

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>05/01/2011</u> and ending <u>04/30/2012</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>RETIREMENT INCOME PLAN FOR EMPLOYEES OF WARREN GENERAL HOSPITAL</u>	1b Three-digit plan number (PN) ► <u>002</u> 1c Effective date of plan <u>05/01/1968</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>HUMILITY OF MARY HEALTH PARTNERS</u> <u>TINA FORTUNE</u> <u>1044 BELMONT AVENUE</u> <u>YOUNGSTOWN, OH 44501-1790</u>	2b Employer Identification Number (EIN) <u>34-0505560</u> 2c Sponsor's telephone number <u>330-480-5919</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>02/14/2013</u>	<u>MOLLY SEALS</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>02/14/2013</u>	<u>MOLLY SEALS</u>
	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") HUMILITY OF MARY HEALTH PARTNERS TINA FORTUNE 1044 BELMONT AVENUE YOUNGSTOWN, OH 44501-1790	3b Administrator's EIN 34-0505560 3c Administrator's telephone number 330-480-5919
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	751
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	144
b Retired or separated participants receiving benefits.....	6b	295
c Other retired or separated participants entitled to future benefits.....	6c	280
d Subtotal. Add lines 6a , 6b , and 6c	6d	719
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	22
f Total. Add lines 6d and 6e	6f	741
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

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

1A 1G 1I

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 05/01/2011 and ending 04/30/2012

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan <u>RETIREMENT INCOME PLAN FOR EMPLOYEES OF WARREN GENERAL HOSPITAL</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HUMILITY OF MARY HEALTH PARTNERS</u>	D Employer Identification Number (EIN) <u>34-0505560</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>05</u> Day <u>01</u> Year <u>2011</u>	
2 Assets:	
a Market value	2a <u>13717333</u>
b Actuarial value	2b <u>12947558</u>
3 Funding target/participant count breakdown:	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>314</u> <u>8404027</u>
b For terminated vested participants	3b <u>284</u> <u>4510700</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>0</u>
(2) Vested benefits	3c(2) <u>3269137</u>
(3) Total active	3c(3) <u>153</u> <u>3269137</u>
d Total	3d <u>751</u> <u>16183864</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>5.89 %</u>
6 Target normal cost	6 <u>114531</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	
Signature of actuary <u>DAVID T. DAVENPORT</u>	Date <u>11-07497</u>
Type or print name of actuary <u>MERCER</u>	Most recent enrollment number <u>614-227-5505</u>
Firm name <u>325 JOHN H MCCONNELL BLVD. STE. 350</u> <u>COLUMBUS, OH 43215-7644</u>	Telephone number (including area code)
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)	901164	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	105859	0
9	Amount remaining (line 7 minus line 8)	795305	0
10	Interest on line 9 using prior year's actual return of <u>10.36</u> %	82394	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		923025
b	Interest on (a) using prior year's effective rate of <u>6.57</u> % except as otherwise provided (see instructions)		60643
c	Total available at beginning of current plan year to add to prefunding balance.....		983668
d	Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections	877699	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	80.00 %
15	Adjusted funding target attainment percentage.....	15	80.00 %
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	81.78 %
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
08/02/2011	185079				
11/10/2011	185079				
02/10/2012	130000				
05/11/2012	130000				
05/16/2012	40000				
01/15/2013	115000				
			Totals ▶	18(b)	785158
				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 750858
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: 2.94%	2nd segment: 5.82%	3rd segment: 6.46 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
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	114531	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	3236306	626311	
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	740842	
	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	740842	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	750858	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	10016	
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 **05/01/2011** and ending **04/30/2012**

A Name of plan RETIREMENT INCOME PLAN FOR EMPLOYEES OF WARREN GENERAL HOSPITAL	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 HUMILITY OF MARY HEALTH PARTNERS	D Employer Identification Number (EIN) 34-0505560

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 THE VANGUARD GROUP, INC.	P.O. BOX 2600 VALLEY FORGE, PA 19482 23-1945930
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(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "Yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

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

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	46436	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

XEROX HR SOLUTIONS, LLC

04-3609848

(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?
15	NONE	23648	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

ICE MILLER LLP

35-0874357

(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?
29	NONE	21471	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)

STATE STREET CORPORATION

04-1867445

(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?
26	NONE	16071	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HILL, BARTH & KING, LLC

34-1897225

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	NONE	11500	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
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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

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

a Name: WILLIAM J. RUSCHAU	b EIN: 13-2834414
c Position: ENROLLED ACTUARY	
d Address: 7622 MILLCREST STREET COLUMBUS, OH 43235	e Telephone: 614-227-5500

Explanation: WILLIAM J. RUSCHAU IS NO LONGER THE ENROLLED ACTUARY ASSIGNED TO THE RETIREMENT INCOME PLAN FOR EMPLOYEES OF WARREN GENERAL HOSPITAL. THIS ROLE HAS BEEN REASSIGNED TO DAVID T. DAVENPORT.

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 05/01/2011 and ending 04/30/2012		
A Name of plan RETIREMENT INCOME PLAN FOR EMPLOYEES OF WARREN GENERAL HOSPITAL	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 HUMILITY OF MARY HEALTH PARTNERS	D Employer Identification Number (EIN) 34-0505560	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	71835	73557
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	1507774	285000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	12199277	13980689
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	13778886	14339246

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	13778886	14339246
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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)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)	785158	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		785158
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	302599	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		302599
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		463176
c Other income.....	2c		7525
d Total income. Add all income amounts in column (b) and enter total.....	2d		1558458

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	852687	
(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)		852687
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)	11500	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	28747	
(4) Other	2i(4)	105164	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		145411
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		998098

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		560360
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: HILL, BARTH & KING LLC

(2) EIN: 34-1897225

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		500000
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.
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For calendar plan year 2011 or fiscal plan year beginning 05/01/2011 and ending 04/30/2012

A Name of plan <u>RETIREMENT INCOME PLAN FOR EMPLOYEES OF WARREN GENERAL HOSPITAL</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HUMILITY OF MARY HEALTH PARTNERS</u>	D Employer Identification Number (EIN) <u>34-0505560</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-1867445</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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January 15, 2013

Trustee
Retirement Income Plan for Employees
of Warren General Hospital
Youngstown, Ohio

Independent Auditors' Report

We were engaged to audit the accompanying statements of net assets available for benefits of Retirement Income Plan for Employees of Warren General Hospital (the Plan) as of April 30, 2012 and 2011, the related statements of changes in net assets available for benefits for the years then ended and supplemental schedules as of and for the year ended April 30, 2012. 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 referred to in Note C, which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended April 30, 2012 and 2011, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purpose 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.

Hill, Barth & King LLC

Certified Public Accountants

Schedule SB, Line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 63.

(A) Retirement Age	(B) Retirement Percent	(C) Lx	(D) Number of Employees expected to retire (B) X (C)	(E) (A) X (D)
55	5.00%	10,000	500.00	27,500
56	5.00%	9,500	475.00	26,600
57	5.00%	9,025	451.25	25,721
58	5.00%	8,574	428.69	24,864
59	5.00%	8,145	407.25	24,028
60	10.00%	7,738	773.78	46,427
61	10.00%	6,964	696.40	42,481
62	20.00%	6,268	1,253.53	77,719
63	15.00%	5,014	752.12	47,383
64	15.00%	4,262	639.30	40,915
65	30.00%	3,623	1,086.81	70,642
66	25.00%	2,536	633.97	41,842
67	25.00%	1,902	475.48	31,857
68	20.00%	1,426	285.29	19,399
69	20.00%	1,141	228.23	15,748
70	100.00%	913	912.92	63,904
Total			10,000.00	627,030
Average				62.70

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial assumptions****Discount rate sponsor elections**

▪ Segment rates or full yield curve	Segment rates
▪ Look-back months	4
▪ First 5 years	2.94%
▪ Next 15 years	5.82%
▪ Over 20 years	6.46%

Mortality sponsor elections

▪ Healthy participants	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.
▪ Pre-1995 disabilities	Not applicable
▪ Post-1994 disabilities	Not applicable

417(e) lump sums	Not applicable
-------------------------	----------------

Non-417(e) lump sums	Not applicable
-----------------------------	----------------

Other economic assumptions

▪ Salary increases	Not applicable
▪ Flat-dollar benefit increases	Not applicable
▪ Social Security wage base	Not applicable
▪ Inflation	Not applicable
▪ Expected investment return	7.00% per year for years 2009 through 2011
▪ Expenses	\$114,531 expected for the 2011 plan year

Demographic assumptions

Withdrawal	See table of sample rates
Disability incidence	Not applicable

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

Retirement age	Attained age	Retirement rate
	55-59	5%
	60-61	10%
	62	20%
	63	15%
	64	15%
	65	30%
	66	25%
	67	25%
	68-69	20%
	70	100%
Benefit commencement age for		
▪ Future vested deferred	65	
▪ Current vested deferred	65	
Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>
▪ Percentage married	70%	70%
▪ Spouse age difference	3 years younger	3 years older
Form of payment	<u>Single life</u>	
▪ Active retirements	100%	
▪ Future vested deferred	100%	
▪ Current vested deferred	100%	
Unpredictable contingent event assumptions	Not applicable	

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Table of sample rates**

Service	Rate
	All
1	25%
2	23%
3	20%
4	17%
5	15%
6	14%
7	13%
8	12%
9	11%
10-11	10%
12	9%
13-14	8%
15-16	7%
17-22	6%
23	5%
24+	4%

Actuarial methods**Asset methods**

The asset valuation method is an average of the adjusted market value for each month during the last 24 months preceding the valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

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

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum funding methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Maximum suggested contribution method

Calculations of maximum suggested contributions include the excess of the funding target computed using the projected unit credit method over the minimum funding target. The objective of the projected unit credit method is to fund each participant's benefits under the plan as they accrue, taking into consideration expected future benefit increases. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

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

- An individual's **projected funding target** is the present value of benefits based on credited service as of the beginning of the plan year and projected benefit that would be used in the calculation of the benefit on each expected separation date. If multiple decrements are used, the projected funding target for an individual is the sum of the component projected funding targets associated with the various anticipated separation dates.
- The plan's **projected funding target** is the sum of the projected funding targets for all participants under the plan. The excess of the plan's projected funding target over the plan's funding target is included in the "cushion amount."

Schedule SB, Part V — Summary of Plan Provisions

Benefits included or excluded

Unless noted below all benefits provided by the plan are included in this valuation.

- **Most recent plan amendments included:** Effective January 1, 2001
- **Plan amendments excluded:** None
- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan amendments:* See above.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
- **Late retirement increases:**
 - *Active participants:* Current active participants over normal retirement age are valued including the late retirement actuarial increase.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.
- **IRC Section 415(b) benefit limitations:** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60 percent of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions**

Effective date and plan year	Original plan: May 1, 1968 Amended and restated effective January 1, 2001 Plan year: May 1, 2011 to April 30, 2012
Status of the plan	The plan is frozen (no future participation or benefit accruals).
Significant events that occurred during the year	None
Definitions	
▪ Participation	Any employee who has attained age 21 and completed one year of eligibility service is eligible for participation. However, no employee shall be eligible to become a participant after December 31, 1995.
▪ Employer contributions	Employer pays entire cost of the Plan
▪ Employee contributions	None
▪ Vesting Year of Service	Calendar year in which 1,000 hours of service are earned, excluding service before the calendar year in which the employee attains age 18
▪ Benefit Accrual Service	One year for each calendar year in which 1,000 hours of service are earned. Service prior to the calendar year of commencement of participant is excluded except that if during the calendar year of hire, at least 1,000 Hours of Service is earned and the participant has attained age 21 in that year, one benefit year will be credited. No member shall earn any benefit years after December 31, 1995.
▪ Covered Compensation	All remuneration paid or made available for any calendar year by an Employer to an Employee for the Employee's services as salary or wages and any other amounts reflected on the Employee's Form W-2 for that calendar year by excluding (a) imputed income for various insurance coverages, (b) car allowances, (c) moving allowances, (d) amounts paid as severance benefits, (e) previously deferred income and (f) currently deferred income except amounts under Section 125, 401 (k) or 403 (b) of the Internal Revenue Code.

Schedule SB, Part V — Summary of Plan Provisions

-
- **Cash balance Account** For every year of benefit service after January 1, 1993 an allocation will be made to each participant's cash balance Account. The percent increases with age according to the table below. In addition to the allocation, the account is credited with interest of 5% per year. Interest for a full year is also credited on the current year's allocation. No allocations will be made after December 31, 1995.

Age as of December 31	Annual allocation as a percentage of compensation
Less than 25	1.25%
25-29	1.50%
30-34	1.75%
35-39	2.25%
40-44	3.00%
45-49	3.75%
50-54	5.00%
55-59	6.00%
60 and older	8.00%

- **Accrued Benefit** The Accrued Benefit is the greater of:
 - the frozen accrued benefit as of December 31, 1992 determined under the pre-1993 formula using service as of December 31, 1992 plus the cash balance account to date converted to a monthly pension, or
 - the benefit based on the pre-1993 formula using frozen average compensation and covered compensation as of December 31, 1992 but using service to the earlier of the date of determination and December 31, 1995.

In no event shall a participant's accrued benefit increase after December 31, 1995.

Schedule SB, Part V — Summary of Plan Provisions

▪ Pre-1993 formula	Monthly benefit equal to 1-2/3% of final 5-year average monthly compensation determined as of December 31, 1992 less the smaller of (1) 0.65% multiplied by the lesser of Social Security Covered Compensation determined as of December 31, 1992 and final 3-year average monthly compensation determined as of December 31, 1992 and (2) 50% of 1-2/3% multiplied by the lesser of final 5-year average monthly compensation determined as of December 31, 1992 and Social Security Covered Compensation determined as of December 31, 1992, the difference multiplied by years of Benefit Service up to maximum of 35 years.
Normal retirement	
▪ Eligibility	The first of the month after attainment of age 65 and severance from service
▪ Benefit	The vested benefit as of the normal retirement date
Early retirement	
▪ Eligibility	The first day of the next month following a participant's retirement prior to Normal Retirement Date and following the attainment of age 55
▪ Benefit	The vested benefit as of the normal retirement date. This benefit is reduced by .0055 for each of the first sixty (60) months and by .0027 for each of the next sixty (60) months by which the commencement date of benefits precedes the Normal Retirement Age.
Deferred vested	
▪ Eligibility	The completion of 5 years of Vesting Years of Service
▪ Benefit	The Vested Benefit as of the termination date
Pre-retirement death	
▪ Eligibility	An active employee who has a vested right to his accrued benefit and who is married is automatically covered unless his spouse consents in writing to waive this benefit.

Schedule SB, Part V — Summary of Plan Provisions

▪ Benefit	The benefit the spouse would have received if the participant had retired on the day before death having elected a 100% qualified joint and survivor annuity or, if the participant was not yet eligible for early retirement, the benefit which the spouse would have been able to receive if the participant had terminated employment on the date of death, had survived to his earliest retirement date and elected to retire on that date having elected a 100% joint and survivor annuity.
▪ Post-retirement spouse's benefit	None, except as provided by the election of an optional form of payment
Form of benefits	
▪ Automatic form for unmarried participants	Life annuity
▪ Automatic form for married participants	100% joint & survivor annuity
▪ Optional forms	50%, 75% and 100% Joint & Survivor, 10 year certain and life annuity
▪ Optional form conversion factors	UP-1984 Mortality Table, with a three year setback at 8%
Miscellaneous	
▪ Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2011, the limit is \$195,000.
▪ Administration	The plan is administered by the Pension Committee.

Plan provision changes since prior valuation

- Maximum benefits were updated from 2010 to 2011. This change had no effect on plan benefits.

Schedule SB, Line 24 — Change in Actuarial Assumptions

Interest discounts and mortality rates were updated from 2010 to 2011 in accordance with PPA and plan sponsor elections.

Expense normal cost decreased from \$200,000 to \$114,531 to reflect our expectations for the current plan year.

Schedule SB, Line 25 — Change in Method

We changed to a new liability valuation system this year. This change did not materially affect liability amounts and qualifies for automatic IRS approval under announcement 2010-3.

Schedule SB, Line 26 — Schedule of Active Participant Data**Distribution of active participants as of May 1, 2011**

Attained age	Years of credited service										
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & up	Total
Under 25											
25-29											
30-34											
35-39					3						3
40-44					2						2
45-49					1	13	11	4			29
50-54					10	5	14	20	2		51
55-59					4	5	10	11	4	2	36
60-64					4	4	8	6	7	2	31
65-69								1			1
70 & up											
Total					24	27	43	42	13	4	153

In each cell, the number is the count of active participants for each age/service combination.

Schedule SB, Line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installment for each plan year covered under PPA. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than \$0.

Shortfall bases				
Year established		Outstanding balance	Years remaining	2011 Installment
2009	\$	1,595,807	5	\$ 337,920
2010		1,108,326	6	202,394
2011		532,173	7	85,997
Total	\$	3,236,306		\$ 626,311

Schedule SB, Line 19 – Discounted Employer Contributions

Date	Amount contributed	Plan year	Applicable effective interest rate	Discounted value as of May 1, 2011
8/2/2011	\$ 185,079	2011	5.89%	\$ 182,407
11/10/2011	185,079	2011	5.89%	179,577
2/10/2012	130,000	2011	5.89%	124,334
5/11/2012	130,000	2011	5.89%	122,577
5/16/2012	40,000	2011	10.89%*	37,682
1/15/2013	115,000	2011	5.89%	104,281
Total	\$ 785,158			\$ 750,858

* In determining the discounted value, 10.89% (EIR plus 5%) was applied for the 1 day that the contribution was late, while 5.89% was applied from the quarterly contribution due date back to the valuation date

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 05/01/2011 and ending 04/30/2012

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan RETIREMENT INCOME PLAN FOR EMPLOYEES OF WARREN GENERAL HOSPITAL	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF HUMILITY OF MARY HEALTH PARTNERS	D Employer Identification Number (EIN) 34-0505560
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>5</u> Day <u>1</u> Year <u>2011</u>			
2 Assets:			
a Market value	2a	13,717,333	
b Actuarial value	2b	12,947,558	
3 Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	314	8,404,027
b For terminated vested participants	3b	284	4,510,700
c For active participants:			
(1) Non-vested benefits	3c(1)		0
(2) Vested benefits	3c(2)		3,269,137
(3) Total active	3c(3)	153	3,269,137
d Total	3d	751	16,183,864
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	5.89 %	
6 Target normal cost	6	114,531	

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

SIGN HERE	 Signature of actuary	<u>02/13/2013</u> Date 11-07497 Most recent enrollment number (614) 227-5505 Telephone number (including area code)
DAVID T. DAVENPORT Type or print name of actuary		
MERCER Firm name 325 JOHN H MCCONNELL BLVD. STE. 350 COLUMBUS OH 43215-7644 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 ☐

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).....	901,164	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	105,859	0
9 Amount remaining (line 7 minus line 8).....	795,305	0
10 Interest on line 9 using prior year's actual return of <u>10.36</u> %	82,394	
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		923,025
b Interest on (a) using prior year's effective rate of <u>6.57</u> % except as otherwise provided (see instructions).....		60,643
c Total available at beginning of current plan year to add to prefunding balance.....		983,668
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	877,699	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding percentages

14 Funding target attainment percentage	14	80.00 %
15 Adjusted funding target attainment percentage	15	80.00 %
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	81.78 %
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
08/02/2011	185,079				
11/10/2011	185,079				
02/10/2012	130,000				
05/11/2012	130,000				
05/16/2012	40,000				
01/15/2013	115,000				
Totals •			18(b)	785,158	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	750,858

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: 2.94 %	2nd segment: 5.82 %	3rd segment: 6.46 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 63
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	114,531	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	3,236,306	626,311	
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	740,842	
	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	740,842	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	750,858	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	10,016	
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		

**Notice To Terminated Accountant
or Enrolled Actuary**

I, as plan administrator, verify that the explanation that is reproduced below or attached to this notice is the explanation concerning your termination reported on this Schedule C (Form 5500) attached to the 2011 Annual Return/Report of Employee Benefit Plan, for Retirement Income Plan for Employees of Warren General Hospital. This Form 5500 is identified in Line 2b by the nine-digit EIN 34-0505560 and in line 1b by the three-digit PN 002.

You have the opportunity to comment to the Department of Labor concerning any aspect of this explanation. Comments should include the name, EIN and PN of the plan and be submitted to:

Office of Enforcement
Employee Benefits Security Administration
U.S. Department of Labor
200 Constitution Avenue, N.W.
Washington, D.C. 20210.

Signature of Plan Administrator

Date

Explanation Concerning Your Termination

Name: William J. Ruschau

EIN:

Position: Enrolled Actuary (EA# 11-03137)

Address: 7622 Millcrest Street
Columbus, OH 43235

Phone No.:

Explanation: William J. Ruschau is no longer the enrolled actuary assigned to the Retirement Income Plan for Employees of Warren General Hospital. This role has been reassigned to David T. Davenport (EA# 11-07497).

FINANCIAL STATEMENTS
AND ACCOMPANYING INFORMATION

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
WARREN GENERAL HOSPITAL**

April 30, 2012 and 2011

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C O N T E N T S

	<u>P A G E</u>
Independent Auditors' Report -----	1
Statements of Net Assets Available for Benefits -----	2
Statements of Changes in Net Assets Available for Benefits -----	3
Notes to Financial Statements -----	4-9
Accompanying Information:	
Schedule H, Line 4i - Schedule of Assets (Held at Year End) -----	10
Schedule H, Line 4j - Schedule of Reportable Transactions -----	11

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City Centre One, Suite 514
100 Federal Plaza East
Youngstown, Ohio 44503
(330) 747-1903 PHONE
(330) 747-5805 FAX
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January 15, 2013

Trustee
Retirement Income Plan for Employees
of Warren General Hospital
Youngstown, Ohio

Independent Auditors' Report

We were engaged to audit the accompanying statements of net assets available for benefits of Retirement Income Plan for Employees of Warren General Hospital (the Plan) as of April 30, 2012 and 2011, the related statements of changes in net assets available for benefits for the years then ended and supplemental schedules as of and for the year ended April 30, 2012. 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 referred to in Note C, which was certified by State Street Bank and Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended April 30, 2012 and 2011, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The supplemental schedules are presented for the purpose 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.

Hill, Barth & King LLC

Certified Public Accountants

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
WARREN GENERAL HOSPITAL**

April 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
<u>ASSETS</u>		
Cash	\$ 73,557	\$ 71,835
Investments at fair value - NOTE F:		
Mutual funds	13,980,689	12,199,277
Receivables:		
Plan sponsor contributions	285,000	1,507,774
TOTAL ASSETS	<u>14,339,246</u>	<u>13,778,886</u>
<u>LIABILITIES</u>		
None	0	0
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 14,339,246</u>	<u>\$ 13,778,886</u>

See accompanying notes to financial statements

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
WARREN GENERAL HOSPITAL**

Years ended April 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
<u>ADDITIONS</u>		
Investment income:		
Interest and dividend income	\$ 302,599	\$ 325,109
Net appreciation in fair value of investments	463,176	902,710
TOTAL INVESTMENT INCOME	<u>765,775</u>	<u>1,227,819</u>
Contributions:		
Plan sponsor	785,158	1,716,933
Other income	7,525	0
TOTAL ADDITIONS	<u>1,558,458</u>	<u>2,944,752</u>
<u>DEDUCTIONS</u>		
Benefits paid	852,687	871,485
Administrative and other expenses	145,411	156,687
TOTAL DEDUCTIONS	<u>998,098</u>	<u>1,028,172</u>
INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS	560,360	1,916,580
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
Beginning of year	13,778,886	11,862,306
End of year	<u>\$ 14,339,246</u>	<u>\$ 13,778,886</u>

See accompanying notes to financial statements

NOTES TO FINANCIAL STATEMENTS

RETIREMENT INCOME PLAN FOR EMPLOYEES OF WARREN GENERAL HOSPITAL

April 30, 2012 and 2011

NOTE A - DESCRIPTION OF PLAN

The following brief description of Retirement Income Plan for Employees of Warren General Hospital (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for more complete information.

The Plan was established May 1, 1968, and is a noncontributory defined benefit pension which covered substantially all the former full-time employees of Warren General Hospital (the Hospital). It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). All former employees over the age of 21 who completed one year of eligibility service, as defined, were eligible to participate in the Plan.

Effective January 1, 1996, the assets of Warren General Hospital were sold to Humility of Mary Health Partners (Humility) and future operations were transferred to Humility. Under the terms of the agreement, Humility assumed the sponsorship of the Plan and is responsible for all matters with respect to the Plan. Accordingly, the Plan was amended effective January 1, 1996 to cease all benefit accruals and to cease admission of any new participants to the Plan.

The Plan was previously amended January 1, 1993 and converted to a cash balance plan under which each participant's account is credited annually with an amount determined by age and annual compensation, plus a 5% interest factor. Benefits under the amended plan are based on the greater of (a) or (b) converted to a monthly annuity:

- (a) The participant's frozen accrued benefits as of December 31, 1992 determined under the provisions of the Plan prior to the amendment, plus the participant's cash balance account on the date of retirement, or
- (b) The participant's accrued benefit determined under the benefit formula prior to the amendment based on compensation through December 31, 1992 and credited service through the date of determination.

Employees with 5 or more years of service are entitled to annual pension benefits beginning at the normal retirement age of 65. Benefits determined under the formula in effect prior to the amendment are based on several factors including average annual earnings, years of credited service and maximum average annual social security earnings. Employees may elect to receive their pension benefits in the form of a joint and survivor annuity. If employees terminate before rendering 5 years of service, they forfeit the right to receive their accumulated plan benefits attributable to the Hospital's contributions.

If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefits is paid to the employee's beneficiary. Active employees who become totally disabled receive annual disability benefits that are equal to their vested amount at their normal retirement date, or to the actuarial equivalent of their vested amount, calculated as of the benefit commencement date. Once monthly payments begin, they will be paid thereafter until the month of the participant's death.

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting:

The accompanying statements of net assets available for benefits and statements of changes in net assets available for benefits are prepared on the accrual basis of accounting.

Net Realized and Unrealized Gain (Loss) on Investments:

Net realized and unrealized gain (loss) on investments is determined based upon the value of the assets at the beginning of the plan year or when purchased if purchased during the year.

Contributions:

The Plan is funded by contributions that are made by the plan sponsor pursuant to the provisions of the Plan.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
WARREN GENERAL HOSPITAL**

April 30, 2012 and 2011

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Administrative Expenses:

Administrative expenses, including trustee fees of the Plan, are paid from the Plan assets.

Use of Estimates:

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

Actuarial Present Value of Accumulated Plan Benefits:

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, 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 under the Plan are based on employees' average annual earnings and years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances - retirement, death, disability and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an actuary from Mercer LLC and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts 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. The significant actuarial assumptions used in the valuations as of April 30, 2012 and 2011 were (a) life expectancy of participants, (b) retirement age assumptions and (c) investment return. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

Payment of Benefits:

Benefit payments to participants are recorded upon distribution.

Subsequent Events:

Management evaluated all activity of the Plan through January 15, 2013, the date the financial statements were available to be issued, and concluded that no subsequent events have occurred that would require recognition or disclosure in the financial statements or notes.

NOTE C - FINANCIAL INFORMATION CERTIFIED BY TRUSTEE

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 certifications from State Street Bank and Trust Company that all information relating to the Plan's investments and related investment income is complete and accurate. Information as to the value of the investments in the trust fund managed by the trustee, investment income (loss) and all information in the supplemental schedules is presented in reliance solely upon those certifications.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
WARREN GENERAL HOSPITAL**

April 30, 2012 and 2011

NOTE D - FAIR VALUE MEASUREMENTS

FASB ASC 820 establishes a framework for measuring fair value, which provides a fair value hierarchy that prioritizes the inputs to valuation techniques to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurement) and the lowest priority to unobservable inputs (Level 3 measurements). The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any inputs that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

As described below, the Plan's valuation methodologies used for assets measured at fair value are all Level 1 measurements and there has been no changes in the methodologies used at April 30, 2012 and 2011.

Money market funds and equity securities: Valued at the closing price reported on the active market on which the individual securities are traded.

Mutual funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

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

NOTE E - BENEFITS

Mercer LLC, independent actuaries, completed an actuarial valuation of the Plan as of May 1, 2011.

The most significant assumptions underlying the actuarial computations at May 1, 2011 and 2010 are as follows:

Assumed rate of interest	7.00%
Benefit commencement age	65 years
Mortality rate	RP2000 combined table projected to 2015 with no collar

The actuarial present value of accumulated plan benefits of the Plan's participants as of May 1, 2011 and 2010, as determined by the Plan's actuary, are as follows:

	<u>2011</u>	<u>2010</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits -		
Participants currently receiving benefits	\$ 7,555,398	\$ 7,414,828
Other participants	<u>6,737,482</u>	<u>6,655,293</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 14,292,880</u>	<u>\$ 14,070,121</u>

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
WARREN GENERAL HOSPITAL**

April 30, 2012 and 2011

NOTE E - BENEFITS (CONTINUED)

The following is a reconciliation of the actuarial present value of accumulated plan benefits from May 1, 2010 to May 1, 2011 and from May 1, 2009 to May 1, 2010:

	<u>2011</u>	<u>2010</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 14,070,121	\$ 14,005,985
Changes due to:		
Benefits accumulated and (gains) losses	142,379	(114,365)
Interest	951,865	953,301
Benefits paid	(871,485)	(774,800)
Net change	<u>222,759</u>	<u>64,136</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 14,292,880</u>	<u>\$ 14,070,121</u>

As a result of the Plan amendment effective January 1, 1996 to cease benefit accruals, management believes that changes in the significant assumptions underlying the actuarial computation could result in a significant change in the present value of accumulated benefits. While it is at least reasonably possible that the estimate will change materially in the near term, no estimate can be made of the range of increase in benefits.

NOTE F - INVESTMENTS

The Plan has a trust agreement with State Street Bank and Trust Company, whereby the trustee acts as custodian of the Plan's investment portfolio. The investments and changes therein of the funds have been certified by the trustee that such information is complete and accurate. Investments that represent five percent or more of the Plan's net assets are separately identified.

A summary of the Plan's investments at fair value as of April 30, 2012 and 2011 is as follows:

	<u>2012</u>	<u>2011</u>
<u>INVESTMENTS AT FAIR VALUE AS DETERMINED BY QUOTED MARKET PRICE</u>		
Mutual funds:		
Vanguard Total Bond Market Index Fund	\$ 6,866,763	\$ 5,831,545
Vanguard S & P 500 Index Fund	<u>7,113,926</u>	<u>6,367,732</u>
TOTAL INVESTMENTS AT FAIR VALUE	<u>\$ 13,980,689</u>	<u>\$ 12,199,277</u>

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
WARREN GENERAL HOSPITAL**

April 30, 2012 and 2011

NOTE F - INVESTMENTS (CONTINUED)

The Plan's investments appreciated in value for the years ended April 30, 2012 and 2011 are as follows:

	<u>2011</u>	<u>2010</u>
	<u>REALIZED AND UNREALIZED APPRECIATION</u>	<u>REALIZED AND UNREALIZED APPRECIATION</u>
 <u>INVESTMENTS AT FAIR VALUE AS DETERMINED BY QUOTED MARKET PRICE</u>		
Mutual funds	<u>\$ 463,176</u>	<u>\$ 902,710</u>

NOTE G - INCOME TAXES

The Plan has received a determination letter from the Internal Revenue Service dated July 18, 2012, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (IRC) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the IRC to maintain its qualification. The Plan administrator believes the Plan is being operated in compliance with the applicable requirements of the IRC and, therefore, believes that the Plan is qualified and the related trust is tax-exempt. Accordingly, no provision for income taxes has been included in the Plan's financial statements.

Plan management evaluates tax positions taken by the Plan and recognizes a liability (or asset) if the the Plan has taken an uncertain position that more than likely would not be sustained upon examination by the applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of April 30, 2012, there are no uncertain tax positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

NOTE H - PLAN TERMINATION

Although it has not expressed any intent to do so, Humility has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested in their accrued benefit. The net assets of the Plan will be distributed to the participants in an order of priority determined in accordance with ERISA and its applicable regulations, and with the Plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (PBGC) if the Plan terminates. Generally, the PBGC guarantees most vested, normal-age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
WARREN GENERAL HOSPITAL**

April 30, 2012 and 2011

NOTE I - 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 the amounts reported in the statements of net assets available for benefits.

The actuarial present value of accumulated plan benefits are 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.

NOTE J - PARTY-IN-INTEREST TRANSACTIONS

Certain Plan investments are shares of funds managed by State Street Bank and Trust Company. State Street Bank and Trust Company is the trustee of the Plan and therefore these transactions qualify as party-in-interest.

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR END)

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
WARREN GENERAL HOSPITAL**

EIN: 34-0505560
PLAN NUMBER: 002

April 30, 2012

(a)	(b)	(c)	(d)	(e)
	IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE		CURRENT VALUE
	Mutual Funds:			
*	Vanguard Funds Total			
	Bond Market Index Fund	621,989.425 units	\$ 6,408,136	\$ 6,866,763
*	Vanguard S&P 500			
	Index Fund	55,168.097 units	4,314,246	7,113,926
		TOTAL INVESTMENTS	<u>\$ 10,722,383</u>	<u>\$ 13,980,689</u>

* Represents party-in-interest transaction

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
WARREN GENERAL HOSPITAL**

EIN: 34-0505560
PLAN NUMBER: 002

Year ended April 30, 2012

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET SOLD	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN
* State Street Bank	Vanguard S&P 500 Index Fund 40	n/a	\$ 469,276	n/a	0	\$ 286,184	\$ 469,276	\$ 183,092
* State Street Bank	Vanguard Funds Total Bond Market Index Fund	n/a	\$ 557,328	n/a	0	\$ 492,072	\$ 557,328	\$ 65,256

(a) Represents a series of transactions with the same broker in excess of 5% of the Plan market value as of April 30, 2012

* Represents party-in-interest transaction

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT YEAR END)

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
 WARREN GENERAL HOSPITAL**

EIN: 34-0505560
 PLAN NUMBER: 002

April 30, 2012

(a)	(b) IDENTITY OF ISSUER, BORROWER, LESSOR OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, COLLATERAL, PAR OR MATURITY VALUE	(d) COST	(e) CURRENT VALUE
	Mutual Funds:			
*	Vanguard Funds Total			
	Bond Market Index Fund	621,989.425 units	\$ 6,408,136	\$ 6,866,763
*	Vanguard S&P 500			
	Index Fund	55,168.097 units	4,314,246	7,113,926
		TOTAL INVESTMENTS	<u>\$ 10,722,383</u>	<u>\$ 13,980,689</u>

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SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

**RETIREMENT INCOME PLAN FOR EMPLOYEES OF
WARREN GENERAL HOSPITAL**

EIN: 34-0505560
PLAN NUMBER: 002

Year ended April 30, 2012

(a) IDENTITY OF PARTY INVOLVED	(b) DESCRIPTION OF ASSET	(c) PURCHASE PRICE	(d) SELLING PRICE	(e) LEASE RENTAL	(f) EXPENSE INCURRED WITH TRANSACTION	(g) COST OF ASSET SOLD	(h) CURRENT VALUE OF ASSET ON TRANSACTION DATE	(i) NET GAIN
* State Street Bank	Vanguard S&P 500 Index Fund 40	n/a	\$ 469,276	n/a	0	\$ 286,184	\$ 469,276	\$ 183,092
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(a) Represents a series of transactions with the same broker in excess of 5% of the Plan market value as of April 30, 2012

* Represents party-in-interest transaction