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

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
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
CAMDEN-CLARK MEMORIAL HOSPITAL CASH PLUS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1976

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
CAMDEN-CLARK MEMORIAL HOSPITAL

P. O. BOX 718
PARKERSBURG, WV 26102

800 GARFIELD AVENUE
PARKERSBURG, WV 26102

2b Employer Identification Number (EIN)
31-1524546

2c Sponsor's telephone number
304-424-2111

2d Business code (see instructions)
622000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2010	THOMAS HELLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2010	THOMAS HELLER
	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")
CAMDEN-CLARK MEMORIAL HOSPITAL

800 GARFIELD AVENUE
PARKERSBURG, WV 26102

3b Administrator's EIN
31-1524546

3c Administrator's telephone number
304-424-2111

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**	1642
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**	1153
b	Retired or separated participants receiving benefits	**6b**	124
c	Other retired or separated participants entitled to future benefits	**6c**	293
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1570
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	18
f	Total. Add lines **6d** and **6e**	**6f**	1588
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	39
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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)	X	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)	X	Trust
(4)		General assets of the sponsor

10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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

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

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

A Name of plan
CAMDEN-CLARK MEMORIAL HOSPITAL CASH PLUS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CAMDEN-CLARK MEMORIAL HOSPITAL

D Employer Identification Number (EIN)
31-1524546

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2009

2 Assets:

a	Market value	**2a**	19977373
b	Actuarial value	**2b**	21975110

3 Funding target/participant count breakdown

			(1) Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	135	5134352
b	For terminated vested participants	**3b**	309	4600918
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		114646
	(2) Vested benefits	**3c(2)**		17565016
	(3) Total active	**3c(3)**	1198	17679662
d	Total	**3d**	1642	27414932

4 If the plan is at-risk, check the box and complete items (a) and (b) [ ]

a	Funding target disregarding prescribed at-risk assumptions	**4a**	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**	
5	Effective interest rate	**5**	6.77 %
6	Target normal cost	**6**	1108705

Statement by Enrolled Actuary

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

SIGN HERE

10/05/2010
Signature of actuary — Date

BART PUSHAW, ASA — 08-04673
Type or print name of actuary — Most recent enrollment number

MILLIMAN, INC. — 214-863-5500
Firm name — Telephone number (including area code)

10000 N. CENTRAL EXPWY., SUITE 1500
DALLAS, TX 75231-2605
Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	450739	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	450739	0
10	Interest on item 9 using prior year's actual return of -34.99 %	-157714	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		2375931
b	Interest on (a) using prior year's effective rate of 6.41 %		152297
c	Total available at beginning of current plan year to add to prefunding balance		2528228
d	Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	293025	
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	80.16 %
15	Adjusted funding target attainment percentage	15	80.16 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	109.77 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/09/2009		260000	11/18/2009		1000000
07/13/2009		260000	12/04/2009		160000
08/14/2009		160000			
09/10/2009		160000			
10/06/2009		160000			
11/05/2009		160000			
			Totals ► 18(b)	0	18(c) 2320000

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2208664

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	[X] N/A, full yield curve used

b Applicable month (enter code) **21b**

22 Weighted average retirement age	**22**	61

23 Mortality table(s) (see instructions) [ ] Prescribed - combined [X] Prescribed - separate [ ] Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	[ ] Yes	[X] No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	[ ] Yes	[X] No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	[X] Yes	[ ] No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)		**31**	1108705
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	3794926		656069
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		**33**	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33)		**34**	1764774

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement			0

36 Additional cash requirement (item 34 minus item 35)	**36**	1764774
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	2208664
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	443890
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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	**B** Three-digit plan number (PN) ▶	
CAMDEN-CLARK MEMORIAL HOSPITAL CASH PLUS PLAN		001

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
CAMDEN-CLARK MEMORIAL HOSPITAL	31-1524546

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MILLIMAN, INC.

1301 FIFTH AVENUE
SUITE 3800
SEATTLE, WA 98101-2605

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	276507	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

UNITED BANK

514 MARKET STREET
P.O. BOX 1508
PARKERSBURG, WV 26101

55-6100340

(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?
21	NONE	47788	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
CAMDEN-CLARK MEMORIAL HOSPITAL CASH PLUS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CAMDEN-CLARK MEMORIAL HOSPITAL

D Employer Identification Number (EIN)
31-1524546

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		4507
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	1200000	
(3) Other	1b(3)		30190
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	3807248	744555
(2) U.S. Government securities	1c(2)		500845
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		2944700
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		1086442
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	14985221	16483254
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(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	19992469	21794493
	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 through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	19992469	21794493

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)	2320000	
	(B) Participants	2a(1)(B)		
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2320000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	5814	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		5814
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	32778660	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	35904093	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-3125433

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	6110415	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		6110415
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		372187
c Other income	2c		2660
d Total income. Add all **income** amounts in column (b) and enter total	2d		5685643
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3558106	
(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)		3558106
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)	276507	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	1218	
(4) Other	2i(4)	47788	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		325513
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3883619
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		1802024
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) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: DIXON HUGHES PLLC (2) EIN: 56-0747981

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.)	4a		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.)	4b		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.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j	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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
CAMDEN-CLARK MEMORIAL HOSPITAL CASH PLUS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CAMDEN-CLARK MEMORIAL HOSPITAL

D Employer Identification Number (EIN)
31-1524546

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 42-1558009 55-6100340

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** 80

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☒ **No** ☐ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 **a** Enter the minimum required contribution for this plan year **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

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: 66% Investment-Grade Debt: _____% High-Yield Debt: 31% Real Estate: _____% Other: 3%

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):

DIXON HUGHES PLLC
Certified Public Accountants and Advisors

INDEPENDENT AUDITORS' REPORT

Board of Directors
Camden-Clark Memorial Hospital Cash PLUS Plan
Parkersburg, West Virginia

We were engaged to audit the financial statements and supplementary schedules of the Camden-Clark Memorial Hospital Cash PLUS Plan (the "Plan") as of and for the years ended December 31, 2009 and 2008, as listed in the contents to the financial statements. These financial statements and supplementary schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by United Bank, Inc. and Charles Schwab Trust Company, the trustees of the Plan, except for comparing such information with the related information included in the financial statements and supplementary schedules. We have been informed by the plan administrator that the trustees hold the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the trustees as of December 31, 2009 and 2008, and for the years then ended, that the information provided to the plan administrator by the trustees is complete and accurate.

As described in Note B, these financial statements and supplementary schedules were prepared on the modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America, and is permitted by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

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

Dixon Hughes PLLC

Charleston, WV
October 6, 2010

707 Virginia Street, East
Chase Tower, Suite 1700
PO Box 1747
Charleston, WV 25326
Ph. 304.343.0168 Fx. 304.343.1895
Toll Free 800.924.6697
www.dixon-hughes.com

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FINANCIAL STATEMENTS AND
INDEPENDENT AUDITORS' REPORT

Camden-Clark Memorial Hospital
Cash PLUS Plan

December 31, 2009 and 2008

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Camden-Clark Memorial Hospital Cash PLUS Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS

December 31, 2009 and 2008

	2009	2008
ASSETS		
Investments, at fair value (Notes E, F and G)		
Mutual funds	**$ 16,483,254**	$ 14,985,221
Common stock	**1,086,442**	-
Municipal and corporate bonds	**2,944,700**	-
U.S. government securities	**500,845**	-
Interest-bearing cash	**744,555**	3,807,248
Contributions receivable	**-**	1,200,000
Other receivables	**30,190**	-
Non-interest bearing cash	**4,507**	-
NET ASSETS AVAILABLE FOR BENEFITS	**$ 21,794,493**	$ 19,992,469

See notes to financial statements.

Camden-Clark Memorial Hospital Cash PLUS Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS

Years Ended December 31, 2009 and 2008

	2009	2008
ADDITIONS		
Investment income		
Dividend and interest income	**$ 380,661**	$ 717,172
Net appreciation (depreciation) in fair value of investments	**2,984,982**	(11,117,494)
Total investment income (loss)	**3,365,643**	(10,400,322)
Employer contributions	**2,320,000**	2,500,000
TOTAL ADDITIONS (INVESTMENT LOSS NET OF CONTRIBUTIONS)	**5,685,643**	(7,900,322)
DEDUCTIONS		
Benefits paid to participants and beneficiaries	**3,558,106**	3,315,009
Administrative expenses		
Actuary fees	**276,507**	179,023
Other	**49,006**	64,074
TOTAL DEDUCTIONS	**3,883,619**	3,558,106
NET INCREASE (DECREASE)	**1,802,024**	(11,458,428)
Net assets available for benefits, beginning of year	**19,992,469**	31,450,897
Net assets available for benefits, end of year	**$ 21,794,493**	$ 19,992,469

See notes to financial statements.

Camden-Clark Memorial Hospital Cash PLUS Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2009 and 2008

NOTE A -DESCRIPTION OF THE PLAN

The following description of the Camden-Clark Memorial Hospital (the "Hospital") Cash PLUS Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General – The Plan is a defined benefit pension plan available to all employees of the Hospital who have completed one year of service, are age twenty-one or older, and have worked 1,000 hours in the Plan year. The Plan provides for retirement, death and disability benefits to participants and their beneficiaries. Effective July 1, 2003 the Plan was amended and converted to a combination cash balance account and traditional pension plan design. Participants in the Plan at the time of conversion were allowed to elect to remain under the benefit formula of the former plan design (the "Grandfathered Formula"). Otherwise, the participants' accrued benefits were converted to a lump-sum present value that is credited quarterly with a stated rate of interest and earnings credit based on eligible compensation. For the years ended December 31, 2009 and 2008, the crediting interest rates were approximately 3.75% and 4.75%, respectively.

Vesting Pension Benefits – Employees are entitled to a monthly retirement pension benefit beginning at normal retirement age (65). The Plan permits early retirement at age 55 with 5 years of credited service. Unless they elect otherwise, employees who are married will receive their pension benefits in the form of a joint and 50% survivor annuity. Unmarried employees, unless otherwise elected, will receive their pension benefits in the form of a life annuity. Employees are 100% vested upon completion of 3 years of service, or attainment of normal retirement age if earlier.

For termination due to reasons other than retirement, death or disability, participants' vested account balances become distributable to the participant in a lump sum as soon as administratively feasible.

Death and Disability Benefits – If a participant dies, benefits are paid to the surviving spouse, if any, equal to 50% of the monthly pension benefit which would have been payable had the participant retired on the day before his death. An employee with 15 years or more of credited service who is eligible for social security disability benefits and meets certain permanent disability criteria is also eligible to receive a monthly disability retirement pension benefit commencing immediately. The disability pension is equal to the employee's expected normal retirement benefit based on projecting service and level compensation that such employee would have earned to age 65.

NOTES TO FINANCIAL STATEMENTS *(Continued)*

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The accounting records of the Plan are maintained on a modified cash basis of accounting. Such method includes the recording of employer contributions receivable and excludes recording of accrued investment income (other than that reflected in the valuation of investment appreciation or depreciation), prepaid expenses, accounts payable, and accrued expenses. Investment income is recognized when received, and expenses are recognized when paid.

Use of Estimates – The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect certain reported amounts of net assets available for benefits and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition – Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note G for a discussion of fair value measurements.

Purchases and sales are recorded on a trade-date basis. Dividends and interest are recorded when received. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits – Benefit payments to participants are recorded upon distribution.

Administrative Expenses – The Plan's administrative expenses are paid by either the Plan or the Hospital, as provided by the plan document. Certain administrative functions are performed by the employees of the Hospital. No such employee receives compensation from the Plan.

Income Taxes – Effective January 1, 2009, the Plan adopted the Financial Accounting Standards Board's ("FASB") authoritative guidance on accounting for uncertainty in income taxes. The guidance clarifies the accounting for the recognition and measurement uncertainties in income taxes for all entities, including employee benefit plans. The Plan's tax positions must meet a recognition threshold of more-likely-than-not in order for the benefit of those tax positions to be recognized in the financial statements. The Plan has determined that no material unrecognized tax benefits or obligations exist as of December 31, 2009, and the adoption of the guidance did not have a material effect on the statements of net assets available for benefits or changes in net assets available for benefits – modified cash basis.

NOTES TO FINANCIAL STATEMENTS *(Continued)*

Reclassification – Certain amounts in the prior year financial statements and note disclosures have been reclassified for comparative purposes to conform to the presentation in the current year financial statements. Particularly, information regarding the actuarial present value of accumulated plan benefits and changes therein, which was previously presented as separate financial statements, are not presented in Note D.

Evaluation of Subsequent Events – The Company evaluated the effect subsequent events would have on the financial statements through October 6, 2010, which is the date the financial statements were available to be issued. No matters were identified which would have a material effect on the Plan's financial statements.

NOTE C - FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Hospital The Hospital's funding policy is to make cash contributions to the Plan in the amount as determined by the Plan's independent actuary. The Hospital met the minimum funding requirements of Employee Retirement Income Security Act of 1974 ("ERISA") for the years ended December 31, 2009 and 2008.

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

NOTE D - ACTUARIAL PRESENT VALUE OF ACCUMULATED BENEFITS

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on a cash balance account plan design, determined under the provisions of the Plan. Benefits payable under all circumstances - retirement, death, disability and termination of employment are included to the extent they are deemed attributable to employee service rendered to the valuation date.

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

The significant actuarial assumptions used in the valuation as of December 31, 2009 and 2008 were:

NOTES TO FINANCIAL STATEMENTS *(Continued)*

Actuarial cost method	Projected unit credit cost method
Discount rate	8.00% in all years
Earnings progression	4.00% in all years
Mortality rate	RP-2000 Combined Mortality Table
Employee turnover	Turnover of participants determined from historical experience of the Plan
Retirement age	Graded schedule from 10% at age 55 to 100% at age 70

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

The actuarial present value of accumulated plan benefits was as follows:

	December 31,	
	2009	2008
Vested benefits:		
Participants and beneficiaries currently receiving benefits	**$ 4,635,671**	$ 4,691,315
Other vested benefits	**17,336,141**	17,938,482
	21,971,812	22,629,797
Non-vested benefits	**389,262**	266,794
Total actuarial present value of accumulated plan benefits	**$ 22,361,074**	$ 22,896,591

The actuarial present value of accumulated plan benefits decreased as follows:

	December 31,	
	2009	2008
Actuarial present value of accumulated plan benefits, beginning of year	**$ 22,896,591**	$ 26,807,708
Increase (decrease) attributable to:		
Benefits accumulated	**1,330,448**	1,855,620
Benefits paid	**(3,558,106)**	(3,315,009)
Increase for interest due to the decrease in the discount period	**1,692,141**	1,683,731
Plan amendment	**-**	(4,135,459)
Net decrease	**(535,517)**	(3,911,117)
Actuarial present value of accumulated plan benefits, end of year	**$ 22,361,074**	$ 22,896,591

NOTES TO FINANCIAL STATEMENTS *(Continued)*

NOTE E - UNAUDITED INFORMATION CERTIFIED BY TRUSTEE

The accompanying financial statements and supplementary schedules include the following unaudited information as of December 31, 2009 and 2008 and for the years then ended, which was obtained from data prepared and certified to be complete and accurate by the Plan's trustee:

	2009	2008
Investments, at fair value	$ 21,759,796	$ 18,792,469
Interest and dividends	$ 380,661	$ 717,172
Net appreciation (depreciation) in fair value of investments	$ 2,984,982	$(11,117,494)

NOTE F - INVESTMENTS

The fair value of individual investments that represent 5% or more of the Plan's net assets at December 31 are as follows:

	2009	2008
PIMCO All Assets Fund	$ 1,607,370	$ 1,869,677
Schwab US Large Cap Index	1,170,745	*
Vanguard 500 Index Fund	2,286,308	*
Vanguard Growth Index Fund	1,178,506	*
Federated Cap Appreciation Class A	*	1,663,003
Federated Strategic Value Institutional	*	1,636,570
Federated Total Return Bond Fund	*	1,623,561
Fidelity Emerging Markets Fund	*	1,830,452
Harbor International Fund	*	1,004,165
Natixis Gateway Y	*	1,177,891
Schwab Fundamental International Large Company Institutional	*	1,061,939
Schwab Retirement Advantage Money Fund	*	3,807,248

* Represents less than 5% of the Plan's net assets in the period presented

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

	2009	2008
Mutual funds	$ 2,826,693	$ (11,117,494)
Common stock	194,554	-
Municipal and corporate bonds	(4,603)	-
U.S. government securities	(31,662)	-
	$ 2,984,982	$ (11,117,494)

NOTES TO FINANCIAL STATEMENTS *(Continued)*

NOTE G –FAIR VALUE MEASUREMENTS

The FASB issued a statement that defines fair value and establishes 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 measurement) 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 to 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.

The asset's 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 measurements. 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 and 2008:

Common Stocks, Municipal & Corporate Bonds and U.S. Government Securities
These investments are valued at the closing price reported on the active market on which the individual securities are traded. These are classified within level 1 of the valuation hierarchy.

Mutual Funds
These investments are public investment vehicles valued using the Net Asset Value (NAV) provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and classified within level 1 of the valuation hierarchy.

Money Market Funds
These investments are public investment vehicles valued using $1 for the NAV. The money market funds are classified within level 2 of the valuation hierarchy.

NOTES TO FINANCIAL STATEMENTS *(Continued)*

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future values. Futhermore, 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 investments at fair value as of December 31, 2009 and 2008:

	Assets at Fair Value as of December 31, 2009			
	Level 1	**Level 2**	**Level 3**	**Fair Value**
Mutual funds				
Equities	**$ 13,231,394**	**$ -**	**$ -**	**$ 13,231,394**
Fixed income	**3,251,860**	**-**	**-**	**3,251,860**
Common stock	**1,086,442**	**-**	**-**	**1,086,442**
Municipal and Corporate bonds	**2,944,700**	**-**	**-**	**2,944,700**
U.S. government securities	**500,845**	**-**	**-**	**500,845**
Money market funds	**-**	**744,555**	**-**	**744,555**
Total investments	**$ 21,015,241**	**$ 744,555**	**$ -**	**$ 21,759,796**

	Assets at Fair Value as of December 31, 2008			
	Level 1	Level 2	Level 3	Fair Value
Mutual funds	$ 14,985,221	$ -	$ -	$ 14,985,221
Money market funds	-	3,807,248	-	3,807,248
Total investments	$ 14,985,221	$ 3,807,248	$ -	$ 18,792,469

NOTE H - PLAN TERMINATION

In the event the Plan terminates, the net assets of the Plan will be allocated through the purchase of annuities as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a. First, to any Deductible Voluntary Account, Nondeductible Voluntary Account, or Rollover Account;

b. Second, to that portion, if any, of each participant's accrued benefit which is derived from the participant's mandatory contributions;

c. Third, to retirement benefits which were in pay status or were available to a participant three years before the date of termination of the Plan based on Plan provisions in effect five years before the date of termination;

NOTES TO FINANCIAL STATEMENTS *(Continued)*

d. Fourth, to all other benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations as discussed below;

e. Fifth, to all other vested benefits; and

f. Sixth, to all other benefits under the Plan.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. The portion of the PBGC premium attributable to unfunded PBG Variable Premium Liability is generally equal to .9% of the unfunded PBGC Variable Premium Liability but such amount is adjusted to reflect maximum contributions made for prior Plan years. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC.

NOTE I - RELATED PARTY TRANSACTIONS

Certain Plan investments are managed by United Bank, Inc., one of the Plan's trustees. Also, certain Plan investments are shares of mutual funds managed by Schwab Investments, an entity related to one of the Plan's trustees, the Charles Schwab Trust Company. Therefore, these transactions qualify as party-in-interest transactions.

NOTE J - INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Hospital by a letter dated June 8, 2000, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the Hospital and the Plan administrator believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and the Plan administrator believes the Plan was qualified and the related trust was tax exempt as of December 31, 2009.

NOTES TO FINANCIAL STATEMENTS *(Continued)*

NOTE K – RISKS AND UNCERTAINTIES

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

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

Schedule SB, Part V - *Statement of Actuarial Assumptions / Methods*

Camden-Clark Memorial Hospital Cash PLUS Plan
EIN/PN: 31-1524546/001

The true cost of a pension plan will ultimately be determined by the excess of benefits actually paid and the expenses incurred in its administration over investment income earned on monies set aside for its funding. Thus, the ultimate cost of a plan cannot be known until the last payment has been made to its last participant. The actuarial cost method is the technique adopted by the actuary for establishing the amount and incidence of annual actuarial costs. The actuarial cost method determines the portion of the ultimate cost of a pension plan which should be allocated to each plan year (known as the normal cost). The cost method is thus a budgeting tool which helps to ensure that the pension plan will be adequately and systematically funded.

In accordance with the Pension Protection Act of 2006 (PPA), the actuarial cost method used in the valuation of this Plan is known as the ***unit credit cost method***. Under this cost method a projected retirement benefit at assumed retirement age is computed for each participant using one year's future pay increases. The Target Normal Cost for each participant is computed as the present value of the pro-rata portion of the participant's projected benefit which is accrued or earned during the plan year being valued. The Target Normal Cost for the plan is the total of the individually computed Target Normal Costs for all participants including the costs for any death or disability benefits under the plan.

The Funding Target at any point in time for an active participant is the present value of the benefit which has been accrued up to the valuation date. For persons receiving benefits or entitled to a deferred vested retirement income, the Funding Target is equal to the present value of their future benefit payments. The Funding Target for the plan is the total of the individually computed Funding Target amounts for all participants. The Funding Shortfall for the plan is the excess of the Funding Target over the assets less the carryover and prefunding balances. The Shortfall Amortization Installment is the payment that will amortize the Shortfall Amortization Base in level annual installments over a seven year period.

The funding cost of the Plan is derived by making certain specific assumptions as to rates of interest, mortality, turnover, etc. which are assumed to hold for many years into the future. Since actual experience may differ somewhat from the assumptions, the costs determined by the valuation must be regarded as estimates of the true costs of the Plan.

For purposes of applying the actuarial cost method, Plan Assets are valued at using the averaged value of assets method under PPA. For this purpose, a six-month average is used.

Funding Target Interest Rates

Full monthly corporate bond yield curve December 2008 – 5.42%

Effective Interest Rate - 6.77%

Interest Rate – FAS 35

8.0% per annum, compounded annually

Earnings Progression

4.0% per annum, compounded annually

Future Cash Balance Interest Credit

4.75% per annum, compounded annually

Future Social Security Wage Base Increases

3.0% per annum, compounded annually

Mortality Rates – PPA Liabilities

IRS applicable mortality for 2009

Mortality Rates – FAS 35

Males – RP 2000 Combined Mortality Table for Males
Females – RP Combined 2000 Mortality Table for Females

Disability Rates

Sample rates are:

Age	*Factors*
20	0.0007
25	0.0008
30	0.0009
35	0.0010
40	0.0012
45	0.0016
50	0.0022
55	0.0040
60	0.0084

Withdrawal Rates

Rates vary based on years of service completed. Sample rates are:

Age	*<4 years*	*4 years or more*
20	30.00%	15.00%
25	30.00%	15.00%
30	20.00%	10.00%
35	18.00%	9.00%
40	16.00%	8.00%
45	14.00%	7.00%
50	14.00%	7.00%
55	8.64%	4.32%
60	4.32%	2.16%

Retirement Rates

Assumed rates are:

Age	*Annual Rate (Males and Females)*
55-56	10%
57	5%
58	5%
59	5%
60-61	10%
62	35%
63-69	30%
70	100%

Marriage Rates

a. Percentage married: Males – 85%
Females – 50%

b. Age difference: Males are assumed to be three years older than their spouse.

Schedule SB, Part V - *Summary of the Plan Provisions*

Camden-Clark Memorial Hospital Cash PLUS Plan
EIN/PN: 31-1524546/001

1. Definitions

Account Balance
A Participant's Account Balance is equal to his Initial Account Balance increased to reflect Contribution Credits and Interest Credits.

Accrued Benefit
Accrued Benefit means the Participant's Account Balance. For a Grandfathered Participant, the Accrued Benefit as of a given date shall be the lump-sum value as of that given date of the benefit resulting from the application of the Grandfathered Formula.

Actuarial Equivalent
Actuarial Equivalent means a form of benefit differing in time, period and/or manner of payment from another form of benefit but having the same value when computed based upon the following interest and mortality assumptions:

Interest:	6.0% per annum, compounded annually
Mortality:	UP-84 Mortality Table, set back one year for employees and set back two years for beneficiaries

Cash Balance Effective Date
The Cash Balance Effective Date is July 1, 2003.

Compensation
Compensation means W-2 wages. W-2 wages means wages for federal income tax withholding purposes as defined in Code Section 3401(a), but determined without regard to any rules that limit the remuneration included in wages under this definition based on the nature or location of the employment or the services provided. The Plan Administrator may treat the amount reported as "wages, tips and other compensation" on Form W-2 as satisfying this definition.

In accordance with Internal Revenue Code Section 401(a)(17), annual Compensation in excess of the inflation-adjusted limit ($245,000 for the Plan Year beginning 2009) is disregarded.

The Compensation Period is the 12 month period which begins each January 1st and ends each December 31st.

Contribution Credit
As of each Contribution Valuation Date, there shall be credited to the Account Balance of each Participant an amount equal to the product determined by multiplying the Participant's Compensation for the payroll period within which the Contribution Valuation Date falls by the Contribution Credit Rate.

Contribution Credit Rate
The Contribution Credit Rate is equal to three percent (3%).

Contribution Valuation Date
The Contribution Valuation Date means, unless otherwise specified, the last day of each payroll period and any other days upon which, consistent with established methods and guidelines, the Plan Administrator applies the accounting procedures specified in Section 2.1(b).

Effective Date
The Effective Date of the Plan is January 1, 1976.

The Plan was last amended effective January 1, 2009.

Eligible Employee Classification
An Eligible Employee Classification is a classification of Employees, the members of which are eligible to participate in the Plan. The Plan covers all employee classifications except leased employees, employees classified as non-common law employees and employees classified as Medical Residents.

Entry Date
Entry Date means the January 1st or July 1st which coincides with or next follows the date that the eligibility requirements are met.

Fiscal Year
Fiscal Year means the taxable year of the Employer. The Fiscal Year of the Employer is the 12 month period beginning July 1st and ending June 30th.

Grandfathered Formula
A single life annuity payable monthly starting on the Participant's Normal Retirement Date equal to:

1.15% of Average Monthly Compensation up to Covered Compensation

plus

1.775% of Average Monthly Compensation in excess of Covered Compensation

times

Credited Service up to a maximum of 25 years

Effective June 1, 1993, plus an additional amount of

0.5% of Average Monthly Compensation

times

Credited Service in excess of 25 years, up to a maximum of 10 years

For purposes of this section, the following terms shall have the meanings as defined in the Prior Plan:

(a) **Average Monthly Compensation**. A Participant's Average Monthly Compensation shall mean the monthly average of the aggregate Compensation received during the period of five consecutive and complete calendar years (or the aggregate period of the Employee's employment if less than five consecutive and complete calendar years) which produces the greatest aggregate Compensation out of the 10 calendar year period preceding (or if applicable, ending with) the date as of which he retires or the date as of which he terminates service as an Employee, whichever date shall occur first. If the Participant shall have been on leave during such 10 year period, he shall be considered for the purposes of this Plan to have continued to receive Compensation during the period of such leave, at the rate in effect with respect to him immediately prior to such leave.

(b) **Covered Compensation**.
Covered Compensation shall mean for any Plan Year, the average (without indexing) of the Social Security Taxable Wage Bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the Participant attains (or will attain) Social Security Retirement Age. In determining a Participant's Covered Compensation for a Plan Year, the Social Security Taxable Wage Base for the current Plan Year and any subsequent Plan Year shall be assumed to be the same as in effect for the Plan Year for which the determination is being made. A Participant's Covered Compensation shall be automatically adjusted for each Plan Year in accordance with these provisions, up

to and including the Plan Year in which the Participant attains Social Security Retirement Age.

(c) **Credited Service.** An employee shall receive a year of Credited Service for each calendar year in which he has at least 1,000 Hours of Service. Only full years of service are credited. The initial computation period is the 12 consecutive month period beginning with the Employee's Employment Commencement Date. Thereafter, the computation year is the calendar year beginning with the calendar year in which the initial computation period ends. Credited Service shall include any prior periods of Credited Service that are reinstated in accordance with the Prior Plan.

In no event will this monthly benefit be less than the Accrued Benefit under the Prior Plan.

Grandfathered Participant
Grandfathered Participant means a Participant who was an Active Participant in the Plan prior to July 1, 2003, elected to remain under the Grandfathered Formula, and remains in continuous employment until his or her Date of Severance.

Initial Account Balance
The lump-sum amount calculated as of the Cash Balance Effective Date that is the Actuarial Equivalent of the Prior Accrued Benefit.

Interest Credit
As of the last day of each calendar quarter, there shall be credited to the Account Balance of each Participant an amount equal to the product determined by multiplying the Participant's Account Balance (prior to any Contribution Credits) by one-twelfth (1/12) of the Interest Credit Rate.

Interest Credit Rate
The variable rate of interest equal to the interest rate on 30-year Treasury securities as specified by the Commissioner of the Internal Revenue Service, for the November preceding the Plan Year.

Limitation Year
The Limitation Year is the 12 month period beginning January 1st and ending December 31st.

Normal Retirement Age
A Participant's Normal Retirement Age is age 65.

Normal Retirement Date
A Participant's Normal Retirement Date is the first day of the month which coincides with or next follows the date on which the Participant attains Normal Retirement Age.

One Year Break-in-Service
One Year Break-in-Service occurs in any 365-day period following a Participant's Date of Termination in which an Employee does not complete at 500 Hours of Service.

Plan Sponsor
The Plan Sponsor is the Camden-Clark Memorial Hospital Corporation. The Plan Administrator is the Pension Committee.

Plan Year
The Plan Year is the 12 month period beginning January 1st and ending December 31st.

Prior Accrued Benefit
A single life annuity payable on the Participant's Normal Retirement Date equal to his Accrued Benefit as of the Cash Balance Effective Date, determined according to the provisions of the Prior Plan.

Prior Plan
Prior Plan means the Camden-Clark Memorial Hospital Pension Plan, as in effect prior to the Cash Balance Effective Date.

Trustee
The Trustee is Charles Schwab Trust Company.

Vested Accrued Benefit
A Participant's Vested Accrued Benefit as of a given date is equal to the product of his Accrued Benefit multiplied by his Vested Percentage as of that same date.

Vesting Schedule
A Participant's Vested Percentage will be 100% upon the completion of 3 Years of Vesting Service. Prior to the completion of 3 Years of Vesting Service, a Participant's Vested Percentage is zero.

Year of Service

- ***For Eligibility Purposes***

  A Year of Eligibility Service is credited for each Computation Period during which an Employee is credited with at least 1,000 Hours of Service. The initial Computation Period is the 12 consecutive month period beginning with the Employee's Employment Commencement Date. Thereafter, the Computation Period is the Plan Year beginning with the Plan Year in which the initial Computation Period ends.

  All of an Employee's Years of Eligibility Service are taken into account in determining his eligibility to participate.

- ***For Benefit Purposes***

  A Year of Benefit Service is credited for each Plan Year in which an Employee is credited with at least 1,000 Hours of Service. Only full Years of Service will be credited.

  All of a Participant's Years of Benefit Service are taken into account in determining his benefit except:

  Service while the Employee was not in an Eligible Employee Classification.

- ***For Vesting Purposes***

  A Year of Vesting Service is credited for each Plan Year in which an Employee is credited with at least 1,000 Hours of Service. Only full Years of Service will be credited.

  All of a Participant's Years of Vesting Service are taken into account in determining his Vested Percentage.

2. Participation

An Employee who is a member of an Eligible Employee Classification will become a participant in the Plan on the first Entry Date which coincides with or next follows the completion of one Year of Eligibility Service and attainment of age 21.

3. Normal Retirement

Each Participant who becomes eligible for a Normal Retirement Benefit under the plan will be entitled to receive a monthly retirement pension benefit beginning at the Participant's Normal Retirement Date and payable in the Normal Benefit Form.

(a) Normal Retirement Benefit
A Participant's Normal Retirement Benefit is a monthly pension benefit commencing on his Normal Retirement Date payable in the Normal Benefit Form in an amount equal to:

Grandfathered Participant:
1.150% of Average Monthly Compensation plus 0.625% of Excess Average

Monthly Compensation, each multiplied by Years of Benefit Service not to exceed 25 years; plus 0.500% of Average Monthly Compensation for each year of service in excess of 25, up to a maximum of 10 years.

All Other Participants:

A monthly lifetime pension benefit which is actuarially equivalent to the Account Balance.

(b) Normal Benefit Form

Lifetime Pension – For unmarried participants, a monthly pension benefit payable for the lifetime of the Participant with payments terminating upon the death of the Participant.

50% Joint and Contingent Survivor Pension – For married participants, an actuarially equivalent monthly pension benefit payable for the lifetime of the Participant, with 50% of the benefit payable to the Participant's surviving spouse upon the death of the Participant.

4. Early Retirement

(a) Early Retirement Date

A Participant's Early Retirement Date is the first day of the month so elected by the Participant which coincides with or next follows the date upon which the Participant satisfies the following requirements:

(1) Attainment of age 55; and

(2) Completion of 5 Years of Benefit Service.

(b) Early Retirement Benefit

A Participant's Early Retirement Benefit is a monthly pension benefit equal to:

Grandfathered Participants:

His Accrued Benefit determined as of his Early Retirement Date, reduced by 1/180 for each of the first 60 months, and by 1/360 for each of the next 60 months that his Early Retirement Date precedes his Normal Retirement Date.

All Other Participants:

A monthly lifetime pension benefit which is actuarially equivalent to the Account Balance.

5. Late Retirement

An active Participant who continues his employment with the Employer beyond his Normal Retirement Date may begin to receive his Late Retirement Benefit to which he is entitled as of his Late Retirement Date.

(a) Late Retirement Date

A Participant's Late Retirement Date is the first day of the month coincident with or next following the date he retires and requests the commencement of his Late Retirement Benefit after he has continued in the employ of the Employer beyond his Normal Retirement Date.

(b) Late Retirement Benefit

A Participant's Late Retirement Benefit is the monthly benefit which is based on the Normal Retirement Benefit formula using the Participant's Years of Benefit Service and Compensation through his Late Retirement Date.

6. Disability Retirement

(a) Disability Retirement Date

A Participant's Disability Retirement Date is the first day of the month coincident with or next following the date of termination of his employment due to disability provided such Participant has been found to be eligible for a Disability Retirement Benefit.

An Active Participant will be eligible for a Disability Retirement Benefit under the Plan upon the occurrence of permanent disability coincident with or following the Participant's completion of 15 Years of Benefit Service.

(b) Disability Retirement Benefit

An eligible Participant's Disability Retirement Benefit is equal to the monthly retirement benefit commencing on his Normal Retirement Date in an amount equal to 100% of the Participant's Expected Retirement Benefit (calculated projecting service and level compensation through his Normal Retirement Date).

(c) Permanent Disability

A Participant will be considered permanently disabled if he becomes eligible for disability benefits under the Social Security Program and, in the opinion of the Plan Administrator,

(1) he is prevented from performing any substantially gainful activity;

(2) such disability is likely to be both continuous and permanent;

(3) such disability occurs on or after the Effective Date of the Plan but prior to the Participant's Normal Retirement Date; and

(4) such disability is not, in the opinion of the Plan Administrator, the result of injury or disease sustained by the Participant which was diagnosed or discovered subsequent to the date his employment has terminated.

7. Optional Benefit Forms

Optional Benefit Forms are available and equal to the Actuarial Equivalent of the Normal Benefit Form and may be in an amount more than or less than that provided by the Normal Benefit Form depending on the option selected. Such distribution may be in one or more of the following forms:

Joint & 50% Contingent Survivor Pension – monthly pension benefit payable during the joint lifetime of the Participant and the Joint Annuitant; reduces to 50% of the original amount upon the death of the Participant.

Lifetime Pension – monthly pension benefit payable for the lifetime of the Participant.

Lump Sum

8. Pre-Retirement Death Benefit

In the event of the death of a vested Participant prior to the date that he begins to receive a monthly pension benefit under the Plan, the Participant's Surviving Spouse, if any, will be entitled to receive a monthly pension benefit equal to 50% of the monthly pension benefit which would have been payable had the Participant retired on the day before his death and elected a Joint and 50% Contingent Survivor Pension commencing on his earliest available date of commencement. A Joint and 50% Contingent Pension provides a monthly pension benefit payable for the lifetime of the Participant and, upon the Participant's death, if the Participant's Spouse survives the Participant, a monthly pension benefit will continue for the remaining lifetime of the Surviving Spouse equal to 50% of the monthly pension benefit which was payable during the joint lifetime of the Participant and the Participant's Surviving Spouse.

9. Termination Benefit

In the event of the termination of a Participant's employment for any reason other than death, disability or retirement, the Participant will become entitled to receive a monthly pension benefit commencing on his Normal Retirement Date equal to his Vested Accrued Benefit.

Schedule SB, Line 26 - Schedule of Active Participant Data by Age and Service

Camden-Clark Memorial Hospital Cash PLUS Plan
EIN / PIN: 31-1524546 / 001

Number of Participants by Age and Service Groups

	Years of Service										
Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	Total
0-24	-	52	5	-	-	-	-	-	-	-	57
25-29	-	76	73	3	-	-	-	-	-	-	152
30-34	1	50	69	22	-	-	-	-	-	-	142
35-39	1	44	50	26	16	2	-	-	-	-	139
40-44	3	36	50	31	19	27	1	-	-	-	167
45-49	-	41	51	22	19	23	29	4	-	-	189
50-54	-	28	33	31	22	19	18	25	3	-	179
55-59	-	10	22	11	12	7	13	13	14	-	102
60-64	1	4	9	4	8	7	10	3	6	6	58
65-69	-	2	3	-	-	1	1	1	-	1	9
70&Up	-	1	1	-	-	1	-	-	1	-	4
Total	6	344	366	150	96	87	72	46	24	7	1,198

Average Compensation by Age and Service Groups

	Years of Service										
Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	Average
0-24	-	28,740	*	-	-	-	-	-	-	-	28,548
25-29	-	30,635	36,499	*	-	-	-	-	-	-	33,606
30-34	*	31,311	38,621	37,617	-	-	-	-	-	-	35,945
35-39	*	31,576	38,169	42,674	*	*	-	-	-	-	38,064
40-44	*	36,908	43,952	49,480	*	47,710	*	-	-	-	43,326
45-49	-	31,156	44,508	45,460	*	42,159	46,396	*	-	-	41,387
50-54	-	44,021	52,670	39,809	44,270	*	*	46,873	*	-	45,362
55-59	-	*	39,623	*	*	*	*	*	*	-	44,666
60-64	*	*	*	*	*	*	*	*	*	*	37,285
65-69	-	*	*	-	-	*	*	*	-	*	*
70&Up	-	*	*	-	-	*	-	-	*	-	*
Average	*	32,461	40,438	42,371	43,181	42,935	44,371	48,252	53,862	*	39,497

Average Cash Balance Account by Age and Service Groups

	Years of Service										
Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	Average
0-24	-	106	*	-	-	-	-	-	-	-	230
25-29	-	484	3,231	*	-	-	-	-	-	-	1,910
30-34	-	745	4,607	6,893	-	-	-	-	-	-	3,569
35-39	-	699	3,874	6,927	*	*	-	-	-	-	4,574
40-44	*	413	4,616	7,015	*	12,761	*	-	-	-	5,779
45-49	-	365	4,123	6,693	*	9,277	24,962	*	-	-	8,448
50-54	-	803	2,998	2,045	2,640	*	*	31,659	*	-	8,166
55-59	-	*	3,806	*	*	-	*	*	*	-	21,095
60-64	-	*	*	*	-	-	*	*	*	*	18,635
65-69	-	*	*	-	-	-	*	-	-	*	*
70&Up	-	-	-	-	-	-	-	-	*	-	*
Average	*	515	3,794	5,618	7,611	8,350	20,011	38,704	48,158	*	7,435

* If there are fewer than 20 participants in a cell, the average compensation/cash balance account are not reported.

Schedule SB, line 22
Description of Weighted Average Retirement Age

Camden-Clark Memorial Hospital Cash PLUS Plan

EIN / PIN: 31-1524546 / 001

Plan Year Ending December 31, 2009

Age	Retirement Rate	Age Weight
55	10%	5.50
56	10%	5.04
57	5%	2.31
58	5%	2.23
59	5%	2.16
60	10%	4.17
61	10%	3.81
62	35%	12.21
63	30%	6.91
64	30%	4.91
65	30%	3.49
66	30%	2.48
67	30%	1.76
68	30%	1.25
69	30%	0.89
70	100%	2.11

Average Weighted Retirement Age	**61.00**

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

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

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

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

A Name of plan: Camden-Clark Memorial Hospital Cash PLUS Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: Camden-Clark Memorial Hospital

D Employer Identification Number (EIN): 31-1524546

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2009

2	Assets:			
	a Market value		**2a**	19,977,373
	b Actuarial value		**2b**	21,975,110
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	135	5,134,352
	b For terminated vested participants	**3b**	309	4,600,918
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		114,646
	(2) Vested benefits	**3c(2)**		17,565,016
	(3) Total active	**3c(3)**	1,198	17,679,662
	d Total	**3d**	1,642	27,414,932
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions		**4a**	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	6.77 %
6	Target normal cost		**6**	1,108,705

Statement by Enrolled Actuary

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

SIGN HERE

Bart Pushaw — Signature of actuary

10/5/2010 — Date

Bart Pushaw, ASA — Type or print name of actuary

08-04673 — Most recent enrollment number

Milliman, Inc. — Firm name

(214) 863-5500 — Telephone number (including area code)

10000 N. Central Expwy., Suite 1500

Dallas TX 75231-2605 — Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	450,739	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	450,739	0
10	Interest on item 9 using prior year's actual return of (34.99)%	(157,714)	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Excess contributions (Item 38 from prior year)		2,375,931
	b Interest on (a) using prior year's effective rate of 6.41 %		152,297
	c Total available at beginning of current plan year to add to prefunding balance		2,528,228
	d Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	293,025	
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	80.16 %
15	Adjusted funding target attainment percentage	15	80.16 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	109.77 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/09/2009		260,000	11/18/2009		1,000,000
07/13/2009		260,000	12/04/2009		160,000
08/14/2009		160,000			
09/10/2009		160,000			
10/06/2009		160,000			
11/05/2009		160,000			
			Totals ▶ 18(b)	0	18(c) 2,320,000

19	Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2,208,664

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:

a Segment rates:

1st segment: %	2nd segment: %	3rd segment: %	☒ N/A, full yield curve used

b Applicable month (enter code) — **21b**

22 Weighted average retirement age	**22**	61

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)		**31**	1,108,705
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	3,794,926		656,069
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		**33**	0
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)		**34**	1,764,774

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement			0

36 Additional cash requirement (item 34 minus item 35)	**36**	1,764,774
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	2,208,664
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	443,890
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0

Attachment to 2009 Form 5500
Schedule SB, line 19 - Discounted Employer Contributions

Plan Name Camden-Clark Memorial Hospital Cash PLUS Plan **EIN:** 31-1524546
Plan Sponsor's Name Camden-Clark Memorial Hospital **PN:** 001

Date of Contributon	Amount	Year Applied	Effective Interest Rate	Interest Adjusted Contribution:
06/09/2009	260,000	2009	6.77	252,686
07/13/2009	260,000	2009	6.77	251,148
08/04/2009	160,000	2009	6.77	153,668
09/10/2009	160,000	2009	6.77	152,925
10/06/2009	160,000	2009	6.77	152,213
11/05/2009	160,000	2009	6.77	151,396
01/11/2009	1,000,000	2009	6.77	944,018
12/04/2009	160,000	2009	6.77	150,610

Attachment to 2009 Form 5500
Schedule SB, line 32 - Schedule of Amortization Bases

Plan Name Camden-Clark Memorial Hospital Cash PLUS Plan **EIN:** 31-1524546
Plan Sponsor's Name Camden-Clark Memorial Hospital **PN:** 001

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
Shortfall	3,794,926	01/01/2009	7	656,069

Schedule SB, Part V - *Statement of Actuarial Assumptions / Methods*

Camden-Clark Memorial Hospital Cash PLUS Plan
EIN/PN: 31-1524546/001

The true cost of a pension plan will ultimately be determined by the excess of benefits actually paid and the expenses incurred in its administration over investment income earned on monies set aside for its funding. Thus, the ultimate cost of a plan cannot be known until the last payment has been made to its last participant. The actuarial cost method is the technique adopted by the actuary for establishing the amount and incidence of annual actuarial costs. The actuarial cost method determines the portion of the ultimate cost of a pension plan which should be allocated to each plan year (known as the normal cost). The cost method is thus a budgeting tool which helps to ensure that the pension plan will be adequately and systematically funded.

In accordance with the Pension Protection Act of 2006 (PPA), the actuarial cost method used in the valuation of this Plan is known as the ***unit credit cost method***. Under this cost method a projected retirement benefit at assumed retirement age is computed for each participant using one year's future pay increases. The Target Normal Cost for each participant is computed as the present value of the pro-rata portion of the participant's projected benefit which is accrued or earned during the plan year being valued. The Target Normal Cost for the plan is the total of the individually computed Target Normal Costs for all participants including the costs for any death or disability benefits under the plan.

The Funding Target at any point in time for an active participant is the present value of the benefit which has been accrued up to the valuation date. For persons receiving benefits or entitled to a deferred vested retirement income, the Funding Target is equal to the present value of their future benefit payments. The Funding Target for the plan is the total of the individually computed Funding Target amounts for all participants. The Funding Shortfall for the plan is the excess of the Funding Target over the assets less the carryover and prefunding balances. The Shortfall Amortization Installment is the payment that will amortize the Shortfall Amortization Base in level annual installments over a seven year period.

The funding cost of the Plan is derived by making certain specific assumptions as to rates of interest, mortality, turnover, etc. which are assumed to hold for many years into the future. Since actual experience may differ somewhat from the assumptions, the costs determined by the valuation must be regarded as estimates of the true costs of the Plan.

For purposes of applying the actuarial cost method, Plan Assets are valued at using the averaged value of assets method under PPA. For this purpose, a six-month average is used.

Funding Target Interest Rates

Full monthly corporate bond yield curve December 2008 – 5.42%

Effective Interest Rate - 6.77%

Interest Rate – FAS 35

8.0% per annum, compounded annually

Earnings Progression

4.0% per annum, compounded annually

Future Cash Balance Interest Credit

4.75% per annum, compounded annually

Future Social Security Wage Base Increases

3.0% per annum, compounded annually

Mortality Rates – PPA Liabilities

IRS applicable mortality for 2009

Mortality Rates – FAS 35

Males – RP 2000 Combined Mortality Table for Males
Females – RP Combined 2000 Mortality Table for Females

Disability Rates

Sample rates are:

Age	*Factors*
20	0.0007
25	0.0008
30	0.0009
35	0.0010
40	0.0012
45	0.0016
50	0.0022
55	0.0040
60	0.0084

Withdrawal Rates

Rates vary based on years of service completed. Sample rates are:

Age	*<4 years*	*4 years or more*
20	30.00%	15.00%
25	30.00%	15.00%
30	20.00%	10.00%
35	18.00%	9.00%
40	16.00%	8.00%
45	14.00%	7.00%
50	14.00%	7.00%
55	8.64%	4.32%
60	4.32%	2.16%

Retirement Rates

Assumed rates are:

Age	*Annual Rate (Males and Females)*
55-56	10%
57	5%
58	5%
59	5%
60-61	10%
62	35%
63-69	30%
70	100%

Marriage Rates

a. Percentage married: Males – 85%
Females – 50%

b. Age difference: Males are assumed to be three years older than their spouse.

1. Definitions

Account Balance
A Participant's Account Balance is equal to his Initial Account Balance increased to reflect Contribution Credits and Interest Credits.

Accrued Benefit
Accrued Benefit means the Participant's Account Balance. For a Grandfathered Participant, the Accrued Benefit as of a given date shall be the lump-sum value as of that given date of the benefit resulting from the application of the Grandfathered Formula.

Actuarial Equivalent
Actuarial Equivalent means a form of benefit differing in time, period and/or manner of payment from another form of benefit but having the same value when computed based upon the following interest and mortality assumptions:

Interest:	6.0% per annum, compounded annually
Mortality:	UP-84 Mortality Table, set back one year for employees and set back two years for beneficiaries

Cash Balance Effective Date
The Cash Balance Effective Date is July 1, 2003.

Compensation
Compensation means W-2 wages. W-2 wages means wages for federal income tax withholding purposes as defined in Code Section 3401(a), but determined without regard to any rules that limit the remuneration included in wages under this definition based on the nature or location of the employment or the services provided. The Plan Administrator may treat the amount reported as "wages, tips and other compensation" on Form W-2 as satisfying this definition.

In accordance with Internal Revenue Code Section 401(a)(17), annual Compensation in excess of the inflation-adjusted limit ($245,000 for the Plan Year beginning 2009) is disregarded.

The Compensation Period is the 12 month period which begins each January 1st and ends each December 31st.

Contribution Credit
As of each Contribution Valuation Date, there shall be credited to the Account Balance of each Participant an amount equal to the product determined by multiplying the Participant's Compensation for the payroll period within which the Contribution Valuation Date falls by the Contribution Credit Rate.

Contribution Credit Rate
The Contribution Credit Rate is equal to three percent (3%).

Contribution Valuation Date
The Contribution Valuation Date means, unless otherwise specified, the last day of each payroll period and any other days upon which, consistent with established methods and guidelines, the Plan Administrator applies the accounting procedures specified in Section 2.1(b).

Effective Date
The Effective Date of the Plan is January 1, 1976.

The Plan was last amended effective January 1, 2009.

Eligible Employee Classification
An Eligible Employee Classification is a classification of Employees, the members of which are eligible to participate in the Plan. The Plan covers all employee classifications except leased employees, employees classified as non-common law employees and employees classified as Medical Residents.

Entry Date
Entry Date means the January 1st or July 1st which coincides with or next follows the date that the eligibility requirements are met.

Fiscal Year
Fiscal Year means the taxable year of the Employer. The Fiscal Year of the Employer is the 12 month period beginning July 1st and ending June 30th.

Grandfathered Formula
A single life annuity payable monthly starting on the Participant's Normal Retirement Date equal to:

1.15% of Average Monthly Compensation up to Covered Compensation

plus

1.775% of Average Monthly Compensation in excess of Covered Compensation

times

Credited Service up to a maximum of 25 years

Effective June 1, 1993, plus an additional amount of

0.5% of Average Monthly Compensation

times

Credited Service in excess of 25 years, up to a maximum of 10 years

For purposes of this section, the following terms shall have the meanings as defined in the Prior Plan:

(a) **Average Monthly Compensation**. A Participant's Average Monthly Compensation shall mean the monthly average of the aggregate Compensation received during the period of five consecutive and complete calendar years (or the aggregate period of the Employee's employment if less than five consecutive and complete calendar years) which produces the greatest aggregate Compensation out of the 10 calendar year period preceding (or if applicable, ending with) the date as of which he retires or the date as of which he terminates service as an Employee, whichever date shall occur first. If the Participant shall have been on leave during such 10 year period, he shall be considered for the purposes of this Plan to have continued to receive Compensation during the period of such leave, at the rate in effect with respect to him immediately prior to such leave.

(b) **Covered Compensation**.
Covered Compensation shall mean for any Plan Year, the average (without indexing) of the Social Security Taxable Wage Bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the Participant attains (or will attain) Social Security Retirement Age. In determining a Participant's Covered Compensation for a Plan Year, the Social Security Taxable Wage Base for the current Plan Year and any subsequent Plan Year shall be assumed to be the same as in effect for the Plan Year for which the determination is being made. A Participant's Covered Compensation shall be automatically adjusted for each Plan Year in accordance with these provisions, up

to and including the Plan Year in which the Participant attains Social Security Retirement Age.

(c) **Credited Service.** An employee shall receive a year of Credited Service for each calendar year in which he has at least 1,000 Hours of Service. Only full years of service are credited. The initial computation period is the 12 consecutive month period beginning with the Employee's Employment Commencement Date. Thereafter, the computation year is the calendar year beginning with the calendar year in which the initial computation period ends. Credited Service shall include any prior periods of Credited Service that are reinstated in accordance with the Prior Plan.

In no event will this monthly benefit be less than the Accrued Benefit under the Prior Plan.

Grandfathered Participant
Grandfathered Participant means a Participant who was an Active Participant in the Plan prior to July 1, 2003, elected to remain under the Grandfathered Formula, and remains in continuous employment until his or her Date of Severance.

Initial Account Balance
The lump-sum amount calculated as of the Cash Balance Effective Date that is the Actuarial Equivalent of the Prior Accrued Benefit.

Interest Credit
As of the last day of each calendar quarter, there shall be credited to the Account Balance of each Participant an amount equal to the product determined by multiplying the Participant's Account Balance (prior to any Contribution Credits) by one-twelfth (1/12) of the Interest Credit Rate.

Interest Credit Rate
The variable rate of interest equal to the interest rate on 30-year Treasury securities as specified by the Commissioner of the Internal Revenue Service, for the November preceding the Plan Year.

Limitation Year
The Limitation Year is the 12 month period beginning January 1st and ending December 31st.

Normal Retirement Age
A Participant's Normal Retirement Age is age 65.

Normal Retirement Date
A Participant's Normal Retirement Date is the first day of the month which coincides with or next follows the date on which the Participant attains Normal Retirement Age.

One Year Break-in-Service
One Year Break-in-Service occurs in any 365-day period following a Participant's Date of Termination in which an Employee does not complete at 500 Hours of Service.

Plan Sponsor
The Plan Sponsor is the Camden-Clark Memorial Hospital Corporation. The Plan Administrator is the Pension Committee.

Plan Year
The Plan Year is the 12 month period beginning January 1st and ending December 31st.

Prior Accrued Benefit
A single life annuity payable on the Participant's Normal Retirement Date equal to his Accrued Benefit as of the Cash Balance Effective Date, determined according to the provisions of the Prior Plan.

Prior Plan
Prior Plan means the Camden-Clark Memorial Hospital Pension Plan, as in effect prior to the Cash Balance Effective Date.

Trustee
The Trustee is Charles Schwab Trust Company.

Vested Accrued Benefit
A Participant's Vested Accrued Benefit as of a given date is equal to the product of his Accrued Benefit multiplied by his Vested Percentage as of that same date.

Vesting Schedule
A Participant's Vested Percentage will be 100% upon the completion of 3 Years of Vesting Service. Prior to the completion of 3 Years of Vesting Service, a Participant's Vested Percentage is zero.

Year of Service

- ***For Eligibility Purposes***

  A Year of Eligibility Service is credited for each Computation Period during which an Employee is credited with at least 1,000 Hours of Service. The initial Computation Period is the 12 consecutive month period beginning with the Employee's Employment Commencement Date. Thereafter, the Computation Period is the Plan Year beginning with the Plan Year in which the initial Computation Period ends.

  All of an Employee's Years of Eligibility Service are taken into account in determining his eligibility to participate.

- ***For Benefit Purposes***

  A Year of Benefit Service is credited for each Plan Year in which an Employee is credited with at least 1,000 Hours of Service. Only full Years of Service will be credited.

  All of a Participant's Years of Benefit Service are taken into account in determining his benefit except:

  Service while the Employee was not in an Eligible Employee Classification.

- ***For Vesting Purposes***

  A Year of Vesting Service is credited for each Plan Year in which an Employee is credited with at least 1,000 Hours of Service. Only full Years of Service will be credited.

  All of a Participant's Years of Vesting Service are taken into account in determining his Vested Percentage.

2. Participation

An Employee who is a member of an Eligible Employee Classification will become a participant in the Plan on the first Entry Date which coincides with or next follows the completion of one Year of Eligibility Service and attainment of age 21.

3. Normal Retirement

Each Participant who becomes eligible for a Normal Retirement Benefit under the plan will be entitled to receive a monthly retirement pension benefit beginning at the Participant's Normal Retirement Date and payable in the Normal Benefit Form.

(a) Normal Retirement Benefit
A Participant's Normal Retirement Benefit is a monthly pension benefit commencing on his Normal Retirement Date payable in the Normal Benefit Form in an amount equal to:

Grandfathered Participant:
1.150% of Average Monthly Compensation plus 0.625% of Excess Average

Monthly Compensation, each multiplied by Years of Benefit Service not to exceed 25 years; plus 0.500% of Average Monthly Compensation for each year of service in excess of 25, up to a maximum of 10 years.

All Other Participants:

A monthly lifetime pension benefit which is actuarially equivalent to the Account Balance.

(b) Normal Benefit Form

Lifetime Pension – For unmarried participants, a monthly pension benefit payable for the lifetime of the Participant with payments terminating upon the death of the Participant.

50% Joint and Contingent Survivor Pension – For married participants, an actuarially equivalent monthly pension benefit payable for the lifetime of the Participant, with 50% of the benefit payable to the Participant's surviving spouse upon the death of the Participant.

4. Early Retirement

(a) Early Retirement Date

A Participant's Early Retirement Date is the first day of the month so elected by the Participant which coincides with or next follows the date upon which the Participant satisfies the following requirements:

(1) Attainment of age 55; and

(2) Completion of 5 Years of Benefit Service.

(b) Early Retirement Benefit

A Participant's Early Retirement Benefit is a monthly pension benefit equal to:

Grandfathered Participants:

His Accrued Benefit determined as of his Early Retirement Date, reduced by 1/180 for each of the first 60 months, and by 1/360 for each of the next 60 months that his Early Retirement Date precedes his Normal Retirement Date.

All Other Participants:

A monthly lifetime pension benefit which is actuarially equivalent to the Account Balance.

5. Late Retirement

An active Participant who continues his employment with the Employer beyond his Normal Retirement Date may begin to receive his Late Retirement Benefit to which he is entitled as of his Late Retirement Date.

(a) Late Retirement Date

A Participant's Late Retirement Date is the first day of the month coincident with or next following the date he retires and requests the commencement of his Late Retirement Benefit after he has continued in the employ of the Employer beyond his Normal Retirement Date.

(b) Late Retirement Benefit

A Participant's Late Retirement Benefit is the monthly benefit which is based on the Normal Retirement Benefit formula using the Participant's Years of Benefit Service and Compensation through his Late Retirement Date.

6. Disability Retirement

(a) Disability Retirement Date

A Participant's Disability Retirement Date is the first day of the month coincident with or next following the date of termination of his employment due to disability provided such Participant has been found to be eligible for a Disability Retirement Benefit.

An Active Participant will be eligible for a Disability Retirement Benefit under the Plan upon the occurrence of permanent disability coincident with or following the Participant's completion of 15 Years of Benefit Service.

(b) Disability Retirement Benefit

An eligible Participant's Disability Retirement Benefit is equal to the monthly retirement benefit commencing on his Normal Retirement Date in an amount equal to 100% of the Participant's Expected Retirement Benefit (calculated projecting service and level compensation through his Normal Retirement Date).

(c) Permanent Disability

A Participant will be considered permanently disabled if he becomes eligible for disability benefits under the Social Security Program and, in the opinion of the Plan Administrator,

(1) he is prevented from performing any substantially gainful activity;

(2) such disability is likely to be both continuous and permanent;

(3) such disability occurs on or after the Effective Date of the Plan but prior to the Participant's Normal Retirement Date; and

(4) such disability is not, in the opinion of the Plan Administrator, the result of injury or disease sustained by the Participant which was diagnosed or discovered subsequent to the date his employment has terminated.

7. Optional Benefit Forms

Optional Benefit Forms are available and equal to the Actuarial Equivalent of the Normal Benefit Form and may be in an amount more than or less than that provided by the Normal Benefit Form depending on the option selected. Such distribution may be in one or more of the following forms:

Joint & 50% Contingent Survivor Pension – monthly pension benefit payable during the joint lifetime of the Participant and the Joint Annuitant; reduces to 50% of the original amount upon the death of the Participant.

Lifetime Pension – monthly pension benefit payable for the lifetime of the Participant.

Lump Sum

8. Pre-Retirement Death Benefit

In the event of the death of a vested Participant prior to the date that he begins to receive a monthly pension benefit under the Plan, the Participant's Surviving Spouse, if any, will be entitled to receive a monthly pension benefit equal to 50% of the monthly pension benefit which would have been payable had the Participant retired on the day before his death and elected a Joint and 50% Contingent Survivor Pension commencing on his earliest available date of commencement. A Joint and 50% Contingent Pension provides a monthly pension benefit payable for the lifetime of the Participant and, upon the Participant's death, if the Participant's Spouse survives the Participant, a monthly pension benefit will continue for the remaining lifetime of the Surviving Spouse equal to 50% of the monthly pension benefit which was payable during the joint lifetime of the Participant and the Participant's Surviving Spouse.

9. Termination Benefit

In the event of the termination of a Participant's employment for any reason other than death, disability or retirement, the Participant will become entitled to receive a monthly pension benefit commencing on his Normal Retirement Date equal to his Vested Accrued Benefit.

Schedule SB, line 22
Description of Weighted Average Retirement Age

Camden-Clark Memorial Hospital Cash PLUS Plan

EIN / PIN: 31-1524546 / 001

Plan Year Ending December 31, 2009

Age	Retirement Rate	Age Weight
55	10%	5.50
56	10%	5.04
57	5%	2.31
58	5%	2.23
59	5%	2.16
60	10%	4.17
61	10%	3.81
62	35%	12.21
63	30%	6.91
64	30%	4.91
65	30%	3.49
66	30%	2.48
67	30%	1.76
68	30%	1.25
69	30%	0.89
70	100%	2.11

Average Weighted Retirement Age	**61.00**

Schedule SB, Line 26 - Schedule of Active Participant Data by Age and Service

Camden-Clark Memorial Hospital Cash PLUS Plan
EIN / PIN: 31-1524546 / 001

Number of Participants by Age and Service Groups

	Years of Service									
Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	Total
0-24	-	52	5	-	-	-	-	-	-	-	57
25-29	-	76	73	3	-	-	-	-	-	-	152
30-34	1	50	69	22	-	-	-	-	-	-	142
35-39	1	44	50	26	16	2	-	-	-	-	139
40-44	3	36	50	31	19	27	1	-	-	-	167
45-49	-	41	51	22	19	23	29	4	-	-	189
50-54	-	28	33	31	22	19	18	25	3	-	179
55-59	-	10	22	11	12	7	13	13	14	-	102
60-64	1	4	9	4	8	7	10	3	6	6	58
65-69	-	2	3	-	-	1	1	1	-	1	9
70&Up	-	1	1	-	-	1	-	-	1	-	4
Total	6	344	366	150	96	87	72	46	24	7	1,198

Average Compensation by Age and Service Groups

	Years of Service										
Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	Average
0-24	-	28,740	*	-	-	-	-	-	-	-	28,548
25-29	-	30,635	36,499	*	-	-	-	-	-	-	33,606
30-34	*	31,311	38,621	37,617	-	-	-	-	-	-	35,945
35-39	*	31,576	38,169	42,674	*	*	-	-	-	-	38,064
40-44	*	36,908	43,952	49,480	*	47,710	*	-	-	-	43,326
45-49	-	31,156	44,508	45,460	*	42,159	46,396	*	-	-	41,387
50-54	-	44,021	52,670	39,809	44,270	*	*	46,873	*	-	45,362
55-59	-	*	39,623	*	*	*	*	*	*	-	44,666
60-64	*	*	*	*	*	*	*	*	*	*	37,285
65-69	-	*	*	-	-	*	*	*	-	*	*
70&Up	-	*	*	-	-	*	-	-	*	-	*
Average	*	32,461	40,438	42,371	43,181	42,935	44,371	48,252	53,862	*	39,497

Average Cash Balance Account by Age and Service Groups

	Years of Service										
Age	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	Average
0-24	-	106	*	-	-	-	-	-	-	-	230
25-29	-	484	3,231	*	-	-	-	-	-	-	1,910
30-34	-	745	4,607	6,893	-	-	-	-	-	-	3,569
35-39	-	699	3,874	6,927	*	*	-	-	-	-	4,574
40-44	*	413	4,616	7,015	*	12,761	*	-	-	-	5,779
45-49	-	365	4,123	6,693	*	9,277	24,962	*	-	-	8,448
50-54	-	803	2,998	2,045	2,640	*	*	31,659	*	-	8,166
55-59	-	*	3,806	*	*	-	*	*	*	-	21,095
60-64	-	*	*	*	-	-	*	*	*	*	18,635
65-69	-	*	*	-	-	-	*	-	-	*	*
70&Up	-	-	-	-	-	-	-	-	*	-	*
Average	*	515	3,794	5,618	7,611	8,350	20,011	38,704	48,158	*	7,435

* If there are fewer than 20 participants in a cell, the average compensation/cash balance account are not reported.

Camden-Clark Memorial Hospital Cash PLUS Plan
EIN: 31-1524546

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

PN001
December 31, 2009

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Mutual funds - Equities			
	Aston Tamro	Aston Tamro Small Cap Fund Class N	$ 500,000	$ 639,969
	Diamond Hill Funds	Diamon Hill Funds Short Fund Class I	950,000	1,077,279
	Eaton Vance	Eaton Vance Tax-Managed Emerging Market Fund Class I	283,042	444,976
	Gateway Fund	Gateway Fund Class Y	1,127,248	1,026,954
	Harbor Funds	Harbor International Fund	465,587	715,796
	Harding Funds	Harding Loevner Emerging Markets	274,185	464,796
	Manning and Napier	Manning and Napier World Opportunities Fund Class A	427,534	599,582
	Vaughan Nelson	Vaughan Nelson Small Cap Value Fund Class Y	592,165	842,671
	Royce Funds	Royce Micro Cap Investment Class Fund	500,000	740,821
	Royce Funds	Royce Total Return Fund	531,392	710,934
	Rydex Funds	Rydex/SGI Managed Futures Strategy Fund	900,002	888,317
*	Schwab Investments	Schwab Fundamental International Large Company Institutional	303,127	443,740
*	Schwab Investments	Schwab US Large Cap Index	820,094	1,170,745
	Vanguard	Vanguard 500 Index Fund	1,900,000	2,286,308
	Vanguard	Vanguard Growth Index Fund	1,162,546	1,178,506
		Total mutual funds - equities	10,736,922	13,231,394
	Mutual funds - Fixed income			
	Arbitrage Funds	Arbitrage Fund Institutional Class	390,000	392,442
	Calamos	Calamos Convertible Fund Class I	500,000	642,132
	PIMCO	PIMCO All Assets Fund	1,809,494	1,607,370
	Ridgeworth	Ridgeworth Seix High Yield Fund Class I	501,495	609,916
		Total mutual funds - fixed income	3,200,989	3,251,860

See independent auditors' report.

Camden-Clark Memorial Hospital Cash PLUS Plan
EIN: 31-1524546

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

PN001
December 31, 2009

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Common stocks			
	AT&T Inc.	Common Stock	59,355	70,075
	Abbott Laboratories	Common Stock	56,747	68,513
	Altria Group Inc.	Common Stock	60,327	71,787
	Chevron Corporation	Common Stock	58,019	68,829
	Coca Cola Co.	Common Stock	58,378	70,452
	Deere & Co.	Common Stock	65,246	78,160
	Entergy Corporation	Common Stock	57,890	63,917
	Exxon Mobile Corporation	Common Stock	58,573	58,234
	Heinz H.J. Company	Common Stock	58,854	70,853
	Home PPTYS NY Inc.	Common Stock	57,366	87,118
	Intel Corporation	Common Stock	67,934	68,034
	Kinder Morgan Energy Partners LP	Common Stock	58,361	73,969
	McDonald's Corporation	Common Stock	58,446	64,813
	Oneok Inc.	Common Stock	57,736	92,483
	PPG Industries Inc.	Common Stock	71,785	79,205
		Total common stocks	905,017	1,086,442
	Municipal and Corporate debt instruments			
	Aurora, Illinois	Build America Bonds	160,755	160,701
	Chicago, Illinois	Build America Bonds	175,008	171,892
	Des Moines, Iowa	Taxable Municipal Projects	182,426	181,421
	Farmers Branch, Texas	Taxable CTFS Obligation	185,008	184,619
	Galveston County, Texas	Build America Bonds	180,008	174,973
	Kansas	Taxable Municipal Projects	175,008	173,254
	New York, New York	Econcomic Development	175,008	174,386
	Norword, Massachusetts	Taxable Municipal Projects	179,136	177,982
	Oswega, Illinois	Build America Bonds	181,732	174,645
	Purdue University	Build America Bonds	170,008	165,014
	Riverside, California	Build America Bonds	175,008	180,913

See independent auditors' report.

Camden-Clark Memorial Hospital Cash PLUS Plan
EIN: 31-1524546

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

PN001
December 31, 2009

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Municipal and Corporate debt instruments			
	Stamford, Connecticut	Build America Bonds	159,372	157,643
	Utah County, Utah	Build America Bonds	175,008	168,747
	Victoria, Texas	Build America Bonds	175,671	172,405
	Wadsworth, Ohio	Build America Bonds	175,008	175,550
	Brown University	Corporate Bonds	175,008	174,181
	Citigroup Funding Inc.	Corporate Bonds	177,195	176,374
		Total corporate debt instruments	2,976,367	2,944,700
	U.S. government securities			
	Freddie Mac	U.S. Government Obligation	174,876	175,665
	Federal Home Loan Bank	U.S. Government Obligation	180,023	174,289
	Federal Home Loan Bank	U.S. Government Obligation	150,549	150,891
		Total U.S. government securities	505,448	500,845
	Interest-bearing cash			
*	United Bank, Inc.	Liquid Asset Fund	723,478	723,478
	Federated Funds	Federated Prime Obligation Institutional Shares Fund # 10	21,077	21,077
		Total Interest-bearing cash	744,555	744,555
	Total Investments		$ 19,069,298	$ 21,759,796

The above information has been certified by the trustee as being complete and accurate.

* Represents a party-in-interest to the plan.

See independent auditors' report.

Camden-Clark Memorial Hospital Cash PLUS Plan
EIN: 31-1524546

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF WITHIN YEAR)

PN001
Year Ended December 31, 2009

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(c) Costs of acquisition	(d) Proceeds from disposition
Chase Funds	Chase Funds Growth Fund	$ 1,000,000	$ 1,162,547

See independent auditors' report.

Camden-Clark Memorial Hospital Cash PLUS Plan
EIN: 31-1524546

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

PN001
Year Ended December 31, 2009

(a) Identity of Party Involved	(b) Description of asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain or (Loss)
SINGLE TRANSACTIONS							
Chase Funds	Chase Funds Growth Fund	$ 1,000,000	$ -	$ -	$ 1,000,000	$ 1,000,000	$ -
Chase Funds	Chase Funds Growth Fund	-	1,162,547	-	1,000,000	1,162,547	162,547
Fidelity Investments	Federated Strategic Value Fund	-	1,479,819	-	1,393,783	1,479,819	86,036
Fidelity Investments	Federated Capital Appreciation Fund	-	1,659,677	-	1,527,746	1,659,677	131,931
Fidelity Investments	Federated Total Return Institutional	-	1,706,076	-	1,664,070	1,706,076	42,006
Vanguard	Vanguard 500 Index Fund	1,900,000	-	-	1,900,000	1,900,000	-
Vanguard	Vanguard Growth Index Fund	1,162,545	-	-	1,162,545	1,162,545	-
Fidelity Investments	Fidelity Emerging Markets Fund	1,692,358	-	-	1,692,358	1,692,358	-
SERIES IN SAME SECURITY							
* Schwab Investments	Schwab Retirement Advantage Money Fund	4,835,603			4,835,603	4,835,603	-
* Schwab Investments	Schwab Retirement Advantage Money Fund		8,637,518		8,637,518	8,637,518	-
* Schwab Investments	Schwab US Large Index	1,000,000			1,000,000	1,000,000	-
* Schwab Investments	Schwab US Large Index		200,000		179,906	200,000	20,094
* United Bank, Inc.	United Bank, Inc. Liquid Asset Fund	5,541,754			5,541,754	5,541,754	-
* United Bank, Inc.	United Bank, Inc. Liquid Asset Fund		13,347		13,347	13,347	-

* Represents a party-in-interest to the plan.

See independent auditors' report.

Attachment to 2009 Form 5500
Schedule SB, line 19 - Discounted Employer Contributions

Plan Name Camden-Clark Memorial Hospital Cash PLUS Plan **EIN:** 31-1524546
Plan Sponsor's Name Camden-Clark Memorial Hospital **PN:** 001

Date of Contributon	Amount	Year Applied	Effective Interest Rate	Interest Adjusted Contribution:
06/09/2009	260,000	2009	6.77	252,686
07/13/2009	260,000	2009	6.77	251,148
08/04/2009	160,000	2009	6.77	153,668
09/10/2009	160,000	2009	6.77	152,925
10/06/2009	160,000	2009	6.77	152,213
11/05/2009	160,000	2009	6.77	151,396
01/11/2009	1,000,000	2009	6.77	944,018
12/04/2009	160,000	2009	6.77	150,610

Attachment to 2009 Form 5500
Schedule SB, line 32 - Schedule of Amortization Bases

Plan Name Camden-Clark Memorial Hospital Cash PLUS Plan **EIN:** 31-1524546
Plan Sponsor's Name Camden-Clark Memorial Hospital **PN:** 001

Type of Base	Present Value of Any Remaining Installments	Valuation Date	Years Remaining	Amortization Installment
Shortfall	3,794,926	01/01/2009	7	656,069