

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 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009			
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 RIVERHILLS HEALTHCARE, INC. PROFIT SHARING/SAVINGS RETIREMENT PLAN	1b Three-digit plan number (PN) ▶	002	
	1c Effective date of plan	11/01/1994	
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) RIVERHILLS HEALTHCARE , INC. 111 WELLINGTON PLACE CINCINNATI, OH 45219	2b Employer Identification Number (EIN)	20-5318863	
	2c Sponsor's telephone number	513-961-4700	
	2d Business code (see instructions)	621111	

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.	09/10/2010	BARBARA DECHERING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	09/10/2010	BARBARA DECHERING
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") RIVERHILLS HEALTHCARE , INC. 111 WELLINGTON PLACE CINCINNATI, OH 45219	3b Administrator's EIN 20-5318863 3c Administrator's telephone number 513-961-4700
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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	
5 Total number of participants at the beginning of the plan year	5	145
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	107
b Retired or separated participants receiving benefits.....	6b	1
c Other retired or separated participants entitled to future benefits.....	6c	29
d Subtotal. Add lines 6a , 6b , and 6c	6d	137
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	137
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	134
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2G 2K 3D 2E 2A 2F 2J

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) ☒ 1 **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☒ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan RIVERHILLS HEALTHCARE, INC. PROFIT SHARING/SAVINGS RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500. RIVERHILLS HEALTHCARE , INC.		
D Employer Identification Number (EIN) 20-5318863		

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
TRANSAMERICA LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	990290-000	134	01/01/2009	12/31/2009

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
10557	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
TONY KIPPINS 11427 REED HARTMAN HWY BLUE ASH, OH 45241

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
10557			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 8431533**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**
Specify nature of costs ▶**e** Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 0**c** Additions: (1) Contributions deposited during the year **7c(1)**
(2) Dividends and credits **7c(2)**
(3) Interest credited during the year **7c(3)**
(4) Transferred from separate account **7c(4)**
(5) Other (specify below) **7c(5)**
▶(6) Total additions **7c(6)** 0**d** Total of balance and additions (add **b** and **c(6)**). **7d** 0**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)**
(2) Administration charge made by carrier **7e(2)**
(3) Transferred to separate account **7e(3)**
(4) Other (specify below) **7e(4)**
▶(5) Total deductions **7e(5)** 0**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
		2009
		This Form is Open to Public Inspection.
For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009		
A Name of plan RIVERHILLS HEALTHCARE, INC. PROFIT SHARING/SAVINGS RETIREMENT PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 RIVERHILLS HEALTHCARE , INC.	D Employer Identification Number (EIN) 20-5318863	

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
TRANSAMERICA LIFE INSURANCE COMPANY
39-0989781

(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)

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
15 37 52 62 64 67	RECORDKEEPER	25334	Yes ☒ No ☐	Yes ☒ No ☐	0	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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>RIVERHILLS HEALTHCARE, INC. PROFIT SHARING/SAVINGS RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>RIVERHILLS HEALTHCARE , INC.</u>	D Employer Identification Number (EIN) <u>20-5318863</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRANSAMERICA BOND RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-100</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>315346</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRANSAMERICA EQUITY RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-101</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>353972</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRANSAMERICA EQUITY INDEX RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-102</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>359967</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRANSAMERICA HIGH YIELD BOND RET OP</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-103</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>255872</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRANSAMERICA CASH MANAGEMENT RET OP</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-105</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>709811</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRANSAMERICA BALANCED RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-119</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>638573</u>
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AIM CAPITAL APPRECIATION RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-137</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	<u>697168</u>

a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON FOREIGN RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-143	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 743410
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA AGGRESSIVE GROWTH RET		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-166	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 377104
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA GROWTH OPPORTUNITIES R		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-167	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 533010
a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA CORE EQUITY RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-168	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 569845
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR EQUITY INCOME INV		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-185	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 426181
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP II CONTRAFUND INV OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-192	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 575812
a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL-MID CAP GROWTH RET O		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-197	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 289837
a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL RET OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-216	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 548657
a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA INTERMEDIATE BOND INV OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-398	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 184920
a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR SMALL CAP INV OPT		
b Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY		
c EIN-PN 39-0989781-445	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 264026

a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RETIREMENT 2015 RET****b** Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INSURANCE COMPANY**

c EIN-PN 39-0989781-048	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 349820
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RETIREMENT 2035 RET****b** Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INSURANCE COMPANY**

c EIN-PN 39-0989781-050	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2015
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RETIREMENT 2045 RET****b** Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INSURANCE COMPANY**

c EIN-PN 39-0989781-051	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3092
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RETIREMENT 2020 RET****b** Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INSURANCE COMPANY**

c EIN-PN 39-0989781-110	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 137351
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a Name of MTIA, CCT, PSA, or 103-12 IE: **VANGUARD TARGET RETIREMENT 2030 RET****b** Name of sponsor of entity listed in (a): **TRANSAMERICA LIFE INSURANCE COMPANY**

c EIN-PN 39-9098978-111	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 95744
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2009
		This Form is Open to Public Inspection

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>RIVERHILLS HEALTHCARE, INC. PROFIT SHARING/SAVINGS RETIREMENT PLAN</u>	B Three-digit plan number (PN) <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RIVERHILLS HEALTHCARE, INC.</u>	D Employer Identification Number (EIN) <u>20-5318863</u>

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	466219	471060
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	713719	908054
(2) U.S. Government securities	1c(2)	850428	331187
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	48890	527843
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	10394	10394
(B) Common	1c(4)(B)	709604	956255
(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)	232358	212721
(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)	6986926	9406049
(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	10018538	12823563

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	10018538	12823563
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	721800	
(B) Participants	2a(1)(B)	501913	
(C) Others (including rollovers)	2a(1)(C)	583	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1224296
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	14196	
(F) Other	2b(1)(F)	51325	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		65521
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	42197	
(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)		42197
(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)		2103973
(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		1703
d Total income. Add all income amounts in column (b) and enter total.....	2d		3437690

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	585385	
(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)		585385
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)	24284	
(3) Investment advisory and management fees	2i(3)	22996	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		47280
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		632665

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		2805025
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: VONLEHMAN & COMPANY INC.

(2) EIN: 31-0905417

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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 2009 This Form is Open to Public Inspection.
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For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

A Name of plan <u>RIVERHILLS HEALTHCARE, INC. PROFIT SHARING/SAVINGS RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RIVERHILLS HEALTHCARE , INC.</u>	D Employer Identification Number (EIN) <u>20-5318863</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-6362604</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	

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year	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
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2009
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: _____%

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): _____

**RIVERHILLS HEALTHCARE, INC.
PROFIT SHARING / SAVINGS RETIREMENT PLAN**

December 31, 2009

*FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS'
REPORT INCLUDING SUPPLEMENTAL SCHEDULES*



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**RIVERHILLS HEALTHCARE, INC.
PROFIT SHARING / SAVINGS RETIREMENT PLAN
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INDEPENDENT AUDITORS' REPORT

To the Trustees of
Riverhills Healthcare, Inc.
Profit Sharing / Savings Retirement Plan

We were engaged to audit the financial statements of Riverhills Healthcare, Inc. Profit Sharing/Savings Retirement Plan as of December 31, 2009 and 2008, and for the years then ended, and the supplemental schedules as of and for the years ended December 31, 2009 and 2008, as listed in the accompanying table of contents. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) 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 Transamerica Retirement Services and The Huntington National Bank, the custodians of the Plan, except for comparing the information with the related information included in the financial statements and the supplemental schedules. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained certifications from the custodians as of and for the years ended December 31, 2009 and 2008, that the information provided to the plan administrator by the custodians is complete and accurate.

Because of the significance of the information we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodians, 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.

VonLehman & Company Inc.

Fort Mitchell, Kentucky
July 30, 2010

RIVERHILLS HEALTHCARE, INC.
PROFIT SHARING / SAVINGS RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS

	December 31,	
	2009	2008
Investments at Fair Value		
Cash and Cash Equivalents	\$ 908,054	\$ 713,719
U.S. Government Securities	331,187	850,428
Corporate Obligations	527,843	48,890
Mutual Funds	9,406,049	6,986,926
Common Stocks	956,255	709,604
Preferred Stocks	10,394	10,394
Total Investments	12,139,782	9,319,961
 Participant Loans	 212,721	 232,358
 Receivables		
Employer Contributions	471,060	466,219
 Net Assets Available for Benefits	 \$ <u>12,823,563</u>	 \$ <u>10,018,538</u>

See accompanying notes.

RIVERHILLS HEALTHCARE, INC.
PROFIT SHARING/SAVINGS RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Years Ended December 31,	
	<u>2009</u>	<u>2008</u>
Additions To Net Assets Attributed To		
Investment Income		
Net Appreciation in Fair Value of Investments	\$ 2,103,973	\$ -
Interest and Dividends	93,522	98,779
Less Investment Expenses	<u>(47,280)</u>	<u>(49,631)</u>
Net Investment Income	<u>2,150,215</u>	<u>49,148</u>
Interest on Participant Loans	<u>14,196</u>	<u>19,544</u>
Other Income	<u>1,703</u>	<u>1,574</u>
Contributions		
Employer	721,800	696,371
Employee	501,913	442,267
Rollovers	<u>583</u>	<u>2,076</u>
Total Contributions	<u>1,224,296</u>	<u>1,140,714</u>
Total Additions	<u>3,390,410</u>	<u>1,210,980</u>
Deductions From Net Assets Attributed To		
Net Depreciation in Fair Value of Investments	-	4,391,201
Benefits Paid to Participants	<u>585,385</u>	<u>576,944</u>
Total Deductions	<u>585,385</u>	<u>4,968,145</u>
Net Increase (Decrease)	2,805,025	(3,757,165)
Net Assets Available for Benefits		
Beginning of Plan Year	<u>10,018,538</u>	<u>13,775,703</u>
End of Plan Year	<u>\$ 12,823,563</u>	<u>\$ 10,018,538</u>

See accompanying notes.

**RIVERHILLS HEALTHCARE, INC.
PROFIT SHARING / SAVINGS RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS**

NOTE 1 – DESCRIPTION OF PLAN

The following description of the Riverhills Healthcare, Inc. (the "Company") Profit Sharing/Savings Retirement Plan (the "Plan") for the employees of Riverhills Healthcare, Inc. is provided for general information purposes only. Participants should refer to the Plan agreement and the Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution pension plan covering all employees of the Company who have one full year of service and are age twenty-one or older. Each employee will automatically become a participant on the first "entry date", either January 1 or July 1 of each year once that employee satisfies those requirements. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

On January 1, 2002, the Riverhills Healthcare, Inc. Money Purchase Plan was merged into the Riverhills Healthcare, Inc. Profit Sharing/Savings Retirement Plan as a result of the Economic Growth and Tax Relief Reconciliation Act of 2002 (EGTRRA). The Money Purchase Plan assets retain their money purchase characteristics in the Profit Sharing Plan and are still subject to the Qualified Joint Survivor Annuity (QJSA) rules.

Contributions

Each year, participants may contribute up to 20% of pretax annual compensation, as defined in the Plan. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans. Participants direct the investment of their contributions into various investment options offered by the Plan.

Effective January 1, 2006, the Plan elected the 401(k) safe harbor provisions. Pursuant to that election, the Company must match dollar for dollar employee deferrals up to 4% of the employee's compensation, limited by the Internal Revenue Service maximum. Additional profit sharing amounts may be contributed at the option of the Company's board of directors to participants who are employed by the Company on the last day of the plan year, and who have completed at least 1,000 hours of service during the plan year.

Participants' Accounts

Each participant's account is credited with the participant's contribution, the Company's matching contribution, and allocations of (a) the Company's profit sharing contribution, if any, and (b) Plan earnings, gains or losses. Allocations are based on participant earnings or account balances as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately 100% vested in their voluntary contributions, rollover contributions and Company matching and discretionary profit sharing contributions, plus actual earnings thereon.

Vesting for account balances attributable to contributions made under the Riverhills Healthcare, Inc. Money Purchase Plan which merged into the Plan effective as of January 1, 2002, is based on continuous years of service. A participant is 100% vested after six years of credited service.

NOTE 1 – DESCRIPTION OF PLAN (Continued)

Participant Loans

Participants of Riverhills Healthcare, Inc. may borrow from their fund accounts a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their vested account balance, whichever is less. The loans are secured by the balance in the participant's account and bear interest at rates which are commensurate with local prevailing rates as determined quarterly by the plan administrator. Principal and interest are paid ratably through biweekly payroll deductions.

Payment of Benefits

On termination of service due to death or disability, a participant may elect to receive his or her benefits in either a lump-sum amount equal to the value of the participant's vested interest in his or her account or in one of the other available methods such as installments or a rollover to another eligible plan.

On termination of service due to other reasons (such as termination of employment), a participant has several methods available to receive his or her payment of benefits including a lump sum payment, a rollover to another eligible plan, etc. A participant will automatically receive his or her vested account balance in a single lump sum payment if his or her vested account balance is \$1,000 or less and the participant has not elected a distribution method. If the participant's vested account balance is greater than \$1,000 but less than \$5,000 and he or she has not elected a distribution method, his or her vested balance will be paid in a direct rollover to an IRA chosen by the plan administrator. A participant whose vested account balance exceeds \$5,000 can leave his or her balance in the Plan and elect to receive a distribution at a future date.

Forfeitures

Forfeitures of terminating participants that are not 100% vested are used to reduce the Employer's subsequent contributions to the Plan.

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES

Method of Valuing Investments

The Plan's investments are stated at fair value. If available, quoted market prices are used to value investments. Shares of mutual funds are valued at quoted market prices which represent the net asset value of shares held by the Plan at year end. Participant loans are valued at cost which approximates fair value. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Certain estimates relate to unsettled transactions and events as of the date of the financial statements. Other estimates relate to assumptions about the ongoing operations and may impact future periods. Accordingly, upon settlement, actual results may differ from estimated amounts.

Net Assets Available for Plan Benefits

Net assets available for Plan benefits at December 31, 2009 and 2008 includes \$3,172 and \$-0- allocated to the accounts of persons who, prior to that date, had withdrawn from participating in the earnings and operations of the Plan.

NOTE 2 – SUMMARY OF ACCOUNTING POLICIES (Continued)

Cash and Cash Equivalents

The Plan considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents.

NOTE 3 – INVESTMENTS

Three companies serve as custodians of the Plan's investments. The following table represents the fair values of investments. Investments that represent 5% or more of the Plan's net assets are separately identified.

Description of Investments	2009		2008	
	Shares/ Face Amount	Fair Market Value	Shares/ Face Amount	Fair Market Value
Cash and Cash Equivalents				
<u>Investments Representing Five Percent or More of the Plan's Net Assets</u>				
Huntington Money Market Fund IV	622,082	\$ 622,082	609,157	\$ 609,157
<u>Investments Representing Less Than Five Percent of the Plan's Net Assets</u>	285,972	<u>285,972</u>	104,562	<u>104,562</u>
		<u>908,054</u>		<u>713,719</u>
U.S. Government Securities				
<u>Investments Representing Less Than Five Percent of the Plan's Net Assets</u>	Various	<u>331,187</u>	Various	<u>850,428</u>
Corporate Obligations				
<u>Investments Representing Less Than Five Percent of the Plan's Net Assets</u>	Various	<u>527,843</u>	Various	<u>48,890</u>
Mutual Funds				
<u>Investments Representing Five Percent or More of the Plan's Net Assets</u>				
Transamerica Cash Mgmt Fund	17,846	709,811	24,499	973,097
Templeton Foreign Fund	19,382	743,410	18,017	520,873
Aim Capital Appreciation Fund	18,355	<u>697,168</u>	17,031	<u>535,579</u>
		2,150,389		2,029,549
<u>Investments Representing Less Than Five Percent of the Plan's Net Assets</u>	Various	<u>7,255,660</u>	Various	<u>4,957,377</u>
		<u>9,406,049</u>		<u>6,986,926</u>
Common Stocks				
<u>Investments Representing Less Than Five Percent of the Plan's Net Assets</u>	Various	<u>956,255</u>	Various	<u>709,604</u>
Preferred Stocks				
<u>Investments Representing Less Than Five Percent of the Plan's Net Assets</u>	Various	<u>10,394</u>	Various	<u>10,394</u>
Total Investments		\$ <u>12,139,782</u>		\$ <u>9,319,961</u>

NOTE 3 – INVESTMENTS (Continued)

During 2009 and 2008, the Plan's investments, including investments bought, sold, as well as held during the year, appreciated (depreciated) in value as follows:

Net Appreciation (Depreciation) in Fair Value for the Years Ended December 31	<u>2009</u>	<u>2008</u>
Investments at Quoted Market Price	\$ <u>2,103,973</u>	\$ <u>(4,391,201)</u>

NOTE 4 – EMPLOYER CONTRIBUTION RECEIVABLE

The employer contribution receivable of \$471,060 and \$466,219 for the years ended December 31, 2009 and 2008, respectively, consists entirely of the employer's discretionary contribution.

NOTE 5 – PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

NOTE 6 – LIMITED SCOPE AUDIT

At December 31, 2009 and 2008, Transamerica Retirement Services and The Huntington National Bank, the Plan's custodians, hold the majority of the Plan's assets and are subject to periodic examination by regulatory agencies. The audit did not cover any information on Plan assets or related transactions involving the custodians. Instead, the custodians have prepared and certified statements as to the completeness and accuracy of information concerning Plan assets and the related transactions.

NOTE 7 – TAX STATUS

The Plan has received a favorable determination letter from the Internal Revenue Service. The Plan obtained its latest determination letter on November 27, 2009, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code.

NOTE 8 – ADMINISTRATIVE EXPENSES

A portion of the administrative expenses which include attorney fees and audit fees are paid for by the Plan's sponsor.

NOTE 9 – FORFEITURES

At December 31, 2009 and 2008, forfeited nonvested accounts totaled \$1,873 and \$11,107 respectively. These accounts will be used to reduce future employer contributions. For the years ended December 31, 2009 and 2008, the amount of forfeitures that went to reduce employer contributions totaled \$12,277 and \$14,493, respectively.

NOTE 10 – PARTY-IN-INTEREST TRANSACTIONS

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, and an employee organization whose members are covered by the Plan, a person who owns 50% or more of such an employer or employee association, or relatives of such persons.

The Plan invests in certain investments of the Plan's custodians. Fees for investment management services and for administrative expenses paid by the Plan were \$47,280 and \$49,631 for 2009 and 2008, respectively.

NOTE 11– RECONCILIATION OF NET ASSETS WITH PARTICIPANTS' ACCOUNTS

	<u>2009</u>	<u>2008</u>
Balance of Participants' Accounts	\$ 12,350,630	\$ 9,541,212
Employer Contribution Receivable	471,060	466,219
Unallocated Forfeitures	<u>1,873</u>	<u>11,107</u>
Net Assets Available for Benefits	<u>\$ 12,823,563</u>	<u>\$ 10,018,538</u>

NOTE 12 – RISK AND UNCERTAINTIES

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

NOTE 13 – FAIR VALUE MEASUREMENTS

Accounting Pronouncements establish a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2 – Inputs for the valuation methodology include:

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

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

Level 3 – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

NOTE 13 – FAIR VALUE MEASUREMENTS (Continued)

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2009 or 2008.

Mutual Funds – valued at the net asset value (NAV) of shares held by the plan at year end.

Common stocks, corporate obligations, U.S. government securities, and preferred stocks – valued at the closing price reported on the active market on which the individual securities are traded.

Participant Loans – valued at amortized costs, which approximates fair value.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value at December 31, 2009:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
U.S. Government Securities	\$ 331,187	\$ -	\$ -	\$ 331,187
Corporate Obligations	527,843	-	-	527,843
Mutual Funds	9,406,049	-	-	9,406,049
Common Stocks	956,255	-	-	956,255
Preferred Stocks	10,394	-	-	10,394
Participant Loans	<u>-</u>	<u>-</u>	<u>212,721</u>	<u>212,721</u>
Total Assets at Fair Value	<u>\$ 11,231,728</u>	<u>\$ -</u>	<u>\$ 212,721</u>	<u>\$ 11,444,449</u>

The Plan's assets at fair value at December 31, 2008:

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
U.S. Government Securities	\$ 850,428	\$ -	\$ -	\$ 850,428
Corporate Obligations	48,890	-	-	48,890
Mutual Funds	6,986,926	-	-	6,986,926
Common Stocks	709,604	-	-	709,604
Preferred Stocks	10,394	-	-	10,394
Participant Loans	<u>-</u>	<u>-</u>	<u>232,358</u>	<u>232,358</u>
Total Assets at Fair Value	<u>\$ 8,606,242</u>	<u>\$ -</u>	<u>\$ 232,358</u>	<u>\$ 8,838,600</u>

NOTE 13 – FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth a summary of changes in the fair value of the Plan's level 3 assets for the years ended December 31, 2009 and 2008.

	<u>2009</u>	<u>2008</u>
Participant Loans - Beginning of Year	\$ 232,358	\$ 290,633
Purchases, Sales, Issuances, and Settlements (Net)	<u>(19,637)</u>	<u>(58,275)</u>
Participant Loans - End of Year	<u>\$ 212,721</u>	<u>\$ 232,358</u>

NOTE 14 – SUBSEQUENT EVENTS

Management has evaluated events through July 30, 2010, the date on which the financial statements were available for issue. The Plan did not have any events subsequent to December 31, 2009 through July 30, 2010 to disclose.

SUPPLEMENTAL SCHEDULES

RIVERHILLS HEALTHCARE, INC.
PROFIT SHARING/SAVINGS RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2009
FORM 5500, SCHEDULE H, PART IV, 4, i
EIN: 20-5318863
PLAN NO. 002

INVESTMENTS AT QUOTED MARKET PRICE

Description of Investments	Shares/ Face Amount	Cost	Market Value
Cash and Cash Equivalents			
*Huntington Money Market Fund IV	73,232 Shares	\$ 73,232	\$ 73,232
*Huntington Conservative Deposit Account	622,082 Shares	622,082	622,082
*LM Kohn Cash	1,532 Shares	1,532	1,532
US Government Money Market Fund	209,948 Shares	209,948	209,948
*TransAmerica Cash	1,260 Shares	1,260	1,260
Total Cash and Cash Equivalents			908,054
U.S. Government Securities			
Federal Home Loan Mtg Corp 5.000%	\$ 34,000	34,000	32,023
Federal Home Loan Mtg Corp 5.000%	\$ 175,000	175,005	165,758
Federal Home Loan Mtg Corp 5.000%	\$ 140,000	140,000	133,406
Total U.S. Government Securities			331,187
Corporate Obligations			
Johnson CTLS Inc.	\$ 40,000	37,619	41,987
Suntrust Bank	\$ 40,000	40,005	39,996
Goldman Sachs Group	\$ 54,000	50,291	55,233
General Electric Cap Corp	\$ 50,000	50,005	52,929
Chesapeake Energy Corp	\$ 50,000	48,822	50,625
MBNA Capital Trust	\$ 50,000	43,680	48,625
Cincinnati Financial Corp	\$ 75,000	74,202	72,657
Tennessee Valley Authority Power	\$ 75,000	73,505	67,067
Wachovia Bank	\$ 100,000	98,312	98,724
Total Corporate Obligations			527,843
Mutual Funds			
*TransAmerica Equity Index Fund	10,991 Shares	(1)	359,967
*TransAmerica Equity Fund	5,381 Shares	(1)	353,972
*TransAmerica Balanced Fund	14,484 Shares	(1)	638,573
*TransAmerica Bond Fund	13,043 Shares	(1)	315,346
*TransAmerica Cash Management Fund	17,846 Shares	(1)	709,811
*TransAmerica High Yield Bond Fund	14,849 Shares	(1)	255,872
*TransAmerica Aggressive Growth Fund	25,969 Shares	(1)	377,104
*TransAmerica Growth Opportunity Fund	20,924 Shares	(1)	533,010
*TransAmerica Core Equity Fund	36,046 Shares	(1)	569,845

(Continued)

(1) Historical cost information is not readily available.

* Party in Interest

RIVERHILLS HEALTHCARE, INC.
PROFIT SHARING/SAVINGS RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2009
FORM 5500, SCHEDULE H, PART IV, 4, i
EIN: 20-5318863
PLAN NO. 002

INVESTMENTS AT QUOTED MARKET PRICE

Description of Investments	Shares/ Face Amount	Cost	Market Value
Aim Capital Appreciation Fund	18,355 Shares	\$ (1)	\$ 697,168
Franklin Sm-Mid Cap Growth Fund	23,763 Shares	(1)	289,837
Oppenheimer Global Fund	41,936 Shares	(1)	548,657
Columbia Intermediate Bond Fund	4,570 Shares	(1)	184,920
Fidelity Advisor Equity Income Fund	8,070 Shares	(1)	426,181
Fidelity Advisor Small Cap Growth Fund	8,436 Shares	(1)	264,026
Fidelity VIP II Contrafund	13,157 Shares	(1)	575,812
Vanguard Target Retirement 2015 Fund	27,574 Shares	(1)	349,820
Vanguard Target Retirement 2020 Fund	13,042 Shares	(1)	137,351
Vanguard Target Retirement 2030 Fund	9,466 Shares	(1)	95,744
Vanguard Target Retirement 2035 Fund	159 Shares	(1)	2,015
Vanguard Target Retirement 2045 Fund	237 Shares	(1)	3,092
Templeton Foreign Fund	19,382 Shares	(1)	743,410
Dreyfus Midcap Index Fund	481 Shares	11,007	10,863
Dreyfus S & P 500 Index Fund	828 Shares	4,651	25,900
Ishares S & P Smallcap 600 Index Fund	1,595 Shares	67,747	87,278
Ishares S & P Smallcap 600 Growth Index Fund	710 Shares	30,085	40,569
Ishares S & P 500 Growth Index Fund	695 Shares	30,384	40,303
Ishares S & P Mid Cap 400 Growth Index Fund	555 Shares	48,739	43,129
Ishares MSCI EAFE Index Fund	280 Shares	43,731	53,898
Ishares MSCI ACWI Ex US Index Fund	375 Shares	15,614	15,221
Ishares MSCI EAFE Growth Index Fund	595 Shares	44,592	32,796
Ishares MSCI Emerging Markets Index Fund	1,010 Shares	13,948	41,915
Opppenheimer Developing Market Fund	775 Shares	20,000	22,283
Pimco High Yield Fund	6,544 Shares	60,000	57,591
Pimco Total Return Fund	6,001 Shares	63,694	64,807
S & P Depository Receipts	275 Shares	30,131	30,646
S & P Mid Cap 400 Depository Receipts	330 Shares	29,844	43,474
Sector Spdr Trust Shares	1,870 Shares	27,505	42,879
Proshares Ultrashort Real Estate Fund	450 Shares	9,770	3,375
Eaton Vance Mutual Fund	6,497 Shares	50,725	55,423
Mainstay Fund	11,978 Shares	54,153	67,433
Templeton Global Bond Fund	2,726 Shares	31,314	34,734
Thornburg Strategic Income Fund	8,312 Shares	78,751	97,411
Vanguard Emerging Markets Fund	780 Shares	31,886	31,980
Wells Fargo Advantage Short-Term High Yield Bond Fund	3,765 Shares	35,000	30,608
Total Mutual Funds			9,406,049

(Continued)

(1) Historical cost information is not readily available.

* Party in Interest

RIVERHILLS HEALTHCARE, INC.
PROFIT SHARING/SAVINGS RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2009
FORM 5500, SCHEDULE H, PART IV, 4, i
EIN: 20-5318863
PLAN NO. 002

INVESTMENTS AT QUOTED MARKET PRICE

Description of Investments	Shares/ Face Amount	Cost	Market Value
Common Stocks			
AES Corp	250 Shares	\$ 3,746	\$ 3,328
Altria Group, Inc.	293 Shares	5,988	5,752
Amgen, Incorporated	543 Shares	34,856	30,718
Amphenol Corp Class A	340 Shares	16,084	15,701
Apollo Group Inc.	261 Shares	16,883	15,811
Apple Inc.	197 Shares	26,464	41,514
AT & T Inc	251 Shares	8,602	7,036
Bank of America Corp	154 Shares	2,034	2,319
BMC Software Inc.	212 Shares	7,767	8,501
Chevron Corp	98 Shares	4,494	7,545
Chubb Corp	115 Shares	4,429	5,656
Cisco Systems Inc.	1,061 Shares	22,898	25,400
Computer Sciences Corp	60 Shares	3,235	3,452
Conocophillips	104 Shares	3,273	5,311
Corning Inc.	1,000 Shares	15,755	19,310
CVS Caremark Corp	130 Shares	4,017	4,187
Discovery Communications	200 Shares	4,582	6,134
EBAY Inc.	775 Shares	25,416	18,236
EMC Corp	600 Shares	7,636	10,482
Estee Lauder Co, Inc	500 Shares	19,512	24,180
Express Scripts Inc.	76 Shares	4,970	6,568
Exxon Mobil Corp	103 Shares	4,085	7,024
Fairpoint Communications Inc	12 Shares	95	-
Flowserve Corp	191 Shares	15,643	18,055
Fluor Corp	128 Shares	5,358	5,765
Forest Laboratories, Inc	217 Shares	8,022	6,968
Franklin Resources	46 Shares	4,532	4,846
Freeport McMoran Copper & Gold Inc.	85 Shares	7,159	6,825
General Electric Co	419 Shares	5,303	6,339
General Mills, Inc	83 Shares	4,968	5,877
Gilead Sciences, Inc.	120 Shares	5,622	5,192
Goldman Sachs Group Inc.	21 Shares	3,591	3,546
Google Inc.	12 Shares	4,771	7,440
Hewlett Packard Co	147 Shares	3,118	7,572
Home Depot Inc.	138 Shares	3,446	3,992
Honeywell Intl Inc.	161 Shares	9,721	6,311

(Continued)

(1) Historical cost information is not readily available.

* Party in Interest

RIVERHILLS HEALTHCARE, INC.
PROFIT SHARING/SAVINGS RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2009
FORM 5500, SCHEDULE H, PART IV, 4, i
EIN: 20-5318863
PLAN NO. 002

INVESTMENTS AT QUOTED MARKET PRICE

Description of Investments	Shares/ Face Amount	Cost	Market Value
Intel Corp	187 Shares	\$ 3,546	\$ 3,815
Intercontinental Exchange, Inc	122 Shares	11,864	13,701
Intl Business Machines Corp	72 Shares	6,517	9,425
Jacobs Eng Group	375 Shares	20,413	14,104
Janus Capital Group Inc	2,450 Shares	48,277	32,953
Johnson & Johnson	418 Shares	26,674	26,923
JP Morgan Chase & Company	149 Shares	6,015	6,209
Kroger	205 Shares	5,976	4,209
L-3 Communications HLDGS, Inc.	382 Shares	20,479	33,215
Marathon Oil Corp	112 Shares	3,436	3,497
Marvell Technology Group LTD	1,605 Shares	25,995	33,304
McDonalds Corp	622 Shares	22,919	38,838
McKesson Corporation	154 Shares	5,658	9,625
Medtronic Inc.	325 Shares	16,005	14,294
Metlife Inc.	142 Shares	3,550	5,020
Microsoft Corp	261 Shares	6,147	7,955
Millicom Intl Cellular	29 Shares	1,661	2,139
Morgan Stanley	72 Shares	2,057	2,131
Murphy Oil Corp	61 Shares	3,438	3,306
Myriad Genetics Inc.	527 Shares	17,850	13,749
National Oilwell Varco, Inc	98 Shares	4,324	4,321
Nokia Corp	800 Shares	12,953	10,280
Northern Trust Corp	75 Shares	5,771	3,930
Nova Nordisk Adr	152 Shares	10,756	9,705
Occidental Petroleum Corp	73 Shares	1,249	5,939
Oracle Corp	306 Shares	6,267	7,506
Owens Illinois Inc.	131 Shares	5,030	4,306
PG & E Corp	109 Shares	4,134	4,867
Philip Morris International Inc	114 Shares	5,593	5,494
Potash Corp of Saskatchewan	275 Shares	17,754	29,838
Procter & Gamble Co.	470 Shares	24,352	28,497
Prudential Financial Inc	83 Shares	4,301	4,130
Rockwell Automation Inc.	513 Shares	19,775	24,101
Sempra Energy	76 Shares	3,245	4,254
Southwestern Energy Co	515 Shares	21,057	24,823
Staples Inc.	207 Shares	2,805	5,090
State Street Corp	592 Shares	36,345	25,776

(Continued)

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* Party in Interest

RIVERHILLS HEALTHCARE, INC.
PROFIT SHARING/SAVINGS RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2009
FORM 5500, SCHEDULE H, PART IV, 4, i
EIN: 20-5318863
PLAN NO. 002

INVESTMENTS AT QUOTED MARKET PRICE

Description of Investments	Shares/ Face Amount	Cost	Market Value
Texas Instrument, Inc.	700 Shares	\$ 17,033	\$ 18,242
TD Ameritrade Holding Corp	831 Shares	16,467	16,105
TJX Companies Inc.	97 Shares	3,466	3,545
Travelers Companies Inc.	49 Shares	2,030	2,443
United Technologies Corp	140 Shares	4,927	9,717
Verizon Communications	828 Shares	28,129	27,432
Wal-Mart Stores, Inc	103 Shares	5,699	5,505
Walt Disney Co	294 Shares	8,698	9,482
WellPoint Inc.	120 Shares	5,982	6,995
Wells Fargo & Co	80 Shares	2,048	2,159
XTO Energ Inc.	225 Shares	10,280	10,468
Total Common Stocks			<u>956,255</u>
Preferred Stock			
Integrated Neuroscience Consortium Inc.	10,394 Shares	10,394	<u>10,394</u>
Participant Loans (4.25% - 9.25%)		-	<u>212,721</u>
Total Assets Held for Investment			<u><u>\$ 12,352,503</u></u>

(1) Historical cost information is not readily available.

* Party in Interest

RIVERHILLS HEALTHCARE, INC.
PROFIT SHARING/SAVINGS RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2008
FORM 5500, SCHEDULE H, PART IV, 4, i
EIN: 20-5318863
PLAN NO. 002

INVESTMENTS AT QUOTED MARKET PRICE

Description of Investments	Shares/ Face Amount	Cost	Market Value
Cash and Cash Equivalents			
*Huntington Money Market Fund IV	609,157 Shares	\$ 609,157	\$ 609,157
*LM Kohn Cash	56,396 Shares	56,396	56,396
Tamarack US Government Money Market Fund	46,908 Shares	46,908	46,908
*TransAmerica Cash	1,258 Shares	1,258	1,258
Total Cash and Cash Equivalents			713,719
U.S. Government Securities			
Federal Home Loan Mtg Corp 5.000%	\$ 50,000	48,030	50,015
Federal Home Loan Mtg Corp 4.250%	\$ 70,000	64,750	70,015
Federal Home Loan Mtg Corp 5.300%	\$ 100,000	99,455	100,034
Federal Home Loan Mtg Corp 5.250%	\$ 100,000	99,955	99,695
Federal Home Loan Mtg Corp 5.250%	\$ 190,000	190,005	187,426
Federal Home Loan Mtg Corp 5.000%	\$ 34,000	34,000	33,317
Federal Home Loan Mtg Corp 5.000%	\$ 175,000	175,005	172,181
Federal Home Loan Mtg Corp 5.000%	\$ 140,000	140,000	137,745
Total U.S. Government Securities			850,428
Corporate Obligations			
Hoechst Celanese Corp	\$ 20,000	19,750	18,890
Lehman Commercial Bank FDIC	\$ 30,000	30,000	30,000
Total Corporate Obligations			48,890
Mutual Funds			
*TransAmerica Equity Index Fund	10,303 Shares	(1)	268,807
*TransAmerica Equity Fund	5,224 Shares	(1)	265,911
*TransAmerica Balanced Fund	13,501 Shares	(1)	470,789
*TransAmerica Bond Fund	13,669 Shares	(1)	287,715
*TransAmerica Cash Management Fund	24,499 Shares	(1)	973,097
*TransAmerica High Yield Bond Fund	15,005 Shares	(1)	174,697
*TransAmerica Aggressive Growth Fund	22,263 Shares	(1)	225,481
*TransAmerica Growth Opportunity Fund	16,681 Shares	(1)	311,652
*TransAmerica Core Equity Fund	32,612 Shares	(1)	394,473
Aim Capital Appreciation Fund	17,031 Shares	(1)	535,579
Franklin Sm-Mid Cap Growth Fund	21,408 Shares	(1)	185,590
Oppenheimer Global Fund	38,878 Shares	(1)	366,590

(Continued)

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* Party in Interest

RIVERHILLS HEALTHCARE, INC.
PROFIT SHARING/SAVINGS RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2008
FORM 5500, SCHEDULE H, PART IV, 4, i
EIN: 20-5318863
PLAN NO. 002

INVESTMENTS AT QUOTED MARKET PRICE

Description of Investments	Shares/ Face Amount	Cost	Market Value
Columbia Intermediate Bond Fund	5,225 Shares	\$ (1)	\$ 177,936
Fidelity Advisor Equity Income Fund	7,406 Shares	(1)	314,711
Fidelity Advisor Small Cap Growth Fund	6,107 Shares	(1)	149,786
Fidelity VIP II Contrafund	11,647 Shares	(1)	376,256
Vanguard Target Retirement 2015 Fund	18,606 Shares	(1)	196,054
Vanguard Target Retirement 2020 Fund	10,538 Shares	(1)	90,831
Vanguard Target Retirement 2030 Fund	7,120 Shares	(1)	57,256
Templeton Foreign Fund	18,017 Shares	(1)	520,873
Columbia Marsisco 21st Century Fund	2,986 Shares	46,607	25,772
Davis New York Venture Fund	2,575 Shares	95,489	58,933
Dreyfus Midcap Index Fund	475 Shares	10,881	7,927
Dreyfus S & P 500 Index Fund	815 Shares	4,233	20,550
Ishares S & P Smallcap 600 Index Fund	1,595 Shares	70,447	70,132
Ishares S & P 500 Growth Index Fund	695 Shares	30,384	31,226
Ishares S & P Mid Cap 400 Growth Index Fund	555 Shares	48,739	30,775
Ishares MSCI EAFE Index Fund	510 Shares	17,712	22,879
Ishares MSCI EAFE Value Index Fund	650 Shares	34,824	26,358
Ishares MSCI EAFE Growth Index Fund	595 Shares	44,592	27,043
Ishares MSCI Emerging Markets Index Fund	1,800 Shares	24,857	44,946
Pimco High Yield Fund	3,627 Shares	35,000	24,266
Pimco Total Return Fund	5,672 Shares	60,235	57,517
S & P 500 Depositary Receipts	275 Shares	30,131	24,816
S & P Mid Cap 400 Depositary Receipts	330 Shares	29,844	32,063
Sector Spdr Trust Shares	1,135 Shares	30,966	26,582
Thornberg Investment Inc Builder Fund	5,962 Shares	123,545	83,046
Wells Fargo Advantage Short Term High Yield Bond Fund	3,765 Shares	35,000	28,011
Total Mutual Funds			6,986,926
Common Stocks			
Adobe Systems Inc	465 Shares	18,809	9,900
Altria Group, Inc.	293 Shares	5,988	4,413
Amgen, Incorporated	543 Shares	34,856	31,359
Amphenol Corp	340 Shares	16,084	8,153
Assurant Inc.	122 Shares	7,775	3,660
AT & T Inc	251 Shares	8,602	7,154
Best Buy Company Inc.	193 Shares	8,809	5,425
BMC Software Inc.	212 Shares	7,767	5,705

(Continued)

(1) Historical cost information is not readily available.

* Party in Interest

RIVERHILLS HEALTHCARE, INC.
PROFIT SHARING/SAVINGS RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2008
FORM 5500, SCHEDULE H, PART IV, 4, i
EIN: 20-5318863
PLAN NO. 002

INVESTMENTS AT QUOTED MARKET PRICE

Description of Investments	Shares/ Face Amount	Cost	Market Value
Centerpoint Energy Inc.	479 Shares	\$ 5,706	\$ 6,045
Chevron Corp	98 Shares	4,494	7,249
Chubb Corp	115 Shares	4,429	5,865
Cisco Sys Inc.	299 Shares	8,707	4,874
ConocoPhillips	104 Shares	3,273	5,387
Cummins Inc.	140 Shares	6,023	3,742
CVS Caremark Corp	191 Shares	5,902	5,489
EBay Inc	775 Shares	25,416	10,819
ELI Lilly & Company	171 Shares	5,931	6,886
ENSCO International Inc.	125 Shares	8,124	3,549
Estee Lauder Co, Inc	500 Shares	19,512	15,480
Express Scripts Inc.	127 Shares	8,305	6,982
Exxon Mobil Corp	103 Shares	4,085	8,222
Fairpoint Communications Inc.	12 Shares	96	39
Flowserve Corp	157 Shares	14,306	8,086
Forest Laboratories, Inc.	217 Shares	8,022	5,527
Franklin Resources Inc	82 Shares	8,078	5,230
Freeport McMoran Copper & Gold	85 Shares	7,159	2,077
Garmin Ltd	551 Shares	24,416	10,563
General Mills Inc.	83 Shares	4,968	5,042
Gilead Sciences Inc.	120 Shares	5,622	6,137
Goldman Sachs Group Inc.	49 Shares	8,380	4,135
Hewlett Packard Co	147 Shares	3,118	5,335
Honeywell Intl Inc.	161 Shares	9,722	5,286
Intercontinental Exchange, Inc	72 Shares	6,070	5,936
Intl Business Machines Corp	72 Shares	6,517	6,060
Jacobs Eng Group	375 Shares	20,413	18,038
Janus Capital Group Inc	1,750 Shares	40,321	14,053
Johnson & Johnson	418 Shares	26,574	25,009
JP Morgan Chase & Company	149 Shares	6,015	4,698
Kroger	205 Shares	5,976	5,414
L-3 Communications Holdings Inc.	382 Shares	20,479	28,184
Lockheed Martin Corp	94 Shares	4,865	7,904
Marvell Technology Group LTD	1,605 Shares	25,995	10,705
McDonalds Corp	622 Shares	22,920	38,682
McKesson Corporation	154 Shares	5,658	5,964
Medco Health Solutions New	30 Shares	413	1,257

(Continued)

(1) Historical cost information is not readily available.

* Party in Interest

RIVERHILLS HEALTHCARE, INC.
PROFIT SHARING/SAVINGS RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2008
FORM 5500, SCHEDULE H, PART IV, 4, i
EIN: 20-5318863
PLAN NO. 002

INVESTMENTS AT QUOTED MARKET PRICE

Description of Investments	Shares/ Face Amount	Cost	Market Value
Medtronic Inc.	325 Shares	\$ 16,005	\$ 10,212
MEMC Electr Matls Inc	430 Shares	25,152	6,140
MetLife Inc.	142 Shares	3,551	4,950
Microsoft Corp	961 Shares	24,643	18,682
Motorola Inc	675 Shares	13,400	2,990
National Oilwell Varco, Inc	98 Shares	4,324	2,395
News Corp Inc	918 Shares	14,254	8,345
Nike Inc	126 Shares	7,810	6,426
Nolia Corp	800 Shares	12,953	12,480
Northern Trust Corp	75 Shares	5,771	3,911
Nova Nordisk ADR	152 Shares	10,756	7,811
Nucor Corp	150 Shares	7,524	6,930
Occidental Petroleum Corp	106 Shares	2,395	6,359
Oracle Corp	306 Shares	6,267	5,425
Parker-Hannifin Corp	527 Shares	35,249	22,418
Pharmaceutical Prod Dev Inc	605 Shares	25,405	17,551
Philip Morris International Inc	114 Shares	5,593	4,960
Potash Corp of Saskatchewan	225 Shares	15,077	16,475
Procter & Gamble Co.	470 Shares	24,353	29,055
Prudential Financial Inc	111 Shares	4,562	3,359
Sempra Energy	134 Shares	5,722	5,712
Staples Inc.	787 Shares	10,664	14,103
State Street Corp	275 Shares	21,030	10,816
Texas Instrument, Inc.	550 Shares	13,882	8,536
TD Ameritrade Holding Corp	831 Shares	15,468	11,842
United Technologies Corp	140 Shares	4,926	7,504
Valero Energy Corp	1,110 Shares	20,861	24,020
Verizon Communications	650 Shares	22,486	22,035
Wal-Mart Stores, Inc	103 Shares	5,699	5,773
Walt Disney Co	294 Shares	8,698	6,670
Total Common Stocks			<u>709,604</u>
Preferred Stock			
Integrated Neuroscience Consortium Inc.	10,394 Shares	10,394	<u>10,394</u>
Participant Loans (5.00% - 9.25%)		-	<u>232,358</u>
Total Assets Held for Investment			<u><u>\$ 9,552,319</u></u>

(1) Historical cost information is not readily available.

* Party in Interest

RIVERHILLS HEALTHCARE, INC.
PROFIT SHARING/SAVINGS RETIREMENT PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2009
Form 5500, Schedule H - Part IV, 4, j
EIN: 20-5318863
Plan No.: 002

Description Party Involved And Asset	Purchase Price	Selling Price	Current Expenses Incurred With Transaction	Cost of Asset	Plan Value of Asset on Transaction Date	Net Gain or (Loss)
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There were no transactions or series of transactions in excess of five percent during the plan year ended December 31, 2009.

RIVERHILLS HEALTHCARE, INC.
PROFIT SHARING/SAVINGS RETIREMENT PLAN
SCHEDULE OF REPORTABLE TRANSACTIONS
Year Ended December 31, 2008
Form 5500, Schedule H - Part IV, 4, j
EIN: 20-5318863
Plan No.: 002

Description Party Involved And Asset	Purchase Price	Selling Price	Current Expenses Incurred With Transaction	Cost of Asset	Plan Value of Asset on Transaction Date	Net Gain or (Loss)
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There were no transactions or series of transactions in excess of five percent during the plan year ended December 31, 2008.

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

Plan Name: RIVERHILLS HEALTHCARE, INC.
Contract #: 990290
EIN: 31-1412447
Plan ID: 002
Plan #: 5374
Period: 01/01/2009 - 12/31/2009

(A) (B) (C) (D) (E)

	Identity of issue, borrower, lessor, or similar a party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
*	TRANSAMERICA LIFE INSURANCE COMPANY	Transamerica Bond Ret Opt	315,346	\$315,346
	TRANSAMERICA LIFE INSURANCE COMPANY	Transamerica Equity Ret Opt	353,972	\$353,972
*	TRANSAMERICA LIFE INSURANCE COMPANY	Transamerica Equity Index Ret Opt	359,967	\$359,967
*	TRANSAMERICA LIFE INSURANCE COMPANY	Transamerica High Yield Bond Ret Opt	255,872	\$255,872
*	TRANSAMERICA LIFE INSURANCE COMPANY	Transamerica Cash Management Ret Opt	709,811	\$709,811
*	TRANSAMERICA LIFE INSURANCE COMPANY	Transamerica Balanced Ret Opt	638,573	\$638,573
*	TRANSAMERICA LIFE INSURANCE COMPANY	AIM Capital Appreciation Ret Opt	697,168	\$697,168
*	TRANSAMERICA LIFE INSURANCE COMPANY	Templeton Foreign Ret Opt	743,410	\$743,410
*	TRANSAMERICA LIFE INSURANCE COMPANY	Transamerica Aggressive Growth Ret Opt	377,104	\$377,104
*	TRANSAMERICA LIFE INSURANCE COMPANY	Transamerica Growth Opportunities Ret Opt	533,010	\$533,010
*	TRANSAMERICA LIFE INSURANCE COMPANY	Transamerica Core Equity Ret Opt	569,845	\$569,845
*	TRANSAMERICA LIFE INSURANCE COMPANY	Fidelity Advisor Equity Income Inv Opt	426,181	\$426,181
*	TRANSAMERICA LIFE INSURANCE COMPANY	Fidelity VIP II Contrafund Inv Opt	575,812	\$575,812
*	TRANSAMERICA LIFE INSURANCE COMPANY	Franklin Small-Mid Cap Growth Ret Opt	289,837	\$289,837
*	TRANSAMERICA LIFE INSURANCE COMPANY	Oppenheimer Global Ret Opt	548,657	\$548,657
*	TRANSAMERICA LIFE INSURANCE COMPANY	Columbia Intermediate Bond Inv Opt	184,920	\$184,920
*	TRANSAMERICA LIFE INSURANCE COMPANY	Fidelity Advisor Small Cap Inv Opt	264,026	\$264,026
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement 2015 Ret Opt	349,820	\$349,820
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement 2035 Ret Opt	2,015	\$2,015
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement 2045 Ret Opt	3,092	\$3,092
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement 2020 Ret Opt	137,351	\$137,351
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement 2030 Ret Opt	95,744	\$95,744
	LOANS	PARTICIPANT LOANS	212,721	\$212,721