

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>03/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☒ the first return/report; ☐ the final return/report; ☒ an amended return/report; ☒ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>JHSI, INC. RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>03/01/2010</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>03/01/2010</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>03/01/2010</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>JHSI, INC.</u> <u>4555 LAKE FOREST DRIVE, SUITE 645</u> <u>CINCINNATI, OH 45242</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-0536670</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>513-214-1200</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-0536670</u>	2c Sponsor's telephone number <u>513-214-1200</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>31-0536670</u>					
2c Sponsor's telephone number <u>513-214-1200</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	Filed with authorized/valid electronic signature.	10/10/2013	ROBERT KANTER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") JHSI, INC. 4555 LAKE FOREST DRIVE, SUITE 645 CINCINNATI, OH 45242	3b Administrator's EIN 31-0536670 3c Administrator's telephone number 513-214-1200
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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	0
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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	0
b Retired or separated participants receiving benefits.....	6b	566
c Other retired or separated participants entitled to future benefits.....	6c	561
d Subtotal. Add lines 6a , 6b , and 6c	6d	1127
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	45
f Total. Add lines 6d and 6e	6f	1172
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 1D 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) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
 (2) ☐ **I** (Financial Information – Small Plan)
 (3) ☐ **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 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 03/01/2010 and ending 12/31/2010

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

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

A Name of plan <u>JHSI, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>JHSI, INC.</u>	D Employer Identification Number (EIN) <u>31-0536670</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>03</u> Day <u>01</u> Year <u>2010</u>
2	Assets:
a	Market value 2a <u>71278322</u>
b	Actuarial value 2b <u>71278322</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>616</u> <u>23559501</u>
b	For terminated vested participants 3b <u>713</u> <u>13486112</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>905312</u>
(2)	Vested benefits 3c(2) <u>32713083</u>
(3)	Total active 3c(3) <u>1463</u> <u>33618395</u>
d	Total 3d <u>2792</u> <u>70664008</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.68</u> %
6	Target normal cost 6 <u>501146</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>10/14/2011</u>
Signature of actuary <u>SCOTT LANHAM</u>	Date <u>11-06847</u>
Type or print name of actuary <u>TOWER WATSON DELAWARE INC.</u>	Most recent enrollment number <u>513-719-1750</u>
Firm name <u>201 EAST FIFTH STREET, SUITE 1250</u> <u>CINCINNATI, OH 45202</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) 2010
v.092308.1

Part II	Beginning of year carryover and prefunding balances	
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)		
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)		
9 Amount remaining (Item 7 minus item 8).....	0	0
10 Interest on item 9 using prior year's actual return of _____%		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		
b Interest on (a) using prior year's effective rate of _____%		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance.....		
12 Reduction in balances due to elections or deemed elections.....		
13 Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	7828812	0

Part III	Funding percentages	
14 Funding target attainment percentage.....	14	89.79 %
15 Adjusted funding target attainment percentage.....	15	100.86 %
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	98.78 %
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
Totals ▶			18(b)	0	18(c)
					0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c
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: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 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 contribution for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a).....	29	
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	501146
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment		
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	501146
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	501146	501146
36 Additional cash requirement (item 34 minus item 35).....	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	
38 Interest-adjusted excess contributions for current year (see instructions).....	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE 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
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 03/01/2010 and ending 12/31/2010		
A Name of plan JHSI, INC. RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 JHSI, INC.	D Employer Identification Number (EIN) 31-0536670	

Part I	Service Provider Information (see instructions)
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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	
HUNTINGTON NATIONAL BANK	3805 EDWARDS ROAD, SUITE 350 CINCINNATI, OH 45209

(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)

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

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

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

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

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

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

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

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

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

(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.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
For calendar plan year 2010 or fiscal plan year beginning <u>03/01/2010</u> and ending <u>12/31/2010</u>		
A Name of plan <u>JHSI, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JHSI, INC.</u>	D Employer Identification Number (EIN) <u>31-0536670</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a		8762
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		21550449
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		422
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		25100318
	(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)		
	(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	0	46659951

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	0	46659951
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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 Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		0

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	7088	
(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)		7088

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(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		7088

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	47147087	
(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)		47147087
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		47147087

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-47139999
l Transfers of assets:			
(1) To this plan.....	2l(1)		93799950
(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: DELOITTE & TOUCHE LLP

(2) EIN: 13-3891517

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

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

Part IV Compliance Questions

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

During the plan year:

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

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If yes, enter the amount of any plan assets that reverted to the employer this year ☒ Yes ☐ No Amount: 0

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

5b(1) Name of plan(s)	5b(2) EIN(s)	5b(3) PN(s)

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 03/01/2010 and ending 12/31/2010

A Name of plan <u>JHSI, INC. RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JHSI, INC.</u>	D Employer Identification Number (EIN) <u>31-0536670</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>31-6243960</u> <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>1531</u>

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

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

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

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

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

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: 100%

- 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):

JHSI, Inc. Retirement Plan

Employer ID No: 31-0536670
Plan Number: 001

Statement of Net Liabilities (Liquidation Basis) as of
December 30, 2011 and December 31, 2010

Statement of Changes in Net Liabilities (Liquidation Basis) for the
Period January 1, 2011 to December 30, 2011 and for the Period
March 1, 2010 to December 31, 2010

Statement of Accumulated Plan Benefits as of December 30,
2011 (Liquidation Basis) and December 31, 2010 (Liquidation
Basis)

Statement of Changes in Accumulated Plan Benefits (Liquidation
Basis) for the Period January 1, 2011 to December 30, 2011 and
for the Period March 1, 2010 to December 31, 2010

Supplemental Schedules as of December 30, 2011,
December 31, 2010, for the Period from January 1, 2011 to
December 30, 2011 and for the Period from March 1, 2010 to
December 31, 2010 and Independent Auditors' Report

JHSI, INC. RETIREMENT PLAN

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NOTE: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	

INDEPENDENT AUDITORS' REPORT

To the Trustees and Participants of
the JHSI, Inc. Retirement Plan:

We were engaged to audit the financial statements and supplemental schedules of the JHSI, Inc. Retirement Plan (the "Plan") all of which are prepared on the liquidation basis of accounting as discussed below as of and for the periods listed in the Table of Contents. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Huntington National Bank, 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 certifications from the trustee that the information as of December 30, 2011 and December 31, 2010, for the period January 1, 2011 to December 30, 2011, and for the period March 1, 2010 to December 31, 2010 provided to the plan administrator by the trustee is complete and accurate.

As discussed in Note 7 to the financial statements, JHSI, Inc., the Plan's sponsor, decided to terminate the Plan effective December 31, 2010. In accordance with accounting principles generally accepted in the United States of America, the liquidation basis of accounting has been used in presenting the Plan's 2011 and 2010 financial statements.

Because of the significance of the information that we did not audit, we are unable to express, and we do not express, an opinion on the accompanying financial statements and supplemental schedules. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements but are supplementary information 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 or custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Deloitte & Touche LLP

August 29, 2013

JHSI, INC. RETIREMENT PLAN

STATEMENTS OF NET LIABILITIES (LIQUIDATION BASIS) AS OF DECEMBER 30, 2011 AND DECEMBER 31, 2010

	December 30, 2011 (In Liquidation)	December 31, 2010 (In Liquidation)
ASSETS:		
Cash	\$ -	\$ 8,762
Investments — at fair value — money market fund	-	25,100,318
Contributions receivable	-	21,550,449
Accrued investment income	-	422
Total assets	-	46,659,951
LIABILITY — Estimated payments due to participants upon liquidation	-	(56,823,137)
NET LIABILITIES IN LIQUIDATION	<u><u>\$ -</u></u>	<u><u>\$(10,163,186)</u></u>

See notes to financial statements.

JHSI, INC. RETIREMENT PLAN

STATEMENTS OF CHANGES IN NET LIABILITIES (LIQUIDATION BASIS) FOR THE PERIOD JANUARY 1, 2011 TO DECEMBER 30, 2011 AND FOR THE PERIOD MARCH 1, 2010 TO DECEMBER 31, 2010

	For the Period January 1, 2011 to December 30, 2011 (In Liquidation)	For the Period March 1, 2010 to December 30, 2010 (In Liquidation)
ADDITIONS:		
Plan sponsor contributions (to fund benefits paid of \$53,035,181)	\$ 5,087,444	\$ -
Transfer of assets from the Health Alliance Plan and other contributions (see Note 1)	1,406,586	93,799,950
Experience adjustment	3,787,956	-
Dividends and other income	<u>3,922</u>	<u>7,088</u>
Total additions	<u>10,285,908</u>	<u>93,807,038</u>
DEDUCTIONS:		
Benefits paid directly to participants	-	47,105,011
Administrative expenses	<u>122,722</u>	<u>42,076</u>
Total deductions	<u>122,722</u>	<u>47,147,087</u>
NET INCREASE (DECREASE)	10,163,186	46,659,951
LIQUIDATION BASIS ADJUSTMENTS —		
Benefits due to participants	-	(56,823,137)
NET LIABILITIES IN LIQUIDATION:		
Beginning of period	<u>(10,163,186)</u>	<u>-</u>
End of period	<u>\$ -</u>	<u>\$ (10,163,186)</u>

See notes to financial statements.

JHSI, INC. RETIREMENT PLAN

STATEMENTS OF ACCUMULATED PLAN BENEFITS (LIQUIDATION BASIS) AS OF DECEMBER 30, 2011 AND DECEMBER 31, 2010

	December 30, 2011 (In Liquidation)	December 31, 2010 (In Liquidation)
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS — Vested benefits:		
Participants currently receiving payments	\$ -	\$ -
Non-retired participants	-	-
Terminated vested and transferred participants	<u>-</u>	<u>-</u>
TOTAL VESTED BENEFITS	<u>\$ -</u>	<u>\$ -</u>

See notes to financial statements.

JHSI, INC. RETIREMENT PLAN

STATEMENTS OF CHANGES IN ACCUMULATED BENEFIT OBLIGATIONS (LIQUIDATION BASIS) FOR THE PERIOD JANUARY 1, 2011 TO DECEMBER 30, 2011 AND FOR THE PERIOD MARCH 1, 2010 TO DECEMBER 31, 2010

	For the Period January 1, 2011 to December 30, 2011 (In Liquidation)	For the Period March 1, 2010 to December 30, 2010 (In Liquidation)
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS — Beginning of period	\$ -	\$ -
Increase/(decrease) during year attributable to:		
Transfer from the Health Alliance Plan (see Note 1)	-	99,266,275
Benefits paid to participants		(47,105,011)
Change in actuarial assumptions	-	4,661,873
Liquidation basis adjustments — benefits due to participants	-	(56,823,137)
ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS — End of period	<u>\$ -</u>	<u>\$ -</u>

See notes to financial statements.

JHSI, INC. RETIREMENT PLAN

NOTES TO FINANCIAL STATEMENTS

AS OF DECEMBER 30, 2011 AND DECEMBER 31, 2010, FOR THE PERIOD JANUARY 1, 2011
TO DECEMBER 30, 2011, AND FOR THE PERIOD MARCH 1, 2010 TO DECEMBER 31, 2010

1. DESCRIPTION OF THE PLAN

The following description of the JHSI, Inc. Retirement Plan (the “Plan”) is provided for general information purposes only. Participants should refer to the Plan document for a more complete description of the Plan’s information. The Plan is sponsored by JHSI, Inc. (the “Plan Sponsor” or “Entity”). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (“ERISA”) and the Internal Revenue Code (“IRC”), as amended.

General — The Plan is a defined benefit pension plan established March 1, 2010 as a result of an agreement between the Company and the Health Alliance of Greater Cincinnati (the “Health Alliance”) to provide for the spin-off of certain assets and liabilities from the Health Alliance Retirement Plan (the “Health Alliance Plan”). The Plan assumed the retirement benefits provided under the Health Alliance Plan for specified transferred participants. The Plan defines the transferred participants who are eligible to participate in the Plan as follows:

- All current associates of the Jewish Hospital (“JHS”) who, as of March 1, 2010, were active participants of the Health Alliance Plan
- All former associates of JHS (or their beneficiaries) who, as of March 1, 2010, were receiving benefits from the Health Alliance Plan
- All former associates of JHS who, as of March 1, 2010, were due future benefits from the Health Alliance Plan
- Other associates as defined by the Plan document

As part of the spin-off agreement, the Health Alliance transferred assets from the Health Alliance Plan to the Plan and made a contribution to an escrow account for the Plan of \$93.8 million in total, representing the Health Alliance Plan assets attributable to JHSI employees and estimated underfunding of the Plan as of March 1, 2010. The escrow account is utilized to pay expenses of the Plan as well as to partially fund the retirement benefits of the Plan. Funds received from the escrow account are reflected on the financial statements as other contributions. The Plan paid benefits to its participants of approximately \$47.1 million during the period March 1, 2010 to December 31, 2010.

In conjunction with the establishment of the Plan, all accrued benefits were frozen and the Plan was closed to new participants. All participants became fully vested. Participants received a minimum accrued benefit under the Plan that is at least equal to the accrued benefit under the Health Alliance Plan as of March 1, 2010.

In September 2010, the Board of Trustees of the Entity formalized the plan to terminate the plan as contemplated by the spin-off from the Health Alliance Plan and adopted a resolution to terminate the Plan effective December 31, 2010. As a part of the resolution, each participant’s Plan benefits were to be paid in accordance with the provisions set forth in the Plan document. Actions taken to terminate the Plan including payout of all assets are disclosed in Note 7, *Plan Terminations*. As a result of the decision

to terminate the plan, the Plan recorded the estimated liability to remaining participants of approximately \$56.8 million as of December 31, 2010. The Plan also recorded a receivable of approximately \$21.6 million which was committed to be paid by the Health Alliance at the date of spin-off, which represents the amount in escrow due to the Plan as of December 31, 2010.

In 2011, the Plan Sponsor and the Health Alliance reached an agreement whereby the Plan Sponsor agreed to contribute approximately \$5.1 million and the Health Alliance agreed to contribute \$1.4 million to fund the liabilities of the Plan. In addition, the Plan recorded an experience adjustment of \$3.8 million which represents the difference between the estimated liabilities at December 31, 2010 and the actual payments to participants.

The Board of Trustees of the Entity controls and manages the operation and administration of the Plan. Huntington National Bank ("Trustee") serves as the trustee of the Plan, and manages the Plan's investments.

Pension Benefits — Pension benefits are provided to participants under several types of retirement options based upon years of credited service (not to exceed thirty) and the participant's average earnings, on a monthly basis, for the highest five Plan years out of the current Plan year and the nine Plan years beginning before the current Plan year ("Final Average Earnings"). Only years of service and compensation earned prior to March 1, 2010 will be included in the retirement benefit. Benefits are calculated at the earlier of normal retirement age or termination of employment, and are reduced in accordance with the Plan document if benefits commence prior to the participant's normal retirement date. Retirement benefits are paid to participants or beneficiaries as elected. Options available under the Plan document include joint and survivor annuities, single life annuities, and lump sum payments.

2. SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting — As a result of the decision and approval to terminate the Plan, the Plan's financial statements have been prepared under the liquidation basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP). In connection with this basis of accounting, the Plan is reporting its benefit obligation as a liability on the statement of net liabilities as of December 31, 2010.

Use of Estimates — The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities and changes therein; disclosure of contingent assets and liabilities; and the actuarial present value of accumulated plan benefits and changes therein at the date of the financial statements. Actual results could differ from those estimates.

Risks and Uncertainties — The Plan utilizes various money market funds as investments. Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such change could materially affect the amounts reported in the financial statements.

Investment Valuation and Income Recognition — Investments are stated at fair value. Fair value of a financial instrument is the amount 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 description of valuation methods.

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.

Payment of Benefits — Benefit payments to participants are accrued under the liquidation basis of accounting.

Administrative Expenses — The Plan document allows administrative expenses to be paid by the Plan or the Plan Sponsor. For the period from January 1, 2011 to December 30, 2011, \$122,722 in administrative expenses relating to trustee fees and PBGC premiums were paid by the Plan. For the period March 1, 2010 to December 31, 2010, \$42,076 of administrative expenses were paid by the Plan.

Contributions — Contributions to provide benefits under the Plan are made solely by the Entity. The Entity's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. The Entity contributed to the necessary amounts to pay all participant benefits during 2011 due to the Plan termination. The Entity was not required to make any contributions for the period March 1, 2010 to December 31, 2010.

Subsequent Events — Subsequent events were evaluated through August 29, 2013, the date the financial statements were available to be issued.

3. INFORMATION CERTIFIED BY THE TRUSTEE

The following is a summary of the unaudited information regarding the Plan as of December 31, 2010, for the period January 1, 2011 to December 30, 2011, and for the period March 1, 2010 to December 31, 2010, included in the Plan's financial statements and supplemental schedules, that was prepared by or derived from information prepared by Huntington National Bank, the trustee of the Plan, and furnished to the Plan administrator. The Plan administrator has obtained certifications from the trustee that such information is complete and accurate.

December 31, 2010

Statements of net assets available for benefits:

Investments at fair value:

Cash	\$ 8,762
AIM Treasury Portfolio Money Market Fund	25,100,318
Accrued income	422

For the Period January 1, 2011 to December 30, 2011	For the Period March 1, 2010 to December 31, 2010
---	---

Statement of changes in net assets available for
benefits — dividends and other income

\$ 3,922	\$ 7,088
----------	----------

Supplemental schedules: All investment balances and information.

Note 5: All investment balances and investment information, excluding the classification of investments in the note.

4. ACCUMULATED PLAN BENEFITS AND PLAN TERMINATION ASSUMPTIONS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the services employees have rendered as of the valuation date. Accumulated plan benefits include benefits expected to be paid to (1) retired or terminated employees or their beneficiaries and (2) beneficiaries of employees who have died. The actuarial present value of accumulated plan benefits is determined by an independent actuary. The amount 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. Actuarial assumptions are generally based on the presumption that the Plan will continue. However, the Entity has terminated the Plan as described in Note 7, *Plan Terminations*. As such, the Plan's actuary has modified the actuarial assumptions effective December 31, 2010 to reflect the termination. This modification of the actuarial assumptions resulted in an increase of the actuarial present value of accumulated plan benefits.

The following significant actuarial assumptions used in the determination of the actuarial present value of accumulated plan benefits on a liquidation basis as of December 31, 2010:

- *Mortality*: ERISA Section 4044 Mortality Table for 2010 Valuation Dates (Involuntary Terminations and Distress Terminations of Single Employer Plans)
- *Discount Rate*: 3.7% for participants in pay; 4.55% for deferred participants
- *Expected Retirement Ages*: Based on PBGC regulations
- *Payment Form*: If in pay status, benefit will continue in the form currently being paid; If not in pay status, 80% of participants are assumed to be married and elect the qualified joint and survivor annuity form of payment. 20% are assumed to be single and elect the single life annuity form of payment.
- Males are assumed to be 3 years older than females

5. FAIR VALUE MEASUREMENTS

ASC 820, Fair Value Measurements and Disclosures, provides a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value, as follows: Level 1, which refers to securities valued using unadjusted quoted prices from active markets for identical assets; Level 2, which refers to securities not traded on an active market but for which observable market inputs are readily available; and Level 3, which refers to securities valued based on significant unobservable inputs. Assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

The Plan's policy is to recognize significant transfers between levels at the actual date of the event or change in circumstances that caused the transfer.

The Plan's only investment, the AIM Treasury Portfolio Money Market Fund, is a short-term money market commingled fund that is categorized as Level 2. The fund is valued at cost, which approximates fair value.

	Fair Value Measurements at December 31, 2010			
	Level 1	Level 2	Level 3	Total
AIM Treasury Portfolio Money Market Fund	\$ -	\$ 25,100,318	\$ -	\$ 25,100,318

For the period January 1, 2011 to December 30, 2011 and the period March 1, 2010 to December 31, 2010, there were no significant transfers in or out of Levels 1, 2, or 3.

6. FEDERAL INCOME TAX STATUS

The Plan was terminated effective December 31, 2010. On December 27, 2010, Plan management filed an Application for Determination for Terminating Plan with the Internal Revenue Service (IRS) seeking a determination that the Plan was tax qualified upon termination. Management received a response from the IRS and a favorable determination letter was issued. Management believes the Plan was designed and operated in compliance with the applicable sections of the Internal Revenue Code, and the Plan and related trust are tax-exempt. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

7. PLAN TERMINATION

All legally required communications and documentation regarding Plan termination were distributed to participants and filed with the appropriate regulatory authorities. Participants could elect to receive their distributions in the form of either 1) lump sum distribution; 2) direct rollover into an individual retirement account or another eligible retirement plan; or 3) annuity. The Plan purchased a group annuity policy through MetLife Institutional Business on November 10, 2011. The group annuity policy covered all participants who were receiving annuities under the Plan at that time, as well as all participants who had not elected a form of distribution prior to November 10, 2011.

8. RECONCILIATION OF FINANCIAL STATEMENTS TO FORM 5500

The following is a reconciliation of net assets available for pension benefits per the financial statements to the Form 5500 as of December 30, 2011 and December 31, 2010:

	2011	2010
Net liabilities in liquidation per the financial statements	\$ -	\$ (10,163,186)
Add:		
Estimated payments due participants upon liquidation	<u>-</u>	<u>56,823,137</u>
Net assets available for pension benefits per the Form 5500	<u>\$ -</u>	<u>\$ 46,659,951</u>
	2011	
Benefits paid to participants per financial statements	\$ -	
Add:		
Benefits paid to participants (accrued in prior period)	<u>53,035,181</u>	
Benefits paid to participants per the Form 5500	<u>\$ 53,035,181</u>	

* * * * *

SUPPLEMENTAL SCHEDULES

JHSI, INC. RETIREMENT PLAN

Employer ID No: 31-0536670

Plan No: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4j — SCHEDULE OF REPORTABLE TRANSACTIONS FOR THE PERIOD JANUARY 1, 2011 TO DECEMBER 30, 2011

Identity of Party Involved	Description of Asset	Purchases	(A)	Sales	(A)	Cost of Sales	Gain/(Loss)
SINGLE TRANSACTIONS							
AIM Treasury Portfolio	Money Market Fund	\$ -		\$ 1,994,162		\$ 1,994,162	\$ -
AIM Treasury Portfolio	Money Market Fund	-		1,503,443		1,503,443	-
AIM Treasury Portfolio	Money Market Fund	-		17,262,560		17,262,560	-
SERIES IN SAME SECURITY							
AIM Treasury Portfolio	Money Market Fund	\$4,276	(11)	\$25,104,594	(32)	\$25,104,594	\$ -

(A) The numbers in parentheses represent the number of transactions in a series.

See accompanying independent auditors' report.

JHSI, INC. RETIREMENT PLAN

Employer ID No: 31-0536670

Plan No: 001

**FORM 5500, SCHEDULE H, PART IV, LINE 4i — SCHEDULE OF ASSETS (HELD AT END OF YEAR)
AS OF DECEMBER 31, 2010**

(a) Identity of Issue, Borrower, Lessor, or Similar Party	(b) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(c) Cost	(d) Current Value
Cash		<u>\$ 8,762</u>	<u>\$ 8,762</u>
AIM Treasury Portfolio	Money Market fund, 25,100,318 shares	<u>\$25,100,318</u>	<u>\$25,100,318</u>

See accompanying independent auditors' report.

JHSI, INC. RETIREMENT PLAN

Employer ID No: 31-0536670

Plan No: 001

FORM 5500, SCHEDULE H, PART IV, LINE 4j — REPORTABLE TRANSACTIONS FOR THE TEN MONTHS ENDED DECEMBER 31, 2010

Identity of Party	Description of Assets	Purchase Price	Selling Price	Cost of Assets	Net Gain (Loss)	# of Transactions
SINGLE TRANSACTIONS						
AIM Treasury Portfolio	Money Market Fund	\$60,800,000	\$ -	\$ -	(A)	1
AIM Treasury Portfolio	Money Market Fund	8,000,000	-	-	(A)	1
AIM Treasury Portfolio	Money Market Fund	3,440,739	-	-	(A)	1
AIM Treasury Portfolio	Money Market Fund	-	1,645,462	1,645,462	(A)	1
AIM Treasury Portfolio	Money Market Fund	-	18,675,000	18,675,000	(A)	1
AIM Treasury Portfolio	Money Market Fund	-	5,552,677	5,552,677	(A)	1
AIM Treasury Portfolio	Money Market Fund	-	3,984,334	3,984,334	(A)	1
AIM Treasury Portfolio	Money Market Fund	-	2,456,646	2,456,646	(A)	1
AIM Treasury Portfolio	Money Market Fund	-	2,358,071	2,358,071	(A)	1
AIM Treasury Portfolio	Money Market Fund	-	3,756,911	3,756,911	(A)	1
AIM Treasury Portfolio	Money Market Fund	-	1,352,383	1,352,383	(A)	1
AIM Treasury Portfolio	Money Market Fund	-	3,300,218	3,300,218	(A)	1
SERIES IN SAME SECURITY						
AIM Treasury Portfolio	Money Market Fund	\$72,247,405	\$47,147,087	\$47,147,087	(A)	48

(A) The current value of all assets acquired or disposed of, at the time of acquisition or disposition, is equal to the purchase price or selling price respectively.

See accompanying independent auditors' report.

Plan Name	JHSI Inc. Retirement Plan
Plan Sponsor EIN	31-0536670
ERISA Plan #	001
Plan Year Ending	12/31/2010

The required attachment marked with an “X” in the Attachment column is included within the Accountant’s Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan’s Independent Qualified Public Accountant (IQPA).

Form / Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	JHSI Inc. Retirement Plan
Plan Sponsor EIN	31-0536670
ERISA Plan #	001
Plan Year Ending	12/31/2010

The required attachment marked with an “X” in the Attachment column is included within the Accountant’s Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan’s Independent Qualified Public Accountant (IQPA).

Form / Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

Plan Name	JHSI Inc. Retirement Plan
Plan Sponsor EIN	31-0536670
ERISA Plan #	001
Plan Year Ending	12/31/2010

The required attachment marked with an “X” in the Attachment column is included within the Accountant’s Opinion attachment to Sch. H, Part III, Line 3, which consists of the entire audit report issued by the plan’s Independent Qualified Public Accountant (IQPA).

Form / Schedule	Line #	Description	Attachment
5500 Sch. H	Line 3	Financial statements used in formulating the IQPA's opinion	X
5500 Sch. H	Line 4i	Schedule of Assets (Held at End of Year)	X
5500 Sch. H	Line 4i	Schedule of Assets (Acquired and Disposed of Within Year)	
5500 Sch. H	Line 4j	Schedule of Reportable Transactions	X
5500 Sch. H	Line 4a	Schedule of Delinquent Participant Contributions	

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 03/01/2010 and ending 12/31/2010

► **Round off amounts to nearest dollar.**
 ► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan JHSI, Inc. Retirement Plan	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF JHSI, Inc.	D Employer Identification Number (EIN) 31-0536670	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Basic Information			
1	Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2010</u>		
2	Assets:		
	a Market value	2a	71,278,322
	b Actuarial value	2b	71,278,322
3	Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	616
	b For terminated vested participants	3b	713
	c For active participants:		
	(1) Non-vested benefits	3c(1)	905,312
	(2) Vested benefits	3c(2)	32,713,083
	(3) Total active	3c(3)	1,463
	d Total	3d	2,792
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐		
	a Funding target disregarding prescribed at-risk assumptions	4a	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b	
5	Effective interest rate	5	6.68 %
6	Target normal cost	6	501,146

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	SL Signature of actuary Scott Lanham Type or print name of actuary Towers Watson Delaware Inc. 201 East Fifth Street, Suite 1250 Cincinnati OH 45202 Address of the firm	10/14/11 Date 11-06847 Most recent enrollment number (513) 719-1750 Telephone number (including area code)
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)		
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)		
9 Amount remaining (Item 7 minus item 8)	0	0
10 Interest on item 9 using prior year's actual return of _____%		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		
b Interest on (a) using prior year's effective rate of _____%		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		
12 Reduction in balances due to elections or deemed elections		
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	7,828,812	0

Part III Funding percentages

14 Funding target attainment percentage	14	89.05 %
15 Adjusted funding target attainment percentage	15	100.86 %
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	98.78 %
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
Totals ▶			18(b)	0	18(c) 0

19 Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	

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

Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: 5.03 %	2nd segment: 6.73 %	3rd segment: 6.82 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

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

Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	29	
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	30	0

Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	501,146
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment		
b Waiver amortization installment		
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	501,146
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	501,146	501,146
36 Additional cash requirement (item 34 minus item 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	
38 Interest-adjusted excess contributions for current year (see instructions)	38	0
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	JHSI, Inc.
EIN/PN	31-0536670/001
Plan Name	JHSI, Inc. Retirement Plan
Valuation Date	January 1, 2010
Enrolled Actuary	Scott Lanham
Enrollment Number	11-06847

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Plan Name:	JHSI, Inc. Retirement Plan
EIN / PN:	31-0536670 / 001
Plan Sponsor:	JHSI, Inc.
Valuation Date:	January 1, 2010

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 13
Explanation of Funding Standard Carryover Balance
as of January 1, 2010

JHSI, Inc. was spun off from the Health Alliance Retirement Plan as of March 1, 2010. The portion of the Funding Standard Carryover Balance as of January 1, 2010 that was allocated to JHSI, Inc. is \$7,828,812.

Plan Name: JHSI, Inc. Retirement Plan
EIN / PN: 31-0536670 / 001
Plan Sponsor: JHSI, Inc.
Valuation Date: January 1, 2010

SCHEDULE SB ATTACHMENTS

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

See the Schedule SB, Line 23 attachment for retirement rates. The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

Age of Retirement	Rates of Retirement	% Retiring	Weighted Ages
(A)	(B)	(C)	(A)*(C)
55	5.00%	5.00%	2.7500
56	5.00%	4.75%	2.6600
57	5.00%	4.51%	2.5721
58	5.00%	4.29%	2.4864
59	5.00%	4.07%	2.4028
60	5.00%	3.87%	2.3213
61	5.00%	3.68%	2.2420
62	20.00%	13.97%	8.6594
63	20.00%	11.17%	7.0392
64	20.00%	8.94%	5.7208
65	40.00%	14.30%	9.2963
66	30.00%	6.44%	4.2477
67	30.00%	4.51%	3.0184
68	30.00%	3.15%	2.1444
69	30.00%	2.21%	1.5232
70	100.00%	5.15%	3.6056

Retirement Age====>

63

Plan Name: JHSI, Inc. Retirement Plan
EIN / PN: 31-0536670 / 001
Plan Sponsor: JHSI, Inc.
Valuation Date: January 1, 2010

SCHEDULE SB ATTACHMENTS

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

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	9		71	34,817	1		0		0		0		0		0		0		0	
25 - 29	5		110	40,574	39	45,473	0		0		0		0		0		0		0	
30 - 34	9		60	41,989	44	53,339	7		0		0		0		0		0		0	
35 - 39	4		73	50,603	47	55,472	31	58,551	5		2		0		0		0		0	
40 - 44	2		42	42,244	44	55,973	28	58,510	18		12		0		0		0		0	
45 - 49	5		56	42,743	43	58,997	47	48,132	34	57,218	24	62,041	12		2		0		0	
50 - 54	6		51	46,059	53	49,135	39	42,845	15		22	50,031	23	60,376	30	66,280	4		0	
55 - 59	2		29	44,283	46	50,247	31	43,914	21	57,672	26	58,508	11		32	59,058	16		0	
60 - 64	0		10		14		13		8		10		6		9		8		6	
65 - 69	0		1		4		8		4		5		0		3		1		2	
70 & Over	0		1		1		2		1		1		0		0		1		1	

Plan Name: JHSI, Inc. Retirement Plan
 EIN / PN: 31-0536670 / 001
 Plan Sponsor: JHSI, Inc.
 Valuation Date: January 1, 2010

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 23 Statement of Actuarial Assumptions and Methods

Plan Sponsor

JHSI, Inc.

EIN/PN

31-0536670/001

Discount Rates

Current plan year PPA effective interest rate: 6.68%

Prior plan year PPA effective interest rate: N/A

3-Segment Rates

Applicable month: September 2009

Transition election: No

Assumed Cost of Living Adjustments

0.00%

Inclusion Date

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

Plan-related Expenses

The amount included this year for plan-related expenses is \$0.

Plan Name: JHSI, Inc. Retirement Plan
EIN / PN: 31-0536670 / 001
Plan Sponsor: JHSI, Inc.
Valuation Date: January 1, 2010
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SCHEDULE SB ATTACHMENTS

Mortality

For all participants: The prescribed mortality assumption under IRC §430(h)(3)(A) using static tables with separate mortality rates for annuitants and non-annuitants.

Retirement

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

Age	Percentage retiring during the year
55-61	5%
62-64	20%
65	40%
66-69	30%
70	100%

Disability Rates (per 100 employees)

These rates apply to grandfathered Fort Hamilton participants only. Samples rates at which participants become disabled by age and gender are shown below.

Percentage becoming disabled during the year		
Age	Males	Females
30	0.1%	0.2%
45	0.2%	0.3%
65	1.4%	2.1%

Plan Name: JHSI, Inc. Retirement Plan
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Plan Sponsor: JHSI, Inc.
Valuation Date: January 1, 2010

SCHEDULE SB ATTACHMENTS

Disabled Mortality

Representative rates are shown below.

Attained Age	Males	Females
25	2.6%	2.6%
30	2.6%	2.6%
35	2.6%	2.6%
40	2.6%	2.6%
45	2.7%	2.7%
50	3.1%	3.1%
55	4.9%	4.9%
60	6.2%	6.2%

Compensation Increases

For purposes of determining the target normal cost and the additional funding target for maximum recommended contribution purposes, compensation is assumed to increase 2% for 2010, 2.5% for 2011 and 5% thereafter.

Future Increases in Social Security

For purposes of determining target normal cost and the additional funding target for maximum recommended contribution purposes, the National Average Wage Index is assumed to increase by 3.500% per annum.

Future Increases in Maximum Benefits and Plan Compensation Limitations

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

Plan Name: JHSI, Inc. Retirement Plan
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Plan Sponsor: JHSI, Inc.
Valuation Date: January 1, 2010

SCHEDULE SB ATTACHMENTS

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

Select rates of withdrawal are 20% for each of the first five years. Ultimate rates shown below.

Attained Age	Percentage leaving during the year	
	Males	Females
25	15%	15%
30	11%	11%
35	8%	8%
40	8%	8%
45	7%	7%
50	5%	5%
55	5%	5%
60	5%	5%

Form of Payment

Participants are assumed to elect the straight life annuity.

Marriage

For purposes of valuing the pre-retirement surviving spouse's benefit, 80% of eligible participants are assumed to be married and male spouses are assumed to be 3 years older than female spouses.

Employees

It was assumed there will be no new or rehired employees.

Plan Compensation

Compensation assumed paid in the year beginning on the valuation date is January 15th hourly rate of pay times 2,080 hours for all participants with the following exceptions:

- For Fort Hamilton and Jewish Hospital grandfathered participants, prior year W-2 including pre-tax deferrals, increased with one year's salary scale.
- For St. Luke Hospital grandfathered participants, January 1 hourly rate of pay times 2,080 hours times FTE percentage for all associates except those associates classified as intermittent or PRN. For intermittent or PRN associates, compensation is defined as prior year W-2, including pre-tax deferrals, increased with one year's salary scale.

Plan Name: JHSI, Inc. Retirement Plan
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SCHEDULE SB ATTACHMENTS

Asset Method

Under this method, the valuation assets are equal to the average of three values (all determined without regard to receivable contributions), the result increased by the discounted present value of contributions expected to be made after the valuation date based on the prior plan year PPA effective interest rate. This amount is then subject to a 10% corridor around the market value of assets (including the discounted present value of receivable contributions) as of the valuation date. The three values used to develop the average value are: the market value of assets as of the current valuation date, the adjusted market value of assets as of the prior valuation date and the adjusted market value of assets as of the second prior valuation date. The adjusted market value as of a relevant valuation date is equal to the market value of assets as of the prior valuation date increased by actual plan contributions and assumed return on plan assets and decreased by actual plan disbursements after that date until the current valuation date. Because expected investment returns under this method are limited under WRERA, over time it is more likely to produce an actuarial value that is expected to be less than the market value of assets. Per IRS regulations, assets spun off from the Health Alliance Retirement Plan are equal to the market value. All historical gains and losses stay with the Health Alliance Retirement Plan.

Participant Data

Associate data was supplied on an electronic file as of the census date by Health Alliance. Changes in inactive participant data were also supplied electronically by Health Alliance.

Benefits not Included in Valuation

All benefits described in the Plan Provisions section of this report were valued with exception of the actuarially increased normal retirement benefit in the case of postponed retirement.

Plan Name: JHSI, Inc. Retirement Plan
EIN / PN: 31-0536670 / 001
Plan Sponsor: JHSI, Inc.
Valuation Date: January 1, 2010

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25 Change in Method

- The JHSI, Inc. Retirement Plan was spun off from the Health Alliance Retirement Plan effective March 1, 2010. The changes in methods reported below are changes from the methods used by the prior plan.
- Health Alliance elected to use the September 2009 3-segment curve to determine the January 1, 2010 PPA effective rate. The January 1 2009 PPA effective rate was based on the October 2008 full yield curve. For 2010, a change in the method of selecting the interest rate does not require IRS approval.
- In accordance with 1.430(d)-1(g)(3)(ii)(A), automatic approval has been granted for the first plan year for which all the provisions of 1.430(d)-1, 1.430(f)-1, 1.430(g)-1, 1.430(i)-1, and 1.436-1 are reflected of any changes to funding methods permitted by the Pension Protection Act. 2010 is the first plan year for which all of these provisions were reflected, and thus all funding method changes are automatically approved.

Plan Name: JHSI, Inc. Retirement Plan
EIN / PN: 31-0536670 / 001
Plan Sponsor: JHSI, Inc.
Valuation Date: January 1, 2010

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of Principal Plan Provisions

Plan Sponsor

JHSI, Inc.

Plan

JHSI, Inc. Retirement Plan

Effective Date and Most Recent Amendment

The plan was originally effective March 1, 2010, but was established as a continuation of the Health Alliance Retirement Plan.

Plan Year

The twelve-month period ending December 31st.

Coverage and Participation

Only Transferred JHSI Participants are participants under the Plan.

Transferred JHSI Participants include the following:

- Current associates, former retirees and beneficiaries, and former associates who are entitled to future benefits who, as of March 1, 2010, were participants in the Health Alliance Retirement Plan.
- Current associates of Alliance Primary Care ("APC") whose employment terminated with APC on April 30, 2010 and became employees of Mercy Health Partners or its affiliated physician practices as of May 1, 2010.

Plan Name: JHSI, Inc. Retirement Plan
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Plan Sponsor: JHSI, Inc.
Valuation Date: January 1, 2010

SCHEDULE SB ATTACHMENTS

Credited Service

Credited service equals the sum of the following:

- The credited service that was taken into account under the Health Alliance Retirement Plan as of March 1, 2010; and
- For any Transferred JHSI Participant who would have had to complete 1,000 Hours of Service under the Health Alliance Retirement Plan to earn service during 2010, 0.167 years of credited service will be granted for the period January 1, 2010 to February 28, 2010 if the Transferred JHSI Participant completed 167 hours of service during that period.

Vesting Service

Transferred JHSI Participants who are current associates are fully vested in the JHSI, Inc. Retirement Plan as of March 1, 2010.

Final Average Compensation/Salary

Monthly average of the highest five calendar years of compensation during the ten year period ending on the earliest of termination, early retirement or normal retirement dates.

Normal Retirement Benefit

Normal Retirement Date: Eligible on the first of the month coincident with or next following age 65.

Benefit Formula: The benefit payable at normal retirement is equal to the accrued benefit at the earlier of the participants' date of termination or retirement.

Normal Form of Benefit: The normal form of payment for a single participant is a life annuity. The normal form of payment for married participants is an actuarially reduced 50% Joint and Survivor annuity.

Late Retirement

The monthly benefit is equal to the greater of the Normal Retirement Benefit based on Credited Service and Final Average Compensation at actual retirement date or the actuarial equivalent of the benefit that would have been paid on Normal Retirement Date increased to the actual retirement date.

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Plan Sponsor: JHSI, Inc.
Valuation Date: January 1, 2010

SCHEDULE SB ATTACHMENTS

Accrued Benefits

The accrued benefit for all employees is the sum of 1% of Final Average Compensation and 0.35% of Final Average Compensation in excess of Covered Compensation multiplied by years of Credited Service up to 30 years.

Effective June 30, 2003, the benefit accruals for APC physicians and office staff were frozen.

Early Retirement Benefit

Eligibility: Eligible on the first of month coincident with or next following age 55 and five years of Vesting Service.

Benefit: The monthly benefit payable is the accrued Normal Retirement Benefit based on Credited Service and Final Average Compensation at early retirement, reduced to allow for early commencement. The amount of reduction is 5/9 of 1% per year between ages 60 and 65, plus 5/18 of 1% per year between ages 55 and 60.

Disability Benefit

Eligibility: For the Fort Hamilton participants who are eligible for Social Security Disability Benefits.

Benefit Before Normal Retirement: Participants eligible for disability continue to accrue benefits assuming compensation prior to disability had continued and 416 hours per calendar year are earned.

Benefit After Normal Retirement: Participants are assumed to commence benefits upon reaching normal retirement age.

Waiting Period: N/A

Death of Disabled Participant Prior to Normal Retirement: For any participant who dies with a surviving spouse, the surviving spouse will be entitled to a retirement survivor annuity.

Vested Benefits Upon Termination of Service

Vesting: Eligible if terminate with at least 5 years of Vesting Service or after age 65.

Termination Benefit: Normal retirement benefit based on Credited Service and Final Average Compensation as of date of termination.

Plan Name: JHSI, Inc. Retirement Plan
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Plan Sponsor: JHSI, Inc.
Valuation Date: January 1, 2010

SCHEDULE SB ATTACHMENTS

Death Benefits for Participants in Active Service

Eligibility: Spouses of active participants who have completed five years of Vesting Service.

Benefit: The benefit payable to the surviving spouse, commencing on the earliest date the associate could have retired, is equal to 50% of the accrued normal retirement benefit which would have been payable to the participant had he terminated on the day of his death and elected a 50% Joint and Survivor annuity.

Optional Forms of Retirement Income in Lieu of Normal Form

Optional forms of benefit are:

- (i) An actuarially equivalent benefit of 100%, 75%, 66 2/3%, or 50% Joint and Contingent annuity.
- (ii) An actuarially equivalent benefit of five, ten, fifteen, or twenty years certain and continuous annuity.
- (iii) An actuarially equivalent benefit of ten, fifteen or twenty years certain.
- (iv) A life annuity for married participants.
- (v) An actuarially equivalent single lump sum payment (effective March 1, 2010).

Pension Increases

There are no cost of living adjustments made to retiree benefits.

Plan Participants' Contributions

Plan participant contributions are neither expected nor allowed

Grandfathered Plan Participants

Certain participants who were part of the spin-off from Health Alliance of Greater Cincinnati continue to accrue benefits based on the provisions of their predecessor plans as described below. These provisions were grandfathered based on plan participation as of December 31, 1998. Transfers from one location to another within Health Alliance of Greater Cincinnati after that date did not change the grandfathered provisions.

Plan Name: JHSI, Inc. Retirement Plan
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Plan Sponsor: JHSI, Inc.
Valuation Date: January 1, 2010

SCHEDULE SB ATTACHMENTS

Christ Hospital

All participants in The Elizabeth Gamble Deaconess Home Association Pension Plan as of December 31, 1998 were grandfathered in the provisions of that plan.

Those provisions are essentially the same as the provisions of the Health Alliance plan except full-time and part-time associates (those expected to work at least 1000 hours) participated on their dates of hire.

Fort Hamilton Hospital

All participants in The Fort Hamilton-Hughes Healthcare Corporation Retirement Plan as of December 31, 1998 were grandfathered in the provisions of that plan.

- Compensation is defined as W-2 earnings plus pre-tax deferrals.
- Final average compensation is the average of the highest five calendar years during the 10-year period preceding termination of employment disregarding the final year of employment unless it is a full 12-month period.
- Vesting service is completed years of employment.
- Credited service is full calendar years during which a participant is credited with at least 416 hours. Pro-rata service is granted during year of participation or year of termination.
- Normal retirement benefit is equal to 1% of Final Average Compensation times years of Credited Service offset for benefits annuitized under prior plans.
- Optional forms of payment – The normal form of payment for married participants is a 66 2/3% joint and survivor with 10-year certain annuity. In addition to the optional forms of payment in the Health Alliance plan, grandfathered Fort Hamilton participants can also elect a full cash refund form of payment.
- Pre-retirement Death Benefit – For married participants, based on the normal form of benefit.
- Disability Benefit – Participants who are eligible for Social Security disability benefits continue to accrue benefits assuming compensation prior to disability had continued and 416 hours per calendar year are earned.

Plan Name: JHSI, Inc. Retirement Plan
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Plan Sponsor: JHSI, Inc.
Valuation Date: January 1, 2010

SCHEDULE SB ATTACHMENTS

Jewish Hospital

All participants in The Jewish Hospital of Cincinnati, Inc. Retirement Plan as of December 31, 1998 were grandfathered in the provisions of that plan.

- Compensation is defined as W-2 earnings plus pre-tax deferrals.
- Final average compensation is the average of the highest five calendar years of employment disregarding the final year of employment unless 1,000 hours were completed.
- Covered Compensation is the average of the Social Security Taxable Wage Bases for the 35-year period ending in the year in which the associate turns age 64.
- Credited service is calendar years during which 1,000 hours of service were completed.
- Normal retirement benefit is equal to 0.8% of Final Average Compensation plus 0.7% of Final Average Compensation in excess of Covered Compensation, the sum times years of Credited Service. There is a minimum monthly benefit of \$50 times years of Credited Service to a maximum of 10 years.

St. Luke Hospitals

All participants in The Retirement Plan for Employees of St. Luke Hospitals, Inc. as of December 31, 1998 were grandfathered in the provisions of that plan.

- Compensation is defined as monthly rate of pay on the first day of the calendar year.
- Final average compensation is the average of the highest five calendar years during the 10-year period preceding termination of employment disregarding the final year of employment unless 1,000 hours were completed or the associate has reached normal retirement age.
- Credited service is calendar years during which 1,000 hours of service were completed.

Normal retirement benefit is equal to 0.9% of Final Average Compensation times Credited Service plus 0.6% of Final Average Compensation in excess of Covered Compensation, times years of Credited Service up to a maximum of 35 years.

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Plan Sponsor: JHSI, Inc.
Valuation Date: January 1, 2010

SCHEDULE SB ATTACHMENTS

University Hospital

All participants in The University Hospital, Inc. Pension Plan as of December 31, 1998 were grandfathered in the provisions of that plan.

All employees actively in service at UHI on January 1, 1997 became participants in the plan on that date except for those employees who elected to remain active participants in PERS or those who participate in either the multi-employer plan for IUOE associates or the City of Cincinnati Retirement plan.

Those provisions are essentially the same as the provisions of the Health Alliance plan except full-time and part-time associates (those expected to work at least 1000 hours) participated on their dates of hire.

In addition, associates of UHI who entered the plan on January 1, 1997 with less than five years of employment received credited service for their years of service with UHI prior to January 1, 1997.

Plan Name: JHSI, Inc. Retirement Plan
EIN / PN: 31-0536670 / 001
Plan Sponsor: JHSI, Inc.
Valuation Date: January 1, 2010

Plan Name	JHSI, INC. RETIREMENT PLAN
Plan Sponsor EIN	31-0536670
ERISA Plan #	001
Plan Year Ending	12-31-2010

The required attachment marked with an "X" in the Attachment column is included within the "Copy of Schedule MB/SB in PDF format labeled MB/SB Actuary Signature" attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

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5500 Sch. SB	Line 27	Actuarial Information Based on Pre-PPA Funding Rules		
5500 Sch. SB	Line E	Information for Each Individual Employer		
5500 Sch. SB	Line 4	Additional Information for Plans in At-Risk Status		
5500 Sch. SB	Line 7	Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding		
5500 Sch. SB	Line 8	Late Election to Apply Balances to Quarterly Installments		
5500 Sch. SB	Line 9	Explanation of Credit Balance Discrepancy		
5500 Sch. SB	Line 18	Contributions Made to the Plan for the Plan Year		
5500 Sch. SB	Line 19	Discounted Employer Contributions		
5500 Sch. SB	Line 20c	Liquidity Requirement Certification		
5500 Sch. SB	Line 22	Description of Weighted Average Retirement Age		X
5500 Sch. SB	Line 23	Information on Use of Multiple Mortality Tables		
5500 Sch. SB	Line 23	Information on Use of Substitute Mortality Tables		
5500 Sch. SB	Line 23	Statement of Actuarial Assumptions/Methods		X
5500 Sch. SB	Part V	Summary of Plan Provisions		X
5500 Sch. SB	Line 24	Change in Actuarial Assumptions		
5500 Sch. SB	Line 25	Change in Method		X
5500 Sch. SB	Line 26	Schedule of Active Participant Data		X
5500 Sch. SB	Line 27	Balances Subject to Binding Agreement with PBGC		
5500 Sch. SB	Line 27	Alternative 17-Year Funding Schedule of Airlines		
5500 Sch. SB	Line 32	Schedule of Amortization Bases		

5500 Sch. SB	Line 13	Other Attachment [Enter Description]	Explanation of Funding Standard Carryover Balance	X
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Plan Name	JHSI, INC. RETIREMENT PLAN
Plan Sponsor EIN	31-0536670
ERISA Plan #	001
Plan Year Ending	12-31-2010

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Plan Name	JHSI, INC. RETIREMENT PLAN
Plan Sponsor EIN	31-0536670
ERISA Plan #	001
Plan Year Ending	12-31-2010

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Plan Name	JHSI, INC. RETIREMENT PLAN
Plan Sponsor EIN	31-0536670
ERISA Plan #	001
Plan Year Ending	12-31-2010

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Plan Sponsor EIN	31-0536670
ERISA Plan #	001
Plan Year Ending	12-31-2010

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5500 Sch. SB	Line 13	Other Attachment [Enter Description]	Explanation of Funding Standard Carryover Balance	X
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Plan Name	JHSI, INC. RETIREMENT PLAN
Plan Sponsor EIN	31-0536670
ERISA Plan #	001
Plan Year Ending	12-31-2010

The required attachment marked with an "X" in the Attachment column is included within the "Copy of Schedule MB/SB in PDF format labeled MB/SB Actuary Signature" attachment to Schedule SB location which consists of the entire Schedule SB and its attachments.

Form / Schedule	Line#	Description	Attachment Title (if different from Description)	Attach- ment
5500 Sch. SB	None	Statement by Enrolled Actuary		X
5500 Sch. SB	Line 27	Actuarial Information Based on Pre-PPA Funding Rules		
5500 Sch. SB	Line E	Information for Each Individual Employer		
5500 Sch. SB	Line 4	Additional Information for Plans in At-Risk Status		
5500 Sch. SB	Line 7	Explanation of Discrepancy in Prior Year Funding Standard Carryover Balance or Prefunding		
5500 Sch. SB	Line 8	Late Election to Apply Balances to Quarterly Installments		
5500 Sch. SB	Line 9	Explanation of Credit Balance Discrepancy		
5500 Sch. SB	Line 18	Contributions Made to the Plan for the Plan Year		
5500 Sch. SB	Line 19	Discounted Employer Contributions		
5500 Sch. SB	Line 20c	Liquidity Requirement Certification		
5500 Sch. SB	Line 22	Description of Weighted Average Retirement Age		X
5500 Sch. SB	Line 23	Information on Use of Multiple Mortality Tables		
5500 Sch. SB	Line 23	Information on Use of Substitute Mortality Tables		
5500 Sch. SB	Line 23	Statement of Actuarial Assumptions/Methods		X
5500 Sch. SB	Part V	Summary of Plan Provisions		X
5500 Sch. SB	Line 24	Change in Actuarial Assumptions		
5500 Sch. SB	Line 25	Change in Method		X
5500 Sch. SB	Line 26	Schedule of Active Participant Data		X
5500 Sch. SB	Line 27	Balances Subject to Binding Agreement with PBGC		
5500 Sch. SB	Line 27	Alternative 17-Year Funding Schedule of Airlines		
5500 Sch. SB	Line 32	Schedule of Amortization Bases		

5500 Sch. SB	Line 13	Other Attachment [Enter Description]	Explanation of Funding Standard Carryover Balance	X
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