

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>07/01/2011</u> and ending <u>06/30/2012</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>THE ELIZA JENNINGS HOME DEFINED BENEFIT PENSION PLAN</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>08/01/1974</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>THE ELIZA JENNINGS HOME</u> <u>10603 DETROIT AVE</u> <u>CLEVELAND, OH 44102-1647</u>	2b Employer Identification Number (EIN) <u>34-1166722</u> 2c Sponsor's telephone number <u>216-226-5000</u> 2d Business code (see instructions) <u>623000</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>04/15/2013</u>	<u>KATHLEEN M. SHIELDS</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") THE ELIZA JENNINGS HOME 10603 DETROIT AVE CLEVELAND, OH 44102-1647	3b Administrator's EIN 34-1166722 3c Administrator's telephone number 216-226-5000
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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	228
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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	63
b Retired or separated participants receiving benefits.....	6b	82
c Other retired or separated participants entitled to future benefits.....	6c	78
d Subtotal. Add lines 6a , 6b , and 6c	6d	223
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	
f Total. Add lines 6d and 6e	6f	223
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	1

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

1A 1G 3D 1D

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 07/01/2011 and ending 06/30/2012

▶ **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>THE ELIZA JENNINGS HOME DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>THE ELIZA JENNINGS HOME</u>	D Employer Identification Number (EIN) <u>34-1166722</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>07</u> Day <u>01</u> Year <u>2011</u>	
2 Assets:	
a Market value	2a <u>4464563</u>
b Actuarial value	2b <u>4464563</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment	3a <u>83</u> (1) Number of participants <u>2348861</u> (2) Funding Target
b For terminated vested participants	3b <u>71</u> <u>663921</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>772</u>
(2) Vested benefits	3c(2) <u>2413784</u>
(3) Total active	3c(3) <u>74</u> <u>2414556</u>
d Total	3d <u>228</u> <u>5427338</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>5.65 %</u>
6 Target normal cost	6 <u>181446</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>04/15/2013</u>
Signature of actuary	Date
<u>KATHLYN PITASSI</u>	<u>11-02557</u>
Type or print name of actuary	Most recent enrollment number
<u>NATIONAL ASSOCIATES, INC.</u>	<u>440-333-0222</u>
Firm name	Telephone number (including area code)
<u>20325 CENTER RIDGE ROAD, SUITE 405</u> <u>CLEVELAND, OH 44116-3570</u>	
Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

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

Schedule SB (Form 5500) 2011
v.012611

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of _____ %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		6662
b Interest on (a) using prior year's effective rate of <u>6.44</u> % except as otherwise provided (see instructions)		429
c Total available at beginning of current plan year to add to prefunding balance		7091
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections		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	82.26 %
15 Adjusted funding target attainment percentage	15	82.26 %
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	76.97 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/24/2011	102394				
01/26/2012	102394				
04/27/2012	102394				
06/29/2012	102394				
			Totals ►	18(b)	409576
				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 394481
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☒ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 2.18%	2nd segment: 5.36%	3rd segment: 6.33 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
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	181446										
b Excess assets, if applicable, but not greater than 31a	31b	0										
32 Amortization installments:	<table border="1"> <tr> <td></td> <td>Outstanding Balance</td> <td>Installment</td> </tr> <tr> <td>a Net shortfall amortization installment</td> <td>962775</td> <td>206225</td> </tr> <tr> <td>b Waiver amortization installment</td> <td></td> <td></td> </tr> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment	962775	206225	b Waiver amortization installment		
	Outstanding Balance	Installment										
a Net shortfall amortization installment	962775	206225										
b Waiver amortization installment												
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	387671										
	Carryover balance	Prefunding balance	Total balance									
35 Balances elected for use to offset funding requirement.....			0									
36 Additional cash requirement (line 34 minus line 35)	36	387671										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	394481										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	6810										
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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

A Name of plan THE ELIZA JENNINGS HOME DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 THE ELIZA JENNINGS HOME	D Employer Identification Number (EIN) 34-1166722	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: HEALTHCOMP INC GROUP TRUST

b Name of sponsor of entity listed in (a): HEALTHCOMP INC.

c EIN-PN 34-1607331-001	d Entity code E	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4653858
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

b Name of sponsor of entity listed in (a):

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

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

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012		
A Name of plan THE ELIZA JENNINGS HOME DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 THE ELIZA JENNINGS HOME	D Employer Identification Number (EIN) 34-1166722	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	92232	
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)	4372331	4653858
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	4464563	4653858

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		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	4464563	4653858
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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)	409576	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		409576
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)		
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		21970
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		431546

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	242251	
(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)		242251
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		242251

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		189295
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: MALONEY & NOVOTNY (2) EIN: 34-0677006

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

A Name of plan <u>THE ELIZA JENNINGS HOME DEFINED BENEFIT PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>THE ELIZA JENNINGS HOME</u>	D Employer Identification Number (EIN) <u>34-1166722</u>

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

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

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

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

Part III	Amendments
-----------------	-------------------

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2011
v.012611

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**THE ELIZA JENNINGS HOME -
THE GREATER CLEVELAND HOSPITAL
ASSOCIATION RETIREMENT PLAN**

FINANCIAL REPORT

JUNE 30, 2012 and 2011

**THE ELIZA JENNINGS HOME -
THE GREATER CLEVELAND HOSPITAL
ASSOCIATION RETIREMENT PLAN**

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The Board of Trustees
The Eliza Jennings Home
Cleveland, Ohio

Independent Auditors' Report

We were engaged to audit the accompanying statements of net assets available for benefits of The Eliza Jennings Home - The Greater Cleveland Hospital Association Retirement Plan (the "Plan") as of June 30, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended and the supplemental schedule of assets (held at end of year), and for the years then ended, as listed in the accompanying table of contents. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-12 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 4, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee of The HealthComp, Inc. Group Trust (the "Trust") holds the Plan's investment assets and executes investment transactions. The plan administrator has been informed by the trustee of the Trust that the Trust will report directly to the Department of Labor on behalf of the plan administrator no later than the date on which the Plan's annual report is due as of and for the year ended June 30, 2012.

Because of the significance of the information that we did not audit, the scope of our work was not sufficient to enable us to express and we do not express, an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is 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 schedule, other than that derived from the information provided by the trustee as well as the information described in the preceding paragraph, 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.



Cleveland, Ohio
April 12, 2013

THE ELIZA JENNINGS HOME -
THE GREATER CLEVELAND HOSPITAL
ASSOCIATION RETIREMENT PLAN

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

June 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
<u>ASSETS</u>		
Participation in pooled investment trust, at fair value	\$4,653,858	\$4,372,331
Employer contributions receivable	<u>-</u>	<u>92,232</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$4,653,858</u>	<u>\$4,464,563</u>

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

THE ELIZA JENNINGS HOME -
THE GREATER CLEVELAND HOSPITAL
ASSOCIATION RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

Years Ended June 30, 2012 and 2011

	<u>2012</u>	<u>2011</u>
ADDITIONS		
Net investment gain in pooled investment trust	\$ 21,970	\$ 673,346
Employer contributions	<u>409,576</u>	<u>368,928</u>
Total additions	431,546	1,042,274
DEDUCTION		
Pension benefits paid directly to participants	<u>242,251</u>	<u>225,097</u>
Increase in net assets available for benefits	189,295	817,177
NET ASSETS AVAILABLE FOR BENEFITS:		
BEGINNING OF YEAR	<u>4,464,563</u>	<u>3,647,386</u>
END OF YEAR	<u>\$ 4,653,858</u>	<u>\$ 4,464,563</u>

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

THE ELIZA JENNINGS HOME -
THE GREATER CLEVELAND HOSPITAL
ASSOCIATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan

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

A. General

The Plan is a defined benefit pension plan, covering certain employees of The Eliza Jennings Home (the "Home"), except for certain members of religious organizations, students, interns, and residents. Participants become 100% vested in their pension benefits after completing five years of credited service. Effective November 17, 2003, participation in the Plan was frozen to new employees. Participants in the Plan hired prior to November 17, 2003 will continue to accrue benefits in the Plan but have the option to withdraw from this Plan and participate in a defined contribution plan also sponsored by the Home. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended.

B. Pension Benefits

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

Note 2. Summary of Significant Accounting Policies

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

- A. Basis of Accounting - The accompanying financial statements are prepared on the accrual basis of accounting.
- B. Plan Administration - The Home is the plan administrator and the Northern Trust Company is plan trustee.

Investment assets of the Plan attributable to the Home are pooled with the investment assets of other employers in The HealthComp, Inc. Group Trust (the "Trust"). The Northern Trust Company was the trustee for the Plan and the Trust for the years ended June 30, 2012 and 2011. Transactions in investment assets are made at the direction of the Trust's trustee and the Home.

- C. Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

THE ELIZA JENNINGS HOME -
THE GREATER CLEVELAND HOSPITAL
ASSOCIATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 2. Summary of Significant Accounting Policies (Continued)

- D. Investment Valuation and Income Recognition - Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements.
- Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.
- E. Payment of Benefits - Benefit payments to participants are recorded upon distribution.
- F. Subsequent Events - The Plan has evaluated subsequent events through April 12, 2013, the date the financial statements were available to be issued.
- G. Funding Policy - The Home has agreed to make contributions to the Plan based upon actuarial computations. The contributions for the years ended June 30, 2012 and 2011 met the minimum funding requirements of ERISA.
- H. Reclassifications - Certain reclassifications have been made to the 2011 financial statements to conform to the 2012 presentation.

Note 3. Plan Termination

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

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations.

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

Note 4. Unaudited Information

Under the terms of the agreements between the Plan, the Trust, and the trustee, the assets of all employers participating in the Trust are pooled for investment purposes. The allocation of assets to the individual sponsors participating in the Trust is determined by the trustee according to a defined methodology. The related earnings from these investments are allocated specifically to the Plan. The trustee holds the following Trust investment assets and executes transactions therein. Financial information relating to the Plan's share of the pooled investment assets is included in the accompanying financial statements and supplemental schedule based on information provided by the trustee. As permitted by 29 CFR 2520.103-12, the plan administrator has been informed by the trustee of the Trust that the Trust will report directly to the U.S. Department of Labor on behalf of the plan administrator no later than the date on which the Plan's annual report is due as of and for the year ended June 30, 2012. Therefore, the Plan's investment in the Trust has not been audited by independent accountants.

THE ELIZA JENNINGS HOME -
THE GREATER CLEVELAND HOSPITAL
ASSOCIATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 4. Unaudited Information (Continued)

The Trust's assets (modified cash basis) are summarized below:

	<u>2012</u>	<u>2011</u>
The HealthComp, Inc. Group Trust		
Common stock	\$ 50,035,343	\$ 51,763,482
Preferred stock	528,801	326,169
Common/collective trusts	14,891,493	14,044,250
Corporate debt instruments - preferred	10,647,253	9,514,636
Corporate debt instruments - other	7,475,118	6,577,903
Registered investment companies	7,273,653	8,029,230
U.S. Government and governmental agencies	14,741,187	15,144,811
Other	<u>1,332,998</u>	<u>1,072,542</u>
	106,925,846	106,473,023
Accrued income receivable	244,739	248,069
Receivable due to broker, net	<u>(1,068,660)</u>	<u>(694,099)</u>
	<u>\$ 106,101,925</u>	<u>\$ 106,026,993</u>

As of June 30, 2012 and 2011, the Plan's interest in the total Trust assets held by the trustee was approximately 4%.

Net investment gain of the Trust during the years ended June 30, 2012 and 2011 includes the following:

	<u>2012</u>	<u>2011</u>
Net appreciation (depreciation) in fair value of investments:		
Common stock	\$ (309,943)	\$ 13,726,606
Preferred stock	(48,906)	64,653
Common/collective trusts	343,728	2,140,728
Corporate debt instruments - preferred	69,676	86,640
Corporate debt instruments - other	(237,878)	403,001
Registered investment companies	(1,004,319)	2,034,902
U.S. Government and governmental agencies	344,188	(25,556)
Other	<u>60,908</u>	<u>100,205</u>
	(782,546)	18,531,179
Total	(782,546)	18,531,179
Interest and dividends	<u>1,973,557</u>	<u>1,431,663</u>
Net investment gain of pooled investment	<u>\$ 1,191,011</u>	<u>\$ 19,962,842</u>

THE ELIZA JENNINGS HOME -
THE GREATER CLEVELAND HOSPITAL
ASSOCIATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 5. Fair Value Measurements

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

- Level 1: Quoted market prices in active markets for identical assets and liabilities
- Level 2: Observable market-based inputs or unobservable inputs that are corroborated by market data
- Level 3: Unobservable inputs in which little or no market data exists

The following is a description of the valuation methodologies used for assets at fair value. There have been no changes in the methodologies used at June 30, 2011 and 2010.

- Common stock, preferred stock, and other: Valued at the closing price reported in the active market in which the individual securities are traded and are valued as Level 1.
- Common/collective trusts: Valued based on their reported net asset value ("NAV"). The NAV of short-term securities is based on the market value of their underlying investments, adjusted for charges and expenses, and is classified as Level 2.
- Corporate debt instruments - preferred and other: Valued by the trustee based on yields currently available on comparable securities of issuers with similar credit ratings. These securities are classified as Level 2.
- Registered investment companies: Valued at the quoted NAV of shares held by the Plan at year end and classified as Level 1.
- U.S. Government and governmental agencies: Valued at the quoted closing price reported in active markets for identical investments, and are classified as Level 1.

The preceding methods may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although 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 report date.

THE ELIZA JENNINGS HOME -
THE GREATER CLEVELAND HOSPITAL
ASSOCIATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 5. Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's share of assets held in the Trust at fair value as of June 30, 2012 and 2011:

	Assets at Fair Value as of June 30, 2012		
	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Common stock			
Large-cap	\$ 1,268,792	\$ -	\$ 1,268,792
Mid-cap	115,670	-	115,670
Small-mid growth	333,047	-	333,047
Small-cap	245,574	-	245,574
Convertible	48,421	-	48,421
Preferred stock	29,988	-	29,988
Common/collective trusts	-	543,309	543,309
Fixed income			
Corporate debt instruments - preferred	-	582,963	582,963
Corporate debt instruments - other		418,777	418,777
U.S. Government and governmental agencies	847,480	-	847,480
Registered investment companies	213,238	-	213,238
Other	48,801		48,801
Accrued income receivable	12,607		12,607
Amounts due to broker, net	(54,809)	-	(54,809)
Total	<u>\$ 3,108,809</u>	<u>\$ 1,545,049</u>	<u>\$ 4,653,858</u>

	Assets at Fair Value as of June 30, 2011		
	<u>Level 1</u>	<u>Level 2</u>	<u>Total</u>
Common stock			
Large-cap	\$ 1,227,597	\$ -	\$ 1,227,597
Mid-cap	109,854	-	109,854
Small-mid growth	326,649	-	326,649
Small-cap	268,429	-	268,429
Convertible	55,787	-	55,787
Preferred stock	18,721	-	18,721
Common/collective trusts	-	354,270	354,270
Fixed income			
Corporate debt - preferred		532,049	532,049
Corporate debt - other		374,654	374,654
U.S. Government and governmental agencies	860,056	-	860,056
Registered investment companies	239,635	-	239,635
Other	33,697		33,697
Accrued income receivable	12,597		12,597
Amounts due to broker, net	(41,664)	-	(41,664)
Total	<u>\$ 3,111,358</u>	<u>\$ 1,260,973</u>	<u>\$ 4,372,331</u>

THE ELIZA JENNINGS HOME -
THE GREATER CLEVELAND HOSPITAL
ASSOCIATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 6. Obligation for Pension Benefits

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions 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' highest five consecutive years of compensation during their last ten full calendar years of credited service. The accumulated plan benefits for active employees are based on their average compensation of the highest five consecutive years ending on the date as of which the benefits information is presented (the valuation date). Benefits payable under all circumstances - retirement, death, disability, the termination of employment - are included to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present value of accumulated plan benefits is determined by an actuary from National Associates, Inc. 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 payments (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

Actuarial Assumptions

Significant assumptions used by the actuary in determining the actuarial present value of accumulated plan benefits as of July 1, 2011 and 2010 are as follows:

	July 1, 2011	July 1, 2010
Actuarial Cost Method	Unit Credit Actuary Cost Method	Unit Credit Actuary Cost Method
Mortality Rate	2011 Male - Modified RP2000 Combined Healthy Male projected 25 & 17 Years and 2011 Female - Modified RP2000 Combined Healthy Female projected 25 & 17 Years	2010 Male - Modified RP2000 Combined Healthy Male projected 25 & 17 Years and 2010 Female - Modified RP2000 Combined Healthy Female projected 25 & 17 Years
Average Retirement Age	65	65
Investment Return Percentage	5.65%	6.44%

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.

THE ELIZA JENNINGS HOME -
THE GREATER CLEVELAND HOSPITAL
ASSOCIATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 6. Obligation for Pension Benefits (Continued)

Actuarial Assumptions (Continued)

The actuarial present value of accumulated plan benefits as of July 1, 2011 and 2010 is as follows:

	<u>2011</u>	<u>2010</u>
Vested benefits:		
Participants currently receiving payments	\$ 2,349,000	\$ 1,982,000
Other participants	<u>3,077,000</u>	<u>2,755,000</u>
Total vested benefits	5,426,000	4,737,000
 Nonvested benefits	 <u>1,000</u>	 <u>1,000</u>
 Total actuarial present value of accumulated plan benefits	 <u>\$ 5,427,000</u>	 <u>\$ 4,738,000</u>

Changes in accumulated plan benefits for the year ended June 30, 2011 are as follows:

Actuarial present value of accumulated plan benefits at beginning of year	\$ 4,738,000
 Increase (decrease) during the year attributable to:	
Change of assumptions	471,000
Decrease in the discount period	305,000
Benefits accumulated	138,000
Benefits paid	<u>(225,000)</u>
Net increase	<u>689,000</u>
 Actuarial present value of accumulated plan benefits at end of year	 <u>\$ 5,427,000</u>

Note 7. Tax Status

The Internal Revenue Service has determined and informed the Home by a letter dated March 31, 2010 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

THE ELIZA JENNINGS HOME -
THE GREATER CLEVELAND HOSPITAL
ASSOCIATION RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

Note 7. Tax Status (Continued)

The plan administrator has analyzed the tax positions taken by the Plan and has concluded that, as of June 30, 2012, there are no uncertain positions taken or expected to be taken that would require such recognition or disclosure in the financial statements. Generally, the Plan's tax years remain subject to examination by the Internal Revenue Service, as well as various other taxing authorities, for a period of three years.

Note 8. Risk and Uncertainties

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

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

Note 9. Related-Party and Party-in-Interest Transactions

The Northern Trust Company is the trustee of the Plan and manages certain Trust investments. The Northern Trust Company is considered a party-in-interest with fees paid by the Trust and allocated to the Plan totaling \$4,971 and \$5,865 for the years ended 2012 and 2011, respectively. These fees are included in net investment gain in pooled investment trust.

Note 10. Subsequent Event

In March of 2013, the Plan was amended to appoint Huntington National Bank as the Trustee, Paying Agent, and Investment Manager of the Plan. The investment assets of the Plan in the master trust were liquidated and transferred to Huntington at that time.

SUPPLEMENTAL SCHEDULE

THE ELIZA JENNINGS HOME -
THE GREATER CLEVELAND HOSPITAL
ASSOCIATION RETIREMENT PLAN

EMPLOYER NO. 34-1166722
PLAN NO. 001

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

June 30, 2012

(a)	(b) <u>Identity of Party</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	(e) <u>Current Value</u>
		POOLED INVESTMENT TRUST		
*	The Northern Trust Company	The HealthComp, Inc. Group Trust	<u>\$ 4,076,972</u>	<u>\$ 4,653,858</u>

* Represents a party-in-interest

ELIZA JENNINGS HOME**THE GCHA RETIREMENT PLAN**

Schedule of Active Participant Data

Plan Year: 7/1/2011 to 6/30/2012

Valuation Date: 7/1/2011

Age/ Svc	<25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70+	Total
0	0	0	0	0	0	0	0	0	0	0	0	0
1-4	0	0	0	2	0	0	0	0	0	0	0	2
5-9	0	2	2	4	5	3	3	4	1	0	0	24
10-14	0	1	1	2	3	3	5	5	1	1	0	22
15-19	0	0	0	0	0	1	2	4	3	0	0	10
20-24	0	0	0	0	1	2	0	2	2	0	1	8
25-29	0	0	0	0	0	2	0	3	1	0	0	6
30-34	0	0	0	0	0	0	1	0	0	0	0	1
35-39	0	0	0	0	0	0	0	0	0	0	0	0
40+	0	0	0	0	0	0	0	0	0	1	0	1
Total	0	3	3	8	9	11	11	18	8	2	1	74

*Employees who have not met the minimum eligibility requirements are excluded

Average Age: 49.7

Average Service: 14

ACTUARIAL COST METHOD AND STATEMENT OF ASSUMPTIONS

I. ACTUARIAL COST METHOD

Unit Credit

II. ACTUARIAL ASSUMPTIONS

- a. Interest
 - (i) Segment Rates Seg 1: 2.18% Seg 2: 5.36% Seg 3: 6.33%
 - (ii) Applicable Month July 2011
 - (iii) Effective interest rate 5.65%
- b. Mortality Table Prescribed tables
- c. Turnover None
- d. Salary Scale 3%
- e. Retirement Age 65
- f. Normal Form of Annuity Life only
- g. Valuation of Assets Market Value

III. ACCRUED BENEFITS (417)(e)

- a. Interest
 - (i) Segment Rates Seg 1: 2.23% Seg 2: 4.86% Seg 3: 5.83%
 - (ii) Applicable Month May 2011

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

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

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

For calendar plan year 2011 or fiscal plan year beginning 07/01/2011 and ending 06/30/2012

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 THE ELIZA JENNINGS HOME DEFINED BENEFIT PENSION PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF THE ELIZA JENNINGS HOME	D Employer Identification Number (EIN) 34-1166722
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 07 Day 01 Year 2011		
2 Assets:		
a Market value	2a	4464563
b Actuarial value	2b	4464563
3 Funding target/participant count breakdown:		
a For retired participants and beneficiaries receiving payment	3a	83
b For terminated vested participants	3b	71
c For active participants:		
(1) Non-vested benefits	3c(1)	772
(2) Vested benefits	3c(2)	2413784
(3) Total active	3c(3)	2414566
d Total	3d	228
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	5.65 %
6 Target normal cost	6	181446

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		04/15/2013
KATHLYN PITASSI		Date
Type or print name of actuary		11-02557
NATIONAL ASSOCIATES, INC.		Most recent enrollment number
Firm name		440-333-0222
20326 CENTER RIDGE ROAD, SUITE 405 CLEVELAND OH 44116-3570		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 V Assumptions used to determine funding target and target normal cost

21 Discount rate:			
a Segment rates:	1st segment: 2.18 %	2nd segment: 5.36 %	3rd segment: 6.33 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
22 Weighted average retirement age			22 65
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	181446	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:	Outstanding Balance		
a Net shortfall amortization installment	962775		206225
b Waiver amortization installment			
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	387671	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			0
36 Additional cash requirement (line 34 minus line 35)	36	387671	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	394481	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	6810	
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		

ELIZA JENNINGS HOME
THE GCHA RETIREMENT PLAN
Employer ID# 34-1166722: Plan No. 001
Quarterly Installment Payment: \$86,652.00

Schedule SB, line 19 - Discounted Employer Contributions

Valuation Date: July 1, 2011

<u>Date</u>	<u>Amount</u>	<u>Year</u>	<u>Rate</u>	<u>Adj Cth</u>
10-24-2011	86,652.00	2011	10.65%/5.65%	85,084.32
	15,742.00	2011	5.65%	15,474.50
01-26-2012	70,910.00	2011	10.65%/5.65%	68,639.61
	31,484.00	2011	5.65%	30,517.65
04-27-2012	55,168.00	2011	10.65%/5.65%	52,658.56
	47,226.00	2011	5.65%	45,145.11
06-29-2012	102,394.00	2011	5.65%	96,961.09
Totals:	409,576.00			394,480.85

19	Discounted employer contributions -- see instructions for small plan with a valuation date after the beginning of the year				
a	Contributions allocated toward unpaid minimum required contribution from prior years		19a		0.00
b	Contributions made to avoid benefit restrictions adjusted to valuation date		19b		0.00
c	Contributions allocated toward minimum required contribution for current year, adjusted to valuation date		19c	394,480.85	

**ELIZA JENNINGS HOME
THE GCHA RETIREMENT PLAN**

Weighted Average Retirement Age

Plan Year: 7/1/2011 to 6/30/2012

Valuation Date: 7/1/2011

Assumed Retirement Age - 100% of the participants are assumed to retire at the date the plan's normal retirement age is attained, which is defined as:

The later of:

Attainment of age 65

Completion of 5 years of participation service

Participants who have passed their Normal Retirement Date as defined above are assumed to retire on the valuation date.

Weighted average retirement age 65

SUMMARY OF PRINCIPAL PLAN PROVISIONS

1. Eligibility for Benefits

- | | |
|-------------------------------|--|
| a. Normal Retirement | The first day of the month coincident with or next following attainment of age 65 or fifth anniversary of participation, if later. |
| b. Early Retirement | The first day of any month following the attainment of age 55 and the completion of five years of Credited Service. |
| c. Disability Retirement | Any age with ten years of Credited Service upon total and permanent disability. |
| d. Deferred Vested Retirement | Any age with five years of Credited Service. |
| e. Survivor Benefit | Any participant eligible for a vested retirement benefit who has been married for at least one year. |

Anyone hired after 11/17/03 will not be eligible to participate in the Plan.

2. Pension Benefits

- | | |
|------------------------------|--|
| a. Normal Retirement Benefit | The greater of (i) or (ii):

(i) 1.20% of Average Monthly Compensation plus 0.65% of Average Monthly Compensation in excess of Social Security Covered Compensation for each year of Benefit Service up to a maximum of 25 years.

(ii) Accrued benefit under the plan provisions in effect as of June 30, 1989. |
|------------------------------|--|

- | | |
|---------------------------------------|---|
| b. Accrued Benefit | <p>The Normal Retirement Benefit multiplied by the Credited Service Ratio. In determining the Normal Retirement Benefit, Benefit Service is computed as the sum of:</p> <ul style="list-style-type: none">(i) Benefit Service at determination date; and(ii) The ratio of (i) to elapsed time from date of plan entry to the determination date, multiplied by number of years from the date of determination to Normal Retirement Date. |
| c. Early Retirement Benefit | <p>The Accrued Benefit reduced actuarially for commencement prior to age 65.</p> |
| d. Disability Retirement Benefit | <p>The Accrued Benefit commencing without reduction on the first of the month following the five months of disability.</p> |
| e. Deferred Vested Retirement Benefit | <p>The Accrued Benefit reduced actuarially for commencement prior to age 65.</p> |
| f. Survivor Benefit | <p>50% of the participant's Accrued Benefit reduced for both the 50% Joint and Survivor form and early receipt and payable at the participants earliest retirement age.</p> <p>The normal form of payment is a monthly life annuity. However, a married participant shall normally receive an actuarially reduced 50% Joint and Survivor form with a 50% continuation after the participant's death to his or her spouse, if surviving.</p> |

THE ELIZA JENNINGS HOME -
THE GREATER CLEVELAND HOSPITAL
ASSOCIATION RETIREMENT PLAN

EMPLOYER NO. 34-1166722
PLAN NO. 001

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

June 30, 2012

(a)	(b) <u>Identity of Party</u>	(c) <u>Description of Investment</u>	(d) <u>Cost</u>	Current (e) <u>Value</u>
		POOLED INVESTMENT TRUST		
*	The Northern Trust Company	The HealthComp, Inc. Group Trust	<u>\$ 4,076,972</u>	<u>\$ 4,653,858</u>

* Represents a party-in-interest

**ELIZA JENNINGS HOME
THE GCHA RETIREMENT PLAN**

Shortfall Amortization
Valuation Date: July 1, 2011

<u>Valuation Date</u>	<u>Amortization Method</u>	<u>Number of Future Installments</u>	<u>Installment</u>	<u>Value of Future Installments</u>
07/01/2008	7-year	4	\$100,703	\$390,103
07/01/2009	7-year	5	\$45,270	\$216,896
07/01/2010	7-year	6	\$31,945	\$177,658
07/01/2011	7-year	7	<u>\$28,307</u>	<u>\$178,118</u>
Total			\$206,225	\$962,775