) has determined and informed the Hospital by a letter dated May 21, 2012 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC, GUST, and EGTRRA.

The Hospital is required to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the organization has taken an uncertain position that more likely than not would be sustained upon examination by the IRS. The Hospital has concluded that as of December 31, 2011, there are no uncertain tax positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Hospital believes the Plan is no longer subject to income tax examinations for years prior to 2008.

(8) Related-Party Transactions

Certain plan investments and shares of mutual funds are managed by Key Bank National Association. As Key Bank National Association is the trustee of the Plan, these transactions qualify as party-in-interest transactions.

(9) 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 that such changes could materially affect balances and the amounts reported in the statements 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

(10) Subsequent Events

All activity of the Plan has been evaluated through October 8, 2012. There were no reportable events other than the Internal Revenue Service tax determination letter dated May 21, 2012 as discussed in note 7.

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

EIN: 34-0714550

Plan Number: 001

Schedule H, Line 4i – Schedule of Assets Held (At End of Year)

December 31, 2011

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including par or maturity value, rate of interest, collateral, or maturity date	(d) Cost	(e) Current value
	Common stock:			
	American Express Co	920 shares	\$ 28,804	43,396
	AMC Networks Inc	1,230 shares	48,093	46,223
	Alexandria Real Estate Equities	210 shares	13,890	14,484
	Amazon Inc	270 shares	52,687	46,737
	Autodesk Inc	2,450 shares	68,900	74,309
	Baker Hughes Inc	1,200 shares	50,177	58,368
	Bank of New Yourk Mellon Corp	3,100 shares	86,381	61,721
	Becton Dickinson & Co	650 shares	46,665	48,568
	Biomed Realty Trust Inc	790 shares	13,793	14,283
	Boston Scientific Corp	13,730 shares	93,709	73,318
	Carnival Corp	2,160 shares	76,479	70,502
	Cerner Corp	2,180 shares	109,490	133,525
	Cisco Sys Inc	6,760 shares	134,751	122,221
	Coca Cola Co	750 shares	38,519	52,478
	Corning Inc	4,710 shares	68,210	61,136
	Corporate Office Pptys Trust	640 shares	16,581	13,606
	Digital Realty Trust Inc	240 shares	13,363	16,001
	Discover Financial Services	2,420 shares	58,906	58,080
	DirecTV	1,530 shares	71,190	65,423
	DuPont Fabros Technology Inc	630 shares	13,990	15,259
	EMC Corp	3,660 shares	60,487	78,836
	Electronic Arts Inc	3,010 shares	103,659	62,006
	Fedex Corp	560 shares	43,518	46,766
	Flowserve Corp	770 shares	81,476	76,476
	Google Inc	250 shares	121,402	161,475
	Hess Corp	1,810 shares	101,970	102,808
	Kraft Foods Inc	2,200 shares	64,622	82,192
	Kroger Co	2,260 shares	50,184	54,737
	Liberty Global Inc	880 shares	28,136	36,106
	Mastercard Inc	170 shares	36,413	63,379
	Monsanto Co	2,090 shares	133,444	146,446
	Moodys Corp	1,450 shares	47,452	48,836
	News Corp Inc	3,310 shares	54,116	59,050
	Norfolk Southern Corp	620 shares	40,450	45,173
	Qiagen NV	3,920 shares	66,888	54,135
	Qualcomm Inc	1,310 shares	51,111	71,657
	Schlumberger Ltd	1,030 shares	69,092	70,359
	Schwab Charles Corp	7,660 shares	105,597	86,252
	Southwest Airlines Co	7,865 shares	78,245	67,325
	State Str Corp	2,130 shares	93,781	85,860
	Syngenta AG	120 shares	36,179	35,290
	Time Warner Inc	3,150 shares	95,448	113,841
	Telenor ASA	4,360 shares	70,118	71,669
	Toyota Motor Corp	530 shares	41,748	35,049
	Unilever PLC	2,290 shares	55,227	76,761

(Continued)

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

EIN: 34-0714550

Plan Number: 001

Schedule H, Line 4i – Schedule of Assets Held (At End of Year)

December 31, 2011

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including par or maturity value, rate of interest, collateral, or maturity date	(d) Cost	(e) Current value
	United Parcel Service Inc	1,025 shares	\$ 65,749	75,020
	Virgin Media Inc	3,140 shares	71,382	67,133
	Visa Inc	620 shares	45,441	62,949
	Walt Disney Co	3,940 shares	117,623	147,750
	Waters Corp	410 shares	30,264	30,361
	Weatherford International Ltd	3,050 shares	49,715	44,652
	Amadeus IT Holdings SA	1,940 shares	35,094	31,568
	Nestle SA	1,210 shares	35,766	69,875
	Anheuser-Busch Inbev N V FGN	1,250 shares	69,352	76,761
	Total common stock		3,355,727	3,528,191
	U.S. government securities:			
	Fannie Mae Bond	14,000 shares at 6.250% due 05/15/29	19,026	19,710
	Fannie Mae Global Bond	14,000 shares at 6.625% due 11/15/30	19,822	20,736
	Fannie Mae Note	14,000 shares at 7.250% due 05/15/30	21,067	21,864
	Fannie Mae Pool	74,174.990 shares at 6% due 08/01/37	83,680	81,757
	Freddie Mac Global BD	14,000 shares at 6.750% due 03/15/31	20,162	21,046
	Freddie Mac Gold	333,846.08 shares at 4.50% due 11/01/39	352,521	354,064
	Freddie Mac Med Term NT	14,000 shares at 6.250% due 07/15/32	19,339	20,376
	Freddie Mac Med Term NT	129,000 shares at 3.75% due 03/27/19	133,561	147,257
	United States Treasury NTS	5,000 shares at 4% due 08/15/18	5,311	5,889
	United States Treasury NTS	140,000 shares at 3.125% due 10/31/16	153,913	155,236
	United States Treasury NTS	150,000 shares at 1.375% due 11/30/15	145,898	154,571
	United States Treasury NTS	162,000 shares at 2% due 04/30/16	171,214	171,062
	Total U.S. government securities		1,145,514	1,173,568
	Mutual funds:			
	Manning & Napier Core Plus Bd			
	Open-End Fund	102,618.068 shares	1,053,773	1,094,935
	Manning & Napier Emerging Mkts			
	Open-End Fund	7,403.614 shares	74,033	72,852
	Manning & Napier Finl Svcs			
	Open-End Fund CL A	24,224.391 shares	185,348	127,905
	Manning & Napier High Yld Bd			
	Open-End Fund	18,659.959 shares	188,839	192,198
	Manning & Napier Infl Focus Eqty			
	Open-End Fund	7,154 shares	71,783	71,182
	Manning & Napier Intl Ser			
	Open-End Fund	31,860.575 shares	305,431	242,140
	Manning & Napier Life Sciences			
	Open-End Fund	15,327.776 shares	171,493	167,839
	Manning & Napier Real Estate			
	Open-End Fund	12,404.109 shares	137,059	156,912
	Manning & Napier Small Cap			
	Open-End Fund CL A	16,801.035 shares	166,032	140,457

(Continued)

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

EIN: 34-0714550

Plan Number: 001

Schedule H, Line 4i – Schedule of Assets Held (At End of Year)

December 31, 2011

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including par or maturity value, rate of interest, collateral, or maturity date	(d) Cost	(e) Current value
	Manning & Napier Technology Ser Open-End Fund	11,647.433 shares	\$ 87,053	120,318
	Manning & Napier World Opptys Open-End Fund CL A	16,056.771 shares	129,749	106,456
		Total mutual funds	2,570,593	2,493,194
		Total investments	\$ 7,071,834	7,194,953

Note: This schedule is based on information which has been certified as complete and accurate by Key Bank National Association, the trustee of the Plan.

See accompanying independent auditors' report.

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

EIN: 34-0714550

Plan Number: 001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended December 31, 2011

Individual transactions involving an amount in excess of 5% of the current value of Plan assets:

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Sale price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of assets on transaction date	(i) Net gain (loss)
* E B Money Market Fund	Cash equivalents	\$ 399,083	—	—	—	399,083	399,083	—
Freddie Mac Gold	Securities at 4.50% due 11/01/39	352,521	—	—	—	352,521	352,521	—
* E B Money Market Fund	Cash equivalents	—	352,100	—	—	352,100	352,100	—

* Party-in-interest.

Note: This schedule is based on information that has been certified as complete and accurate by Key Bank National Association, the trustee of the Plan.

See accompanying independent auditors' report.

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

EIN: 34-0714550
Plan Number: 001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended December 31, 2011

Series of transactions involving an amount in excess of 5% of the current value of Plan assets:

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Sale price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of assets on transaction date	(i) Net gain (loss)
* EB Money Market Fund	Money Market Fund:							
	94 purchases	\$ 3,300,336	—	—	—	3,300,336	3,300,336	—
	70 sales	—	3,533,288	—	—	3,533,288	3,533,288	—
Fannie Mae	Note at 0.375% due 12/28/12							
	1 purchase	187,701	—	—	—	187,701	187,701	—
	2 sales	—	187,747	—	—	187,701	187,747	46
Freddie Mac Gold	Securities at 4.50% due 11/01/39							
	1 purchase	352,521	—	—	—	352,521	352,521	—
United States Treasury Notes	Note at 1.75% due 07/31/15							
	2 sales	—	417,372	—	—	398,720	417,372	18,652
Banc/America Secur.Montgomery	U.S. government securities							
	1 purchase	352,521	—	—	—	352,521	352,521	—
	1 sale	—	146,733	—	—	150,100	146,733	(3,367)

* Party-in-interest.

Note: This schedule is based on information that has been certified as complete and accurate by Key Bank National Association, the trustee of the Plan.

See accompanying independent auditors' report.

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

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2011**This Form is Open to Public
Inspection**

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **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 Conneaut Medical Center Employees' Pension Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF UH Conneaut Medical Center	D Employer Identification Number (EIN) 34-0714550
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>1</u> Day <u>1</u> Year <u>2011</u>		
2 Assets:		
a Market value	2a	7,125,498
b Actuarial value	2b	6,617,171
3 Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 23	1,056,973
b For terminated vested participants	3b 60	664,771
c For active participants:		
(1) Non-vested benefits.....	3c(1)	123,665
(2) Vested benefits	3c(2)	4,950,617
(3) Total active.....	3c(3) 177	5,074,282
d Total.....	3d 260	6,796,026
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐		
a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	6.05 %
6 Target normal cost	6	585,083

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 Jason M. Bravo Signature of actuary	 10/03/2012 Date
Jason M. Bravo Type or print name of actuary	11-05569 Most recent enrollment number
Hewitt Associates LLC Firm name	(216) 573-9700 Telephone number (including area code)
5005 Rockside Road, Suite 1000 Address of the firm	
Independence OH 44131-6828 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) 2011
v.012611

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 (line 13 from prior year).....	0	218,701
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	218,683
9 Amount remaining (line 7 minus line 8).....	0	18
10 Interest on line 9 using prior year's actual return of <u>14.10</u> %.....		3
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		218,870
b Interest on (a) using prior year's effective rate of <u>6.54</u> % except as otherwise provided (see instructions).....		30,846
c Total available at beginning of current plan year to add to prefunding balance.....		249,716
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	21

Part III Funding percentages

14 Funding target attainment percentage	14	97.36 %
15 Adjusted funding target attainment percentage	15	97.36 %
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	96.97 %
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
04/11/2011	145,921				
07/13/2011	145,921				
10/13/2011	138,266				
01/12/2012	138,266				
04/11/2012	153,629				
07/09/2012	153,629				
Totals •			18(b)	875,632	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 contributions 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	830,296

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: 3.78 %	2nd segment: 6.31 %	3rd segment: 6.57 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 61
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 contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29).....	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	585,083	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	178,876	29,430	
b Waiver amortization installment.....	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	614,513	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	614,513	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	830,296	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	215,783	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Schedule SB Attachment (Form 5500)—2011 Plan Year
University Hospitals Conneaut Medical Center Employees' Pension Plan
EIN: 34-0714550 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2011

Date	Amount	Interest Rate	Interest Adjusted Contribution
April 11, 2011	\$ 145,921	6.05%	\$ 143,591
July 13, 2011	145,921	6.05%	141,458
October 13, 2011	138,266	6.05%	132,068
January 12, 2012	138,266	6.05%	130,148
April 11, 2012	153,629	6.05%	142,529
July 9, 2012	153,629	6.05%	140,502
Total Contribution	\$ 875,632		\$ 830,296

Schedule SB Attachment (Form 5500)—2011 Plan Year
University Hospitals Conneaut Medical Center Employees' Pension Plan
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Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55	10.00%	1.0000	5.50
56	10.00%	0.9000	5.04
57	10.00%	0.8100	4.62
58	10.00%	0.7290	4.23
59	10.00%	0.6561	3.87
60	15.00%	0.5905	5.31
61	15.00%	0.5019	4.59
62	20.00%	0.4266	5.29
63	20.00%	0.3413	4.30
64	30.00%	0.2730	5.24
65	60.00%	0.1911	7.45
66	50.00%	0.0765	2.52
67	50.00%	0.0382	1.28
68	50.00%	0.0191	0.65
69	50.00%	0.0096	0.33
70	100.00%	0.0048	0.33
Weighted Average			60.55

Schedule SB Attachment (Form 5500)—2011 Plan Year
University Hospitals Conneaut Medical Center Employees' Pension Plan
EIN: 34-0714550 PN: 001

Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest rates	Based on segment rates with a four-month look-back (as of September 2010).
1st segment rate	3.78%
2nd segment rate	6.31%
3rd segment rate	6.57%
Salary increases	
Minimum funding target normal cost	4.50%
Maximum tax expected benefit increase	4.50%
Social Security wage base increases	Future wage indices are based on a national wage increase of 3.00% per year.
Optional payment form election percentage	100% of eligible participants elect lump sum. All others elect 5-year certain & life annuity.
Optional payment form conversion interest rate	Same as funding interest rates above for lump sums.
Optional payment form conversion mortality	2011 417(e) table for lump sums.
Retirement age	
Active participants	See Table 1
Terminated vested participants	Age 61
Mortality rates	
Healthy and disabled	2011 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e).
Withdrawal rates	See Table 2
Disability rates	See Table 3
Decrement timing	Middle of year decrements, with 100% retirement occurring at beginning of year.
Surviving spouse benefit	It is assumed that 75% of males and 75% of females have an eligible spouse, and that males are three years older than their spouses.

Schedule SB Attachment (Form 5500)—2011 Plan Year
University Hospitals Conneaut Medical Center Employees' Pension Plan
EIN: 34-0714550 PN: 001

Valuation compensation	2010 Pensionable earnings rolled forward one year with the salary increase assumption.
Benefit and compensation limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$195,000 and the 401(a)(17) compensation limit of \$245,000.
Valuation of plan assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected return on assets	
2009 plan year	6.69%
2010 plan year	6.82%
Trust expenses included in target normal cost	\$60,000 based on the prior year's actual plan administrative expenses, rounded to the nearest \$10,000.
Actuarial method	Standard unit credit cost method
Valuation date	January 1, 2011

Schedule SB Attachment (Form 5500)—2011 Plan Year
University Hospitals Conneaut Medical Center Employees' Pension Plan
EIN: 34-0714550 PN: 001

Table 1

Retirement Rates

Age	Rate
55	10.00%
56	10.00%
57	10.00%
58	10.00%
59	10.00%
60	15.00%
61	15.00%
62	20.00%
63	20.00%
64	30.00%
65	60.00%
66	50.00%
67	50.00%
68	50.00%
69	50.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2011 Plan Year
University Hospitals Conneaut Medical Center Employees' Pension Plan
EIN: 34-0714550 PN: 001

Table 2—Page 1 of 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
15	24.50%	24.50%	24.50%	24.50%	24.50%	24.50%
16	24.50%	24.50%	24.50%	24.50%	24.50%	24.50%
17	24.50%	24.50%	24.50%	24.50%	24.50%	24.50%
18	24.50%	24.50%	24.50%	24.50%	24.50%	24.50%
19	24.50%	24.50%	24.50%	24.50%	24.50%	24.50%
20	24.50%	24.50%	24.50%	24.50%	24.50%	24.50%
21	24.50%	24.50%	24.50%	24.50%	24.50%	24.50%
22	23.38%	23.38%	23.38%	23.38%	23.38%	23.38%
23	22.12%	22.12%	22.12%	22.12%	22.12%	22.12%
24	21.14%	21.14%	21.14%	21.14%	21.14%	21.14%
25	20.02%	20.02%	20.02%	20.02%	20.02%	20.02%
26	19.04%	19.04%	19.04%	19.04%	19.04%	19.04%
27	17.92%	17.92%	17.92%	17.92%	17.92%	17.92%
28	17.78%	16.94%	16.94%	16.94%	16.94%	16.94%
29	17.78%	16.66%	16.10%	16.10%	16.10%	16.10%
30	17.78%	16.66%	15.40%	15.12%	15.12%	15.12%
31	17.78%	16.66%	15.40%	14.28%	14.28%	14.28%
32	17.78%	16.66%	15.40%	14.28%	13.44%	13.44%
33	17.78%	16.66%	15.40%	14.28%	13.30%	12.60%
34	17.78%	16.66%	15.40%	14.28%	13.30%	11.90%
35	17.78%	16.66%	15.40%	14.28%	13.30%	11.06%
36	17.78%	16.66%	15.40%	14.28%	13.30%	10.36%
37	17.78%	16.66%	15.40%	14.28%	13.30%	9.66%
38	17.78%	16.66%	15.40%	14.28%	13.30%	9.10%
39	17.78%	16.66%	15.40%	14.28%	13.30%	8.40%
40	17.78%	16.66%	15.40%	14.28%	13.30%	7.84%
41	17.78%	16.66%	15.40%	14.28%	13.30%	7.28%
42	17.78%	16.66%	15.40%	14.28%	13.30%	6.86%
43	17.78%	16.66%	15.40%	14.28%	13.30%	6.30%
44	17.78%	16.66%	15.40%	14.28%	13.30%	5.88%

Schedule SB Attachment (Form 5500)—2011 Plan Year
University Hospitals Conneaut Medical Center Employees' Pension Plan
EIN: 34-0714550 PN: 001

Table 2—Page 2 of 2

Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
45	17.78%	16.66%	15.40%	14.28%	13.30%	5.46%
46	17.78%	16.66%	15.40%	14.28%	13.30%	5.04%
47	17.78%	16.66%	15.40%	14.28%	13.30%	4.76%
48	17.78%	16.66%	15.40%	14.28%	13.30%	4.34%
49	17.78%	16.66%	15.40%	14.28%	13.30%	4.06%
50	17.78%	16.66%	15.40%	14.28%	13.30%	3.78%
51	17.78%	16.66%	15.40%	14.28%	13.30%	3.64%
52	17.78%	16.66%	15.40%	14.28%	13.30%	3.36%
53	17.78%	16.66%	15.40%	14.28%	13.30%	3.22%
54+	17.78%	16.66%	15.40%	14.28%	13.30%	3.08%

Schedule SB Attachment (Form 5500)—2011 Plan Year
University Hospitals Conneaut Medical Center Employees' Pension Plan
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Table 3

Disability Rates

Age	Rate	Age	Rate
15	0.083%	45	0.263%
16	0.083%	46	0.292%
17	0.083%	47	0.321%
18	0.083%	48	0.372%
19	0.083%	49	0.422%
20	0.083%	50	0.473%
21	0.083%	51	0.523%
22	0.083%	52	0.574%
23	0.083%	53	0.670%
24	0.083%	54	0.766%
25	0.083%	55	0.863%
26	0.083%	56	0.959%
27	0.083%	57	1.055%
28	0.083%	58	1.146%
29	0.083%	59	1.236%
30	0.083%	60	1.327%
31	0.083%	61	1.417%
32	0.083%	62	1.508%
33	0.083%	63	1.508%
34	0.083%	64	1.508%
35	0.083%	65+	0.000%
36	0.083%		
37	0.083%		
38	0.083%		
39	0.083%		
40	0.114%		
41	0.114%		
42	0.175%		
43	0.204%		
44	0.233%		

Schedule SB Attachment (Form 5500)—2011 Plan Year
University Hospitals Conneaut Medical Center Employees' Pension Plan
EIN: 34-0714550 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

Effective Date	As amended and restated effective January 1, 1989.
Participation Date	January 1 or July 1 following the participant's twenty-first birthday and the completion of one qualifying Year of Service. Hired prior to January 1, 2009.
Normal Retirement Eligibility	First day of the month on or after the later of the participant's sixty-fifth birthday and the fifth anniversary of participation in the plan.
Benefit	The greatest of (a), (b), and (c): (a) 1.10% of Average Monthly Compensation, plus 0.65% of Average Monthly Compensation in excess of Social Security Covered Compensation, the sum multiplied by Years of Service up to a maximum of 30 years. (b) The accrued benefit under the plan provisions in effect as of November 26, 1996. (c) The accrued benefit under the plan provisions in effect as of May 14, 1998.
Early Retirement Eligibility	Age 55 and 10 Years of Service.
Benefit	Accrued Benefit actuarially reduced for commencement at the Early Retirement Date. Minimum early retirement factors apply to the November 26, 1996 Minimum Accrued Benefit. The reduction applied to this minimum benefit is 0.5% for each of the first 60 months and 0.4% for each of the next 60 months.

Schedule SB Attachment (Form 5500)—2011 Plan Year
University Hospitals Conneaut Medical Center Employees' Pension Plan
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Delayed Retirement
Eligibility

The participant continues to work past the Normal Retirement Date.

Benefits shall not commence until the participant actually terminates employment.

Benefit

The greater of (a) and (b):

- (a) The benefit based on compensation and Years of Service at the date of termination.
- (b) The Accrued Benefit on the Normal Retirement Date increased by one-half of one percent for each month by which the actual retirement date is later than the Normal Retirement Date.

Disabled Retirement
Eligibility

Termination due to total and permanent disability.

Benefit

Accrued Benefit as of the date of disability commencing on the Normal Retirement Date. The participant may elect to receive a reduced benefit following six months of disability. The reduced benefit is the actuarial equivalent of the Normal Retirement Benefit.

Deferred Vested Retirement
Eligibility

Five Years of Service.

Benefit

Accrued Benefit as of the date of termination commencing at the Normal Retirement Date.

A participant who has completed ten Years of Service at termination may elect to commence benefit payments at the Early Retirement Date.

Lump Sum Benefit
Eligibility

Any participant eligible for a vested retirement benefit.

Benefit

Participant may elect to receive a single lump-sum payment equal to the actuarial present value of the Normal Retirement Benefit.

Schedule SB Attachment (Form 5500)—2011 Plan Year
University Hospitals Conneaut Medical Center Employees' Pension Plan
EIN: 34-0714550 PN: 001

Survivor Benefit

Eligibility

Any participant eligible for a vested retirement benefit.

Benefit

Fifty percent of the participant's Accrued Benefit reduced for both Joint and 50% Survivor benefit form and early receipt of benefits. The benefit is payable at the participant's earliest retirement age.

Definitions

Average Monthly Compensation

The sum of a participant's compensation during the five highest consecutive calendar years out of the last ten years prior to the date of termination, divided by 60.

If the participant has been employed for less than 60 months, the average monthly compensation is the sum of the participant's total compensation divided by the number of complete months the participant had worked prior to the date of termination.

Compensation

The participants' wages during the year. Compensation includes deferred compensation under Code Sections 125 and 403(b).

Year of Service

For vesting and benefit accrual purposes, a Year of Service is credited for each calendar year in which a participant completes 1,000 hours of service.

Social Security Covered Compensation

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

Schedule SB Attachment (Form 5500)—2011 Plan Year
University Hospitals Conneaut Medical Center Employees' Pension Plan
EIN: 34-0714550 PN: 001

Accrued Benefit

The Accrued Benefit is the greatest of (a), (b) and (c):

- (a) The Normal Retirement Benefit multiplied by the Service Ratio. In determining the Normal Retirement Benefit, Years of Service is computed as the sum of Years of Service at the determination date and the number of years from the determination date to the Normal Retirement Date.
- (b) The accrued benefit based on the provisions in effect as of November 26, 1996.
- (c) The accrued benefit based on the provisions in effect as of May 14, 1998.

Service Ratio

Years of Service at the determination date divided by projected Years of Service at Normal Retirement Date, not to exceed 1.

Normal Form of Benefit

A monthly annuity payable for the lifetime of the participant with 60 months of payments guaranteed. If the participant dies before 60 payments are made, payments will continue to the beneficiary until a total of 60 payments are made.

Optional Forms

Single Life Annuity; 10- and 15-year Certain and Life Annuity; 50%, 75%, and 100% Joint and Survivor Annuity; Lump Sum

Plan Changes Since the Prior Year

The funding valuation reflects the following plan change:

- A change in the mortality basis for lump-sum payments from the 2010 plan year 417(e)(3) mortality table to the 2011 plan year 417(e)(3) mortality table.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2011 Plan Year
University Hospitals Conneaut Medical Center Employees' Pension Plan
EIN: 34-0714550 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2011

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		2								
25-29		4	3							
30-34		3	2	2						
35-39		5	12	6	1					
40-44		7	5	4	6					
45-49		9	7	7	2	3	2			
50-54		2	10	1	4	6	5	7	1	
55-59		8	5	2	1	3	2	2	5	
60-64		3	1	1	2	3	1	4	1	1
65-69		1			1		1			1
70+										

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Schedule SB Attachment (Form 5500)—2011 Plan Year
University Hospitals Conneaut Medical Center Employees' Pension Plan
EIN: 34-0714550 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

Type Of Base	Present Value of Installments	Valuation Date Established	Remaining Years in Amortization Period	Amortization Amount
Shortfall	\$178,876	January 1, 2011	7	\$29,430

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

EIN: 34-0714550

Plan Number: 001

Schedule H, Line 4i – Schedule of Assets Held (At End of Year)

December 31, 2011

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including par or maturity value, rate of interest, collateral, or maturity date	(d) Cost	(e) Current value
	Common stock:			
	American Express Co	920 shares	\$ 28,804	43,396
	AMC Networks Inc	1,230 shares	48,093	46,223
	Alexandria Real Estate Equities	210 shares	13,890	14,484
	Amazon Inc	270 shares	52,687	46,737
	Autodesk Inc	2,450 shares	68,900	74,309
	Baker Hughes Inc	1,200 shares	50,177	58,368
	Bank of New Yourk Mellon Corp	3,100 shares	86,381	61,721
	Becton Dickinson & Co	650 shares	46,665	48,568
	Biomed Realty Trust Inc	790 shares	13,793	14,283
	Boston Scientific Corp	13,730 shares	93,709	73,318
	Carnival Corp	2,160 shares	76,479	70,502
	Cerner Corp	2,180 shares	109,490	133,525
	Cisco Sys Inc	6,760 shares	134,751	122,221
	Coca Cola Co	750 shares	38,519	52,478
	Corning Inc	4,710 shares	68,210	61,136
	Corporate Office Pptys Trust	640 shares	16,581	13,606
	Digital Realty Trust Inc	240 shares	13,363	16,001
	Discover Financial Services	2,420 shares	58,906	58,080
	DirecTV	1,530 shares	71,190	65,423
	DuPont Fabros Technology Inc	630 shares	13,990	15,259
	EMC Corp	3,660 shares	60,487	78,836
	Electronic Arts Inc	3,010 shares	103,659	62,006
	Fedex Corp	560 shares	43,518	46,766
	Flowserve Corp	770 shares	81,476	76,476
	Google Inc	250 shares	121,402	161,475
	Hess Corp	1,810 shares	101,970	102,808
	Kraft Foods Inc	2,200 shares	64,622	82,192
	Kroger Co	2,260 shares	50,184	54,737
	Liberty Global Inc	880 shares	28,136	36,106
	Mastercard Inc	170 shares	36,413	63,379
	Monsanto Co	2,090 shares	133,444	146,446
	Moodys Corp	1,450 shares	47,452	48,836
	News Corp Inc	3,310 shares	54,116	59,050
	Norfolk Southern Corp	620 shares	40,450	45,173
	Qiagen NV	3,920 shares	66,888	54,135
	Qualcomm Inc	1,310 shares	51,111	71,657
	Schlumberger Ltd	1,030 shares	69,092	70,359
	Schwab Charles Corp	7,660 shares	105,597	86,252
	Southwest Airlines Co	7,865 shares	78,245	67,325
	State Str Corp	2,130 shares	93,781	85,860
	Syngenta AG	120 shares	36,179	35,290
	Time Warner Inc	3,150 shares	95,448	113,841
	Telenor ASA	4,360 shares	70,118	71,669
	Toyota Motor Corp	530 shares	41,748	35,049
	Unilever PLC	2,290 shares	55,227	76,761

(Continued)

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

EIN: 34-0714550

Plan Number: 001

Schedule H, Line 4i – Schedule of Assets Held (At End of Year)

December 31, 2011

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including par or maturity value, rate of interest, collateral, or maturity date	(d) Cost	(e) Current value
	United Parcel Service Inc	1,025 shares	\$ 65,749	75,020
	Virgin Media Inc	3,140 shares	71,382	67,133
	Visa Inc	620 shares	45,441	62,949
	Walt Disney Co	3,940 shares	117,623	147,750
	Waters Corp	410 shares	30,264	30,361
	Weatherford International Ltd	3,050 shares	49,715	44,652
	Amadeus IT Holdings SA	1,940 shares	35,094	31,568
	Nestle SA	1,210 shares	35,766	69,875
	Anheuser-Busch Inbev N V FGN	1,250 shares	69,352	76,761
	Total common stock		3,355,727	3,528,191
	U.S. government securities:			
	Fannie Mae Bond	14,000 shares at 6.250% due 05/15/29	19,026	19,710
	Fannie Mae Global Bond	14,000 shares at 6.625% due 11/15/30	19,822	20,736
	Fannie Mae Note	14,000 shares at 7.250% due 05/15/30	21,067	21,864
	Fannie Mae Pool	74,174.990 shares at 6% due 08/01/37	83,680	81,757
	Freddie Mac Global BD	14,000 shares at 6.750% due 03/15/31	20,162	21,046
	Freddie Mac Gold	333,846.08 shares at 4.50% due 11/01/39	352,521	354,064
	Freddie Mac Med Term NT	14,000 shares at 6.250% due 07/15/32	19,339	20,376
	Freddie Mac Med Term NT	129,000 shares at 3.75% due 03/27/19	133,561	147,257
	United States Treasury NTS	5,000 shares at 4% due 08/15/18	5,311	5,889
	United States Treasury NTS	140,000 shares at 3.125% due 10/31/16	153,913	155,236
	United States Treasury NTS	150,000 shares at 1.375% due 11/30/15	145,898	154,571
	United States Treasury NTS	162,000 shares at 2% due 04/30/16	171,214	171,062
	Total U.S. government securities		1,145,514	1,173,568
	Mutual funds:			
	Manning & Napier Core Plus Bd			
	Open-End Fund	102,618.068 shares	1,053,773	1,094,935
	Manning & Napier Emerging Mkts			
	Open-End Fund	7,403.614 shares	74,033	72,852
	Manning & Napier Finl Svcs			
	Open-End Fund CL A	24,224.391 shares	185,348	127,905
	Manning & Napier High Yld Bd			
	Open-End Fund	18,659.959 shares	188,839	192,198
	Manning & Napier Infl Focus Eqty			
	Open-End Fund	7,154 shares	71,783	71,182
	Manning & Napier Intl Ser			
	Open-End Fund	31,860.575 shares	305,431	242,140
	Manning & Napier Life Sciences			
	Open-End Fund	15,327.776 shares	171,493	167,839
	Manning & Napier Real Estate			
	Open-End Fund	12,404.109 shares	137,059	156,912
	Manning & Napier Small Cap			
	Open-End Fund CL A	16,801.035 shares	166,032	140,457

(Continued)

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

EIN: 34-0714550

Plan Number: 001

Schedule H, Line 4i – Schedule of Assets Held (At End of Year)

December 31, 2011

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including par or maturity value, rate of interest, collateral, or maturity date	(d) Cost	(e) Current value
	Manning & Napier Technology Ser Open-End Fund	11,647.433 shares	\$ 87,053	120,318
	Manning & Napier World Opptys Open-End Fund CL A	16,056.771 shares	129,749	106,456
		Total mutual funds	2,570,593	2,493,194
		Total investments	\$ 7,071,834	7,194,953

Note: This schedule is based on information which has been certified as complete and accurate by Key Bank National Association, the trustee of the Plan.

See accompanying independent auditors' report.

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

EIN: 34-0714550

Plan Number: 001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended December 31, 2011

Individual transactions involving an amount in excess of 5% of the current value of Plan assets:

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Sale price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of assets on transaction date	(i) Net gain (loss)
* E B Money Market Fund	Cash equivalents	\$ 399,083	—	—	—	399,083	399,083	—
Freddie Mac Gold	Securities at 4.50% due 11/01/39	352,521	—	—	—	352,521	352,521	—
* E B Money Market Fund	Cash equivalents	—	352,100	—	—	352,100	352,100	—

* Party-in-interest.

Note: This schedule is based on information that has been certified as complete and accurate by Key Bank National Association, the trustee of the Plan.

See accompanying independent auditors' report.

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

EIN: 34-0714550
Plan Number: 001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended December 31, 2011

Series of transactions involving an amount in excess of 5% of the current value of Plan assets:

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Sale price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of assets on transaction date	(i) Net gain (loss)
* EB Money Market Fund	Money Market Fund:							
	94 purchases	\$ 3,300,336	—	—	—	3,300,336	3,300,336	—
	70 sales	—	3,533,288	—	—	3,533,288	3,533,288	—
Fannie Mae	Note at 0.375% due 12/28/12							
	1 purchase	187,701	—	—	—	187,701	187,701	—
	2 sales	—	187,747	—	—	187,701	187,747	46
Freddie Mac Gold	Securities at 4.50% due 11/01/39							
	1 purchase	352,521	—	—	—	352,521	352,521	—
United States Treasury Notes	Note at 1.75% due 07/31/15							
	2 sales	—	417,372	—	—	398,720	417,372	18,652
Banc/America Secur.Montgomery	U.S. government securities							
	1 purchase	352,521	—	—	—	352,521	352,521	—
	1 sale	—	146,733	—	—	150,100	146,733	(3,367)

* Party-in-interest.

Note: This schedule is based on information that has been certified as complete and accurate by Key Bank National Association, the trustee of the Plan.

See accompanying independent auditors' report.