

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information								
1a Name of plan <u>CAMDEN CLARK MEDICAL CENTER CASH PLUS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1976</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1976</u>					
1b Three-digit plan number (PN) ▶	<u>001</u>								
1c Effective date of plan <u>01/01/1976</u>									
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>CAMDEN CLARK MEDICAL CENTER</u> <u>P. O. BOX 718</u> <u>PARKERSBURG, WV 26102</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">2b Employer Identification Number (EIN) <u>31-1524546</u></td> <td style="width: 20%;"></td> </tr> <tr> <td>2c Sponsor's telephone number <u>304-424-2111</u></td> <td></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> <td></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-1524546</u>		2c Sponsor's telephone number <u>304-424-2111</u>		2d Business code (see instructions) <u>622000</u>			
2b Employer Identification Number (EIN) <u>31-1524546</u>									
2c Sponsor's telephone number <u>304-424-2111</u>									
2d Business code (see instructions) <u>622000</u>									

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2011	THOMAS HELLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2011	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

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")

CAMDEN CLARK MEDICAL CENTER

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**

1687

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**

1191

b Retired or separated participants receiving benefits.....**6b**

119

c Other retired or separated participants entitled to future benefits.....**6c**

310

d Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

1620

e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

21

f Total. Add lines **6d** and **6e**.....**6f**

1641

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**

34

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) ☒ Trust
- (4) ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- (1) ☐ Insurance
- (2) ☐ Code section 412(e)(3) insurance contracts
- (3) ☒ Trust
- (4) ☐ General assets of the sponsor

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

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

b General Schedules

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

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

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

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

A Name of plan <u>CAMDEN CLARK MEDICAL CENTER CASH PLUS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CAMDEN CLARK MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>31-1524546</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2010</u>
2	Assets:
a	Market value 2a <u>21794493</u>
b	Actuarial value 2b <u>23973942</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>134</u> <u>5334598</u>
b	For terminated vested participants 3b <u>301</u> <u>4353546</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>407917</u>
(2)	Vested benefits 3c(2) <u>17351649</u>
(3)	Total active 3c(3) <u>1252</u> <u>17759566</u>
d	Total 3d <u>1687</u> <u>27447710</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.64</u> %
6	Target normal cost 6 <u>1131116</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>10/07/2011</u>
Signature of actuary	Date
<u>BART PUSHAW, ASA</u>	<u>11-04673</u>
Type or print name of actuary	Most recent enrollment number
<u>MILLIMAN, INC.</u>	<u>214-863-5500</u>
Firm name	Telephone number (including area code)
<u>10000 N. CENTRAL EXPWY., SUITE 1500</u> <u>DALLAS, TX 75231-2605</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II	Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance	
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	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).....	0	0	
10 Interest on item 9 using prior year's actual return of <u>16.37</u> %			
11 Prior year's excess contributions to be added to prefunding balance:			
a Excess contributions (Item 38 from prior year)		443890	
b Interest on (a) using prior year's effective rate of <u>6.77</u> %		30051	
c Total available at beginning of current plan year to add to prefunding balance		473941	
d Portion of (c) to be added to prefunding balance.....		0	
12 Reduction in balances due to elections or deemed elections.....	0	0	
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	87.34	%
15 Adjusted funding target attainment percentage.....	15	87.34	%
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	80.16	%
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	
01/05/2010	160000		07/08/2010	160000		
02/09/2010	160000		08/09/2010	160000		
03/08/2010	160000		09/07/2010	160000		
04/05/2010	160000		10/04/2010	250000		
05/05/2010	160000		10/06/2010	160000		
06/03/2010	160000		10/18/2010	250000		
			Totals ▶	18(b)	4420000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	4216907
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

Part III	Funding percentages	
14 Funding target attainment percentage.....	14	%
15 Adjusted funding target attainment percentage.....	15	%
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	%
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	
11/01/2010	250000	0	12/27/2010	200000	0	
11/04/2010	160000	0	01/11/2011	200000	0	
11/15/2010	250000	0	01/25/2011	200000	0	
11/29/2010	250000	0	02/07/2011	200000	0	
12/10/2010	160000	0	02/22/2011	200000	0	
12/13/2010	250000	0				
Totals ▶			18(b)		18(c)	

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	Yes ☐ No ☐
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	Yes ☐ No ☐
c If 20a is "Yes," see instructions and complete the following table as applicable:	

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code)	21b			0
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	
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	1131116
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2375860	471583
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	1602699
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	1602699
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	4216907
38 Interest-adjusted excess contributions for current year (see instructions).....	38	2614208
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan CAMDEN CLARK MEDICAL CENTER 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 MEDICAL CENTER	D Employer Identification Number (EIN) 31-1524546	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MILLIMAN, INC.

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	275799	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNITED BANK

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	65970	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRECKINRIDGE CAPITAL ADVISORS, INC.

(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?
27	NONE	8696	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan CAMDEN CLARK MEDICAL CENTER 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 MEDICAL CENTER	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	347
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		800000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	30190	3723
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	744555	11366508
(2) U.S. Government securities	1c(2)	500845	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	2944700	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	1086442	223871
(5) Partnership/joint venture interests	1c(5)		678793
(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)	16483254	12860110
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	21794493	25933352

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	21794493	25933352
---	-----------	----------	----------

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)	4420000	
(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)		4420000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(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)	31467207	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	31369675	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		97532

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	1412029	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1412029
(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)		945835
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		6875396

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2386072	
(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)		2386072
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)	275799	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	8696	
(4) Other	2i(4)	65970	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		350465
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2736537

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		4138859
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: DIXON HUGHES GOODMAN LLP

(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.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		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?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

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

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

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>CAMDEN CLARK MEDICAL CENTER CASH PLUS PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CAMDEN CLARK MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>31-1524546</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>55-6100340</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>67</u>

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

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

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

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

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

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

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

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

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

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

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

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

Stock: 43% Investment-Grade Debt: _____% High-Yield Debt: 54% 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): _____



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, 2010 and 2009, as listed in the accompanying 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., the trustee 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the trustee as of December 31, 2010 and 2009, and for the years then ended, that the information provided to the plan administrator by the trustee 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 trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Dixon Hughes Goodman LLP

Charleston, WV
October 4, 2011

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, 2010

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
<i>Mutual funds - Equities</i>				
Schwab Investments	Schwab US Large Index	\$ 837,920	\$ 1,322,206	
Gateway Fund	Gateway Fund Class Y	1,157,255	1,090,893	
American Growth Fund	American Growth Fund of America Class F-2	876,008	971,491	
Royce Funds	Royce Micro Cap Investment Class Fund	469,676	816,627	
Harbor Funds	Harbor International Fund	465,587	789,893	
Royce Funds	Royce Total Return Fund	458,137	746,315	
Natixis Funds	Natixis Vaughan Nelson Small Cap Value Fund Class Y	454,199	660,435	
Manning and Napier	Manning and Napier World Opportunities Fund Class A	427,534	635,764	
Aston Tamro	Aston Tamro Small Cap Fund Class I	383,812	633,141	
Harding Funds	Harding Loevner Emerging Markets	274,185	560,047	
Eaton Vance	Eaton Vance Tax-Managed Emerging Market Fund Class I	283,042	539,289	
Diamond Hill	Diamond Hill Long Short Fund Class I	950,000	1,077,279	
Rydex Funds	Rydex Managed Futures Strategy Instl.	482,005	466,856	
Harding Funds	Harding Loevner Global Equity	360,002	398,048	
	Total mutual funds - equities	7,879,362	10,708,284	
<i>Mutual funds - Fixed income</i>				
PIMCO	PIMCO All Assets Fund	1,859,501	1,737,075	
Arbitrage Funds	Arbitrage Fund Institutional Class	415,007	414,751	
	Total mutual funds - fixed income	2,274,508	2,151,826	

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, 2010

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	<i>Common stocks</i>			
	Deere & Co.	Common Stock	65,246	120,007
	New York Community Bancorp Inc.	Common Stock	<u>88,995</u>	<u>103,864</u>
		Total common stocks	154,241	223,871
	<i>Limited partnership</i>			
	Discretionary Managed Futures Fund LLC	Limited partnership interest	500,000	678,793
	<i>Interest-bearing cash</i>			
	Federated Funds	Federated Prime Obligation Institutional Shares Fund # 10	<u>11,366,508</u>	<u>11,366,508</u>
	Total investments		<u>\$ 22,174,619</u>	<u>\$ 25,129,282</u>

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

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, 2010

(a)	(b)	(c)	(d)
Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Costs of acquisition	Proceeds from disposition
Federal Farm Credit Banks	U.S. Government Obligation	\$ 179,080	\$ 179,860
Austin, TX	Build America Bonds	175,008	170,268
Duke University	Revenue Bonds	182,218	175,887
East Bay, CA	Build America Bonds	178,508	171,493
Gainesville, FL	Build America Bonds	175,008	162,806
Idaho Bond Bank Authority	Build America Bonds	175,050	180,365
Jonesboro, AR	Economic Development Taxable Bond	195,814	183,993
King County, WA	Build America Bonds	115,008	113,613
Los Angeles, CA	Build America Bonds	172,132	166,033
Louisville and Jefferson County, KY	Build America Bonds	175,008	171,414
New York City, NY	Build America Bonds	187,280	181,569
New York City, NY	Taxable Municipal Projects	178,301	167,389
Port Authority NY and NJ	Taxable Municipal Projects	174,427	161,582
San Antonio, TX	Build America Bonds	175,008	168,080
Amgen Inc.	Corporate Bond	195,014	183,877
Bank of America Corp.	Corporate Bond	150,004	148,268
Barclays	Corporate Bond	150,008	150,817
Becton Dickinson and Co.	Corporate Bond	149,595	143,055
Bellsouth Corp.	Corporate Bond	99,008	97,922
Caterpillar Inc.	Corporate Bond	98,109	99,368
Cisco Systems Inc.	Corporate Bond	99,633	105,593
Consolidated Edison Co. of NY	Corporate Bond	139,198	141,930
Credit Suisse Corp.	Corporate Bond	146,163	157,268
Dell Inc.	Corporate Bond	195,459	179,793
Irwin Land LLC	Corporate Bond	94,503	88,243
General Electric	Corporate Bond	100,008	107,093
Goldman Sachs Group Inc.	Corporate Bond	99,232	104,293
Lowe's Companies Inc.	Corporate Bond	145,693	147,930
Microsoft Corp.	Corporate Bond	147,349	137,843
Pepsico Inc.	Corporate Bond	195,984	196,593
Wachovia Corp.	Corporate Bond	97,633	90,743
Walmart Stores Inc.	Corporate Bond	99,883	103,344
Honeywell Intl Inc.	Common Stock	83,185	108,751
Merck & Co.	Common Stock	90,555	88,640
Goldman Sachs Group Inc.	Preferred Stock	200,004	189,444
Lloyds Banking Group	Preferred Stock	100,008	102,811
PIMCO	PIMCO Investment Grade Corp Bond Fund	2,000,021	1,912,841

See independent auditors' report.

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

PN001

Year Ended December 31, 2010

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of asset	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
SINGLE TRANSACTIONS							
Federated Funds	Federated Prime Obligation Institutional Shares Fund # 10	\$ 3,952,182	\$ -	-	\$ 3,952,182	\$ 3,952,182	\$ -
Federated Funds	Federated Prime Obligation Institutional Shares Fund # 10	-	3,637,612	-	3,637,612	3,637,612	-
SERIES IN SAME SECURITY							
PIMCO	PIMCO Investment Grade Corporate Bond Fund Instl.	500,000	-	7	500,007	500,007	-
PIMCO	PIMCO Investment Grade Corporate Bond Fund Instl.	1,000,000	-	7	1,000,007	1,000,007	-
PIMCO	PIMCO Investment Grade Corporate Bond Fund Instl.	500,000	-	7	500,007	500,007	-
PIMCO	PIMCO Investment Grade Corporate Bond Fund Instl.	-	400,000	7	386,452	386,271	13,722
PIMCO	PIMCO Investment Grade Corporate Bond Fund Instl.	-	1,512,855	7	1,613,569	1,613,751	(100,903)
Vanguard	Vanguard 500 Index Fund	-	270,000	7	213,121	256,453	13,540
Vanguard	Vanguard 500 Index Fund	-	200,000	7	168,351	202,580	(2,587)
Vanguard	Vanguard 500 Index Fund	-	1,852,268	3	1,518,528	1,827,275	24,990
Vanguard	Vanguard Growth Index Fund	-	480,000	7	450,418	456,602	23,391
Vanguard	Vanguard Growth Index Fund	-	730,096	1	712,128	721,904	8,191

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, 2010

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
<i>Mutual funds - Equities</i>				
Schwab Investments	Schwab US Large Index	\$ 837,920	\$ 1,322,206	
Gateway Fund	Gateway Fund Class Y	1,157,255	1,090,893	
American Growth Fund	American Growth Fund of America Class F-2	876,008	971,491	
Royce Funds	Royce Micro Cap Investment Class Fund	469,676	816,627	
Harbor Funds	Harbor International Fund	465,587	789,893	
Royce Funds	Royce Total Return Fund	458,137	746,315	
Natixis Funds	Natixis Vaughan Nelson Small Cap Value Fund Class Y	454,199	660,435	
Manning and Napier	Manning and Napier World Opportunities Fund Class A	427,534	635,764	
Aston Tamro	Aston Tamro Small Cap Fund Class I	383,812	633,141	
Harding Funds	Harding Loevner Emerging Markets	274,185	560,047	
Eaton Vance	Eaton Vance Tax-Managed Emerging Market Fund Class I	283,042	539,289	
Diamond Hill	Diamond Hill Long Short Fund Class I	950,000	1,077,279	
Rydex Funds	Rydex Managed Futures Strategy Instl.	482,005	466,856	
Harding Funds	Harding Loevner Global Equity	360,002	398,048	
	Total mutual funds - equities	7,879,362	10,708,284	
<i>Mutual funds - Fixed income</i>				
PIMCO	PIMCO All Assets Fund	1,859,501	1,737,075	
Arbitrage Funds	Arbitrage Fund Institutional Class	415,007	414,751	
	Total mutual funds - fixed income	2,274,508	2,151,826	

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, 2010

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	<i>Common stocks</i>			
	Deere & Co.	Common Stock	65,246	120,007
	New York Community Bancorp Inc.	Common Stock	<u>88,995</u>	<u>103,864</u>
		Total common stocks	154,241	223,871
	<i>Limited partnership</i>			
	Discretionary Managed Futures Fund LLC	Limited partnership interest	500,000	678,793
	<i>Interest-bearing cash</i>			
	Federated Funds	Federated Prime Obligation Institutional Shares Fund # 10	<u>11,366,508</u>	<u>11,366,508</u>
	Total investments		<u>\$ 22,174,619</u>	<u>\$ 25,129,282</u>

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

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, 2010

(a)	(b)	(c)	(d)
Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Costs of acquisition	Proceeds from disposition
Federal Farm Credit Banks	U.S. Government Obligation	\$ 179,080	\$ 179,860
Austin, TX	Build America Bonds	175,008	170,268
Duke University	Revenue Bonds	182,218	175,887
East Bay, CA	Build America Bonds	178,508	171,493
Gainesville, FL	Build America Bonds	175,008	162,806
Idaho Bond Bank Authority	Build America Bonds	175,050	180,365
Jonesboro, AR	Economic Development Taxable Bond	195,814	183,993
King County, WA	Build America Bonds	115,008	113,613
Los Angeles, CA	Build America Bonds	172,132	166,033
Louisville and Jefferson County, KY	Build America Bonds	175,008	171,414
New York City, NY	Build America Bonds	187,280	181,569
New York City, NY	Taxable Municipal Projects	178,301	167,389
Port Authority NY and NJ	Taxable Municipal Projects	174,427	161,582
San Antonio, TX	Build America Bonds	175,008	168,080
Amgen Inc.	Corporate Bond	195,014	183,877
Bank of America Corp.	Corporate Bond	150,004	148,268
Barclays	Corporate Bond	150,008	150,817
Becton Dickinson and Co.	Corporate Bond	149,595	143,055
Bellsouth Corp.	Corporate Bond	99,008	97,922
Caterpillar Inc.	Corporate Bond	98,109	99,368
Cisco Systems Inc.	Corporate Bond	99,633	105,593
Consolidated Edison Co. of NY	Corporate Bond	139,198	141,930
Credit Suisse Corp.	Corporate Bond	146,163	157,268
Dell Inc.	Corporate Bond	195,459	179,793
Irwin Land LLC	Corporate Bond	94,503	88,243
General Electric	Corporate Bond	100,008	107,093
Goldman Sachs Group Inc.	Corporate Bond	99,232	104,293
Lowe's Companies Inc.	Corporate Bond	145,693	147,930
Microsoft Corp.	Corporate Bond	147,349	137,843
Pepsico Inc.	Corporate Bond	195,984	196,593
Wachovia Corp.	Corporate Bond	97,633	90,743
Walmart Stores Inc.	Corporate Bond	99,883	103,344
Honeywell Intl Inc.	Common Stock	83,185	108,751
Merck & Co.	Common Stock	90,555	88,640
Goldman Sachs Group Inc.	Preferred Stock	200,004	189,444
Lloyds Banking Group	Preferred Stock	100,008	102,811
PIMCO	PIMCO Investment Grade Corp Bond Fund	2,000,021	1,912,841

See independent auditors' report.

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

PN001

Year Ended December 31, 2010

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of asset	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
SINGLE TRANSACTIONS							
Federated Funds	Federated Prime Obligation Institutional Shares Fund # 10	\$ 3,952,182	\$ -	-	\$ 3,952,182	\$ 3,952,182	\$ -
Federated Funds	Federated Prime Obligation Institutional Shares Fund # 10	-	3,637,612	-	3,637,612	3,637,612	-
SERIES IN SAME SECURITY							
PIMCO	PIMCO Investment Grade Corporate Bond Fund Instl.	500,000	-	7	500,007	500,007	-
PIMCO	PIMCO Investment Grade Corporate Bond Fund Instl.	1,000,000	-	7	1,000,007	1,000,007	-
PIMCO	PIMCO Investment Grade Corporate Bond Fund Instl.	500,000	-	7	500,007	500,007	-
PIMCO	PIMCO Investment Grade Corporate Bond Fund Instl.	-	400,000	7	386,452	386,271	13,722
PIMCO	PIMCO Investment Grade Corporate Bond Fund Instl.	-	1,512,855	7	1,613,569	1,613,751	(100,903)
Vanguard	Vanguard 500 Index Fund	-	270,000	7	213,121	256,453	13,540
Vanguard	Vanguard 500 Index Fund	-	200,000	7	168,351	202,580	(2,587)
Vanguard	Vanguard 500 Index Fund	-	1,852,268	3	1,518,528	1,827,275	24,990
Vanguard	Vanguard Growth Index Fund	-	480,000	7	450,418	456,602	23,391
Vanguard	Vanguard Growth Index Fund	-	730,096	1	712,128	721,904	8,191

See independent auditors' report.

Financial Statements
and
Supplementary Schedules

December 31, 2010 and 2009

**CAMDEN-CLARK MEMORIAL
HOSPITAL CASH PLUS PLAN**

(With Independent Auditors' Report
thereon)

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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, 2010 and 2009, as listed in the accompanying 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., the trustee 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the trustee as of December 31, 2010 and 2009, and for the years then ended, that the information provided to the plan administrator by the trustee 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 trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Dixon Hughes Goodman LLP

Charleston, WV
October 4, 2011

Camden-Clark Memorial Hospital Cash PLUS Plan

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS -
MODIFIED CASH BASIS**

December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
ASSETS		
Investments, at fair value (Notes E, F and G)		
Mutual funds	\$ 12,860,110	\$ 16,483,254
Common stock	223,871	1,086,442
Municipal and corporate bonds	-	2,944,700
U.S. government securities	-	500,845
Money market fund	11,366,508	744,555
Limited partnership interest	678,793	-
	<u>25,129,282</u>	<u>21,759,796</u>
Receivables:		
Employer contributions	800,000	-
Other receivables	3,723	30,190
Total receivables	<u>803,723</u>	<u>30,190</u>
Non-interest bearing cash	<u>347</u>	<u>4,507</u>
Total assets	25,933,352	21,794,493
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 25,933,352</u></u>	<u><u>\$ 21,794,493</u></u>

The accompanying notes are an integral part of these 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, 2010 and 2009

	<u>2010</u>	<u>2009</u>
ADDITIONS		
Investment income:		
Net appreciation in fair value of investments	\$ 1,509,562	\$ 2,984,982
Interest and dividends	945,835	380,661
	<u>2,455,397</u>	<u>3,365,643</u>
Employer contributions	<u>4,420,000</u>	<u>2,320,000</u>
Total additions	6,875,397	5,685,643
DEDUCTIONS		
Benefits paid to participants and beneficiaries	2,386,073	3,558,106
Administrative expenses		
Actuary fees	275,799	276,507
Other	74,666	49,006
Total deductions	<u>2,736,538</u>	<u>3,883,619</u>
Net increase	4,138,859	1,802,024
Net assets available for benefits, beginning of year	<u>21,794,493</u>	<u>19,992,469</u>
Net assets available for benefits, end of year	<u><u>\$ 25,933,352</u></u>	<u><u>\$ 21,794,493</u></u>

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

Camden-Clark Memorial Hospital Cash PLUS Plan

Notes to Financial Statements

December 31, 2010 and 2009

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, 2010 and 2009, the crediting interest rate was approximately 3.75%.

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 participants 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 the participant's 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 – modified cash basis 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 of securities are recorded on a trade-date basis. Interest and dividend income is recorded when received. Net appreciation 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.

Subsequent Events – The Plan has evaluated subsequent events through October 4, 2011, the date the financial statements were available to be issued. See Note L.

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, 2010 and 2009.

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.

NOTES TO FINANCIAL STATEMENTS (Continued)

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, 2010 and 2009 were:

Actuarial cost method	Projected unit credit cost method
Discount rate	8.00% in all years
Earnings progression	4.00% in all years
Crediting rate for cash balance	3.75% 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,	
	<u>2010</u>	<u>2009</u>
Vested benefits:		
Participants and beneficiaries currently receiving benefits	\$ 4,587,896	\$ 4,635,671
Other vested benefits	17,938,419	17,336,141
	22,526,315	21,971,812
Non-vested benefits	442,741	389,262
Total actuarial present value of accumulated plan benefits	<u>\$ 22,969,056</u>	<u>\$ 22,361,074</u>

NOTES TO FINANCIAL STATEMENTS (Continued)

The changes in the actuarial present value of accumulated plan benefits were as follows:

	Year Ended December 31,	
	<u>2010</u>	<u>2009</u>
Actuarial present value of accumulated plan benefits, beginning of year	\$ 22,361,074	\$ 22,896,591
Increase (decrease) attributable to:		
Benefits accumulated	1,298,776	1,330,448
Benefits paid	(2,386,073)	(3,558,106)
Increase for interest due to the decrease in the discount period	1,695,279	1,692,141
Net increase (decrease)	<u>607,982</u>	<u>(535,517)</u>
Actuarial present value of accumulated plan benefits, end of year	<u><u>\$ 22,969,056</u></u>	<u><u>\$ 22,361,074</u></u>

NOTE E - UNAUDITED INFORMATION CERTIFIED BY TRUSTEE

The accompanying financial statements and supplementary schedules include the following unaudited information as of December 31, 2010 and 2009 and for the years then ended, which was obtained from data prepared and certified to be complete and accurate by the Plan's trustee:

	<u>2010</u>	<u>2009</u>
Investments, at fair value	<u><u>\$ 25,129,282</u></u>	<u><u>\$ 21,759,796</u></u>
Net appreciation in fair value of investments	<u><u>\$ 1,509,562</u></u>	<u><u>\$ 2,984,982</u></u>
Interest and dividends	<u><u>\$ 945,835</u></u>	<u><u>\$ 380,661</u></u>

The certification mentioned above includes all investment information discussed in Notes F and G and in the supplementary schedules.

NOTE F - INVESTMENTS

The following table presents the fair value of investments that represent 5% or more of the Plan's net assets at December 31:

	<u>2010</u>	<u>2009</u>
Federated Prime Obligations Institutional Shares Fund # 10	\$ 11,366,508	\$ *
PIMCO All Assets Fund	1,737,075	1,607,370
Schwab US Large Cap Index	1,322,206	1,170,745
Vanguard 500 Index Fund	*	2,286,308
Vanguard Growth Index Fund	*	1,178,506

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

NOTES TO FINANCIAL STATEMENTS (Continued)

During the years ended December 31, 2010 and 2009, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value as follows:

	<u>2010</u>	<u>2009</u>
Mutual funds	\$ 1,135,729	\$ 2,826,693
Common stock	202,656	194,554
Limited partnership interest	178,793	-
Municipal and corporate bonds	(20,535)	(4,603)
U.S. government securities	<u>12,919</u>	<u>(31,662)</u>
	<u>\$ 1,509,562</u>	<u>\$ 2,984,982</u>

NOTE G – FAIR VALUE MEASUREMENTS

Fair value as defined under statements issued by the FASB is an exit price, representing 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. The FASB establishes a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value. These tiers include:

- Level 1: Observable inputs such as quoted prices in active markets.
- Level 2: Inputs other than quoted prices in active markets that are either directly or indirectly observable.
- Level 3: Unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions.

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

The 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, 2010 and 2009.

When quoted prices are available in active markets for identical instruments, investment securities are classified within Level 1 of the fair value hierarchy. Level 1 investments include mutual funds and common stock.

Level 2 investments securities include a money market fund and a limited partnership investment for which quoted prices are not available in active markets. Money market funds are public investment vehicles valued using the net asset value ("NAV"), which is designed to approximate \$1. The Plan's limited partnership investment is valued at estimated fair value based on their proportionate share of the partnership's fair value as recorded in the partnership's audited financial statements, which is equivalent to the NAV.

NOTES TO FINANCIAL STATEMENTS (Continued)

The following tables set forth by level within the fair value hierarchy the Plan's assets accounted for at fair value on a recurring basis as of December 31, 2010 and 2009:

Fair Value as of December 31, 2010				
	Level 1	Level 2	Level 3	Fair Value
Mutual funds				
Equities	\$ 10,708,284	\$ -	\$ -	\$ 10,708,284
Fixed income	2,151,826	-	-	2,151,826
Common stock	223,871	-	-	223,871
Money market fund*	-	11,366,508	-	11,366,508
Limited partnership**	-	678,793	-	678,793
	<u>-</u>	<u>678,793</u>	<u>-</u>	<u>678,793</u>
Total investments	<u>\$ 13,083,981</u>	<u>\$ 12,045,301</u>	<u>\$ -</u>	<u>\$ 25,129,282</u>

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 fund*	-	744,555	-	744,555
	<u>-</u>	<u>744,555</u>	<u>-</u>	<u>744,555</u>
Total investments	<u>\$ 21,015,241</u>	<u>\$ 744,555</u>	<u>\$ -</u>	<u>\$ 21,759,796</u>

* Money market funds seek preservation of capital as well as to pay money market interest rates. There are no unfunded commitments, redemption frequency restrictions, or other redemption restrictions.

** The limited partnership invests primarily in an underlying fund whose investment strategy is a top-down global macro approach to trading futures, physicals, options and forward contracts in the global fixed income, currency, stock index, energy, and commodities markets. The underlying fund's strategy may also include other investment instruments, including transactions in securities, foreign exchange, fixed income instruments and swaps related to such markets as well as other independent investment managers and/or funds.

In general, the limited partnership's investment in the underlying fund may be redeemed as of the last calendar day of a month with at least 65 calendar days prior written notice. Partial withdrawals may not be permitted if the remaining capital balance is less than the stated minimum subscription amount of \$5,000,000. Typically, ninety percent of the estimated redemption is paid within three business days after the redemption and the balance within thirty calendar days. It is possible that the redemption rights may be restricted or eliminated in the future in accordance with the governing documents of the underlying fund. There are no unfunded commitments to purchase units of the underlying fund.

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. Furthermore, although the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

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;
- 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.

NOTES TO FINANCIAL STATEMENTS (Continued)**NOTE I - INCOME TAX STATUS**

The Internal Revenue Service has determined and informed the Hospital by a letter dated February 2, 2010, that the Plan and related trust were designed in accordance with the applicable regulations of the Internal Revenue Code ("IRC"). The Plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC. Therefore, the Plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

The modified cash basis of accounting requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2007.

NOTE J – RISKS AND UNCERTAINTIES

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

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.

NOTE K – EXEMPT PARTY-IN-INTEREST TRANSACTIONS

The Hospital pays certain administrative expenses on behalf of the Plan, including legal and accounting fees. Other administrative services are provided by the Hospital at no cost to the Plan.

NOTES TO FINANCIAL STATEMENTS (*Continued*)**NOTE L – SUBSEQUENT EVENT**

Effective January 1, 2011, the Plan adopted an amendment to change its name to the Camden Clark Medical Center Savings PLUS Plan.

SUPPLEMENTARY INFORMATION

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, 2010

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
<i>Mutual funds - Equities</i>				
Schwab Investments	Schwab US Large Index	\$ 837,920	\$ 1,322,206	
Gateway Fund	Gateway Fund Class Y	1,157,255	1,090,893	
American Growth Fund	American Growth Fund of America Class F-2	876,008	971,491	
Royce Funds	Royce Micro Cap Investment Class Fund	469,676	816,627	
Harbor Funds	Harbor International Fund	465,587	789,893	
Royce Funds	Royce Total Return Fund	458,137	746,315	
Natixis Funds	Natixis Vaughan Nelson Small Cap Value Fund Class Y	454,199	660,435	
Manning and Napier	Manning and Napier World Opportunities Fund Class A	427,534	635,764	
Aston Tamro	Aston Tamro Small Cap Fund Class I	383,812	633,141	
Harding Funds	Harding Loevner Emerging Markets	274,185	560,047	
Eaton Vance	Eaton Vance Tax-Managed Emerging Market Fund Class I	283,042	539,289	
Diamond Hill	Diamond Hill Long Short Fund Class I	950,000	1,077,279	
Rydex Funds	Rydex Managed Futures Strategy Instl.	482,005	466,856	
Harding Funds	Harding Loevner Global Equity	360,002	398,048	
	Total mutual funds - equities	7,879,362	10,708,284	
<i>Mutual funds - Fixed income</i>				
PIMCO	PIMCO All Assets Fund	1,859,501	1,737,075	
Arbitrage Funds	Arbitrage Fund Institutional Class	415,007	414,751	
	Total mutual funds - fixed income	2,274,508	2,151,826	

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, 2010

(a)	(b)	(c)	(d)	(e)
	Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value
	<i>Common stocks</i>			
	Deere & Co.	Common Stock	65,246	120,007
	New York Community Bancorp Inc.	Common Stock	<u>88,995</u>	<u>103,864</u>
		Total common stocks	154,241	223,871
	<i>Limited partnership</i>			
	Discretionary Managed Futures Fund LLC	Limited partnership interest	500,000	678,793
	<i>Interest-bearing cash</i>			
	Federated Funds	Federated Prime Obligation Institutional Shares Fund # 10	<u>11,366,508</u>	<u>11,366,508</u>
	Total investments		<u>\$ 22,174,619</u>	<u>\$ 25,129,282</u>

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

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, 2010

(a)	(b)	(c)	(d)
Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Costs of acquisition	Proceeds from disposition
Federal Farm Credit Banks	U.S. Government Obligation	\$ 179,080	\$ 179,860
Austin, TX	Build America Bonds	175,008	170,268
Duke University	Revenue Bonds	182,218	175,887
East Bay, CA	Build America Bonds	178,508	171,493
Gainesville, FL	Build America Bonds	175,008	162,806
Idaho Bond Bank Authority	Build America Bonds	175,050	180,365
Jonesboro, AR	Economic Development Taxable Bond	195,814	183,993
King County, WA	Build America Bonds	115,008	113,613
Los Angeles, CA	Build America Bonds	172,132	166,033
Louisville and Jefferson County, KY	Build America Bonds	175,008	171,414
New York City, NY	Build America Bonds	187,280	181,569
New York City, NY	Taxable Municipal Projects	178,301	167,389
Port Authority NY and NJ	Taxable Municipal Projects	174,427	161,582
San Antonio, TX	Build America Bonds	175,008	168,080
Amgen Inc.	Corporate Bond	195,014	183,877
Bank of America Corp.	Corporate Bond	150,004	148,268
Barclays	Corporate Bond	150,008	150,817
Becton Dickinson and Co.	Corporate Bond	149,595	143,055
Bellsouth Corp.	Corporate Bond	99,008	97,922
Caterpillar Inc.	Corporate Bond	98,109	99,368
Cisco Systems Inc.	Corporate Bond	99,633	105,593
Consolidated Edison Co. of NY	Corporate Bond	139,198	141,930
Credit Suisse Corp.	Corporate Bond	146,163	157,268
Dell Inc.	Corporate Bond	195,459	179,793
Irwin Land LLC	Corporate Bond	94,503	88,243
General Electric	Corporate Bond	100,008	107,093
Goldman Sachs Group Inc.	Corporate Bond	99,232	104,293
Lowe's Companies Inc.	Corporate Bond	145,693	147,930
Microsoft Corp.	Corporate Bond	147,349	137,843
Pepsico Inc.	Corporate Bond	195,984	196,593
Wachovia Corp.	Corporate Bond	97,633	90,743
Walmart Stores Inc.	Corporate Bond	99,883	103,344
Honeywell Intl Inc.	Common Stock	83,185	108,751
Merck & Co.	Common Stock	90,555	88,640
Goldman Sachs Group Inc.	Preferred Stock	200,004	189,444
Lloyds Banking Group	Preferred Stock	100,008	102,811
PIMCO	PIMCO Investment Grade Corp Bond Fund	2,000,021	1,912,841

See independent auditors' report.

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

PN001

Year Ended December 31, 2010

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of asset	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
SINGLE TRANSACTIONS							
Federated Funds	Federated Prime Obligation Institutional Shares Fund # 10	\$ 3,952,182	\$ -	-	\$ 3,952,182	\$ 3,952,182	\$ -
Federated Funds	Federated Prime Obligation Institutional Shares Fund # 10	-	3,637,612	-	3,637,612	3,637,612	-
SERIES IN SAME SECURITY							
PIMCO	PIMCO Investment Grade Corporate Bond Fund Instl.	500,000	-	7	500,007	500,007	-
PIMCO	PIMCO Investment Grade Corporate Bond Fund Instl.	1,000,000	-	7	1,000,007	1,000,007	-
PIMCO	PIMCO Investment Grade Corporate Bond Fund Instl.	500,000	-	7	500,007	500,007	-
PIMCO	PIMCO Investment Grade Corporate Bond Fund Instl.	-	400,000	7	386,452	386,271	13,722
PIMCO	PIMCO Investment Grade Corporate Bond Fund Instl.	-	1,512,855	7	1,613,569	1,613,751	(100,903)
Vanguard	Vanguard 500 Index Fund	-	270,000	7	213,121	256,453	13,540
Vanguard	Vanguard 500 Index Fund	-	200,000	7	168,351	202,580	(2,587)
Vanguard	Vanguard 500 Index Fund	-	1,852,268	3	1,518,528	1,827,275	24,990
Vanguard	Vanguard Growth Index Fund	-	480,000	7	450,418	456,602	23,391
Vanguard	Vanguard Growth Index Fund	-	730,096	1	712,128	721,904	8,191

See independent auditors' report.



**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

Age	Years of Service										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	
0-24	-	48	2	-	-	-	-	-	-	-	50
25-29	1	92	56	4	-	-	-	-	-	-	153
30-34	1	54	66	26	-	-	-	-	-	-	147
35-39	2	48	57	28	16	1	-	-	-	-	152
40-44	1	52	39	33	21	23	2	-	-	-	171
45-49	1	52	39	32	22	18	27	2	-	-	193
50-54	-	45	26	37	30	15	13	29	1	-	196
55-59	2	12	22	16	9	10	12	14	14	2	113
60-64	-	7	9	8	8	6	7	7	5	6	63
65-69	-	2	2	1	-	-	2	2	-	-	9
70&Up	-	2	1	-	-	1	-	-	1	-	5
Total	8	414	319	185	106	74	63	54	21	8	1,252

Average Cash Balance Account by Age and Service Groups

Age	Years of Service										Average
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	
0-24	-	189	*	-	-	-	-	-	-	-	286
25-29	-	660	3,689	*	-	-	-	-	-	-	1,908
30-34	*	933	5,052	9,103	-	-	-	-	-	-	4,226
35-39	-	766	4,930	8,219	*	*	-	-	-	-	5,087
40-44	*	437	5,133	6,715	10,739	13,543	*	-	-	-	5,893
45-49	-	664	6,550	6,535	3,977	*	26,194	*	-	-	7,654
50-54	-	685	5,838	2,183	3,503	*	*	33,498	*	-	8,630
55-59	-	*	3,584	*	*	*	-	*	*	*	17,549
60-64	-	*	*	*	-	-	-	*	*	*	18,803
65-69	-	*	*	-	-	-	*	*	-	-	*
70&Up	-	*	-	-	-	-	-	-	*	-	*
Average	*	617	4,823	5,690	7,942	9,011	15,347	40,880	42,602	*	7,294

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

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

Camden-Clark Memorial Hospital Cash PLUS Plan

EIN / PIN: 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 24-month average is used.

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

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

Funding Target Interest Rates

Segment 1 – 4.60%

Segment 2 – 6.65%

Segment 3 – 6.76%

Effective Interest Rate - 6.64%

Interest Rate – FAS 35

8.0% per annum, compounded annually

Earnings Progression

4.0% per annum, compounded annually

Future Cash Balance Interest Credit

3.75% per annum, compounded annually

Future Social Security Wage Base Increases

3.0% per annum, compounded annually

Mortality Rates – PPA Liabilities

IRS applicable mortality for 2010

Mortality Rates – FAS 35

Males – RP 2000 Combined Mortality Table for Males

Females – RP Combined 2000 Mortality Table for Females

Schedule SB, Part V - Statement of Actuarial Assumptions / Methods
(continued)

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

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%

Schedule SB, Part V - Statement of Actuarial Assumptions / Methods
(continued)

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

Marriage Rates

- a. Percentage married: Males – 85%
Females – 50%
- b. Age difference: Males are assumed to be three years older than their spouse.

Changes in Actuarial Assumptions

Effective January 1, 2010, the following changes were made to the actuarial assumptions to better reflect anticipated experience and to comply with the requirements of the Pension Protection Act of 2006:

Description of Actuarial Assumptions	Current Assumption	Previous Assumption
Funding Target Interest Rates	See above	See below *
Future Cash Balance Interest Credit	3.75%	4.75%

The actuarial assets valuation method has been changed from a six-month average to a 24-month average.

- * The interest rate for funding target calculations was changed from full monthly corporate bond yield curve of 5.42% to the 24-month average of segment interest rates without phase-in as of January 2010.

Schedule SB, Part V - *Summary of the Plan Provisions*
Camden-Clark Memorial Hospital Cash PLUS Plan
EIN / PIN: 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 2010) 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
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

2010**This Form is Open to Public
Inspection**

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

Camden Clark Medical Center 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

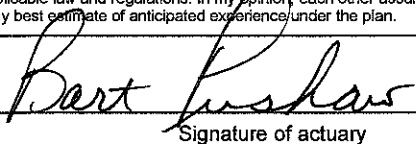
Camden Clark Medical Center

D Employer Identification Number (EIN)

31-1524546

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B**F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500**Part I Basic Information****1** Enter the valuation date: Month 1 Day 1 Year 2010**2** Assets:**a** Market value..... **2a** 21,794,493**b** Actuarial value..... **2b** 23,973,942**3** Funding target/participant count breakdown**a** For retired participants and beneficiaries receiving payment..... **3a** (1) Number of participants 134 (2) Funding Target 5,334,598**b** For terminated vested participants..... **3b** 301 4,353,546**c** For active participants:(1) Non-vested benefits..... **3c(1)** 407,917(2) Vested benefits..... **3c(2)** 17,351,649(3) Total active..... **3c(3)** 1,252 17,759,566**d** Total..... **3d** 1,687 27,447,710**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** 6.64 %**6** Target normal cost..... **6** 1,131,116**Statement by Enrolled Actuary**

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

**SIGN
HERE**
Signature of actuary
Date

Bart Pushaw, ASA

11-04673

Type or print name of actuary

Most recent enrollment number

Milliman, Inc.

(214) 863-5500

10000 N. Central Expwy., Suite 1500
Firm name

Telephone number (including area code)

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 ☐

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	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)	0	0
10 Interest on item 9 using prior year's actual return of <u>16.37</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		443,890
b Interest on (a) using prior year's effective rate of <u>6.77</u> %		30,051
c Total available at beginning of current plan year to add to prefunding balance		473,941
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
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	87.34 %
15 Adjusted funding target attainment percentage	15	87.34 %
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	80.16 %
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
01/05/2010	160,000		07/08/2010	160,000	
02/09/2010	160,000		08/09/2010	160,000	
03/08/2010	160,000		09/07/2010	160,000	
04/05/2010	160,000		10/04/2010	250,000	
05/05/2010	160,000		10/06/2010	160,000	
06/03/2010	160,000		10/18/2010	250,000	
Totals ▶			18(b)	4,420,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	4,216,907

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No

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

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

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 4.60 %	2nd segment: 6.65 %	3rd segment: 6.76 %
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 0
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	
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	1,131,116
32 Amortization installments:		
a Net shortfall amortization installment	Outstanding Balance 2,375,860	Installment 471,583
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	1,602,699
35 Balances used to offset funding requirement		
	Carryover balance 0	Prefunding balance 0
	Total balance 0	
36 Additional cash requirement (item 34 minus item 35)	36	1,602,699
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	4,216,907
38 Interest-adjusted excess contributions for current year (see instructions)	38	2,614,208
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

PN: 001

[illegible]

PN: 001

[illegible]

Attachment to 2010 Form 5500
Schedule SB, line 24 - Change in Actuarial Assumptions

Plan Name Camden Clark Medical Center Cash PLUS Plan

EIN: 31-1524546

Plan Sponsor's Name Camden Clark Medical Center

PN: 001

Describe any change in non-prescribed actuarial assumptions and justify any such change.

Future Cash Balance Interest Credit has been changed from 4.75% to 3.75% to better reflect anticipated experience

Attachment to 2010 Form 5500
Schedule SB, line 25 - Change in Method

Plan Name Camden Clark Medical Center Cash PLUS Plan

EIN: 31-1524546

Plan Sponsor's Name Camden Clark Medical Center

PN: 001

Describe the change:

The actuarial assets valuation method has been changed from a six-month average to a 24-month average

PN: 001

[illegible]

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

Camden-Clark Memorial Hospital Cash PLUS Plan

EIN / PIN: 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 24-month average is used.

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

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

Funding Target Interest Rates

Segment 1 – 4.60%

Segment 2 – 6.65%

Segment 3 – 6.76%

Effective Interest Rate - 6.64%

Interest Rate – FAS 35

8.0% per annum, compounded annually

Earnings Progression

4.0% per annum, compounded annually

Future Cash Balance Interest Credit

3.75% per annum, compounded annually

Future Social Security Wage Base Increases

3.0% per annum, compounded annually

Mortality Rates – PPA Liabilities

IRS applicable mortality for 2010

Mortality Rates – FAS 35

Males – RP 2000 Combined Mortality Table for Males

Females – RP Combined 2000 Mortality Table for Females

Schedule SB, Part V - Statement of Actuarial Assumptions / Methods
(continued)

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

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%

Schedule SB, Part V - Statement of Actuarial Assumptions / Methods
(continued)

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

Marriage Rates

- a. Percentage married: Males – 85%
Females – 50%
- b. Age difference: Males are assumed to be three years older than their spouse.

Changes in Actuarial Assumptions

Effective January 1, 2010, the following changes were made to the actuarial assumptions to better reflect anticipated experience and to comply with the requirements of the Pension Protection Act of 2006:

Description of Actuarial Assumptions	Current Assumption	Previous Assumption
Funding Target Interest Rates	See above	See below *
Future Cash Balance Interest Credit	3.75%	4.75%

The actuarial assets valuation method has been changed from a six-month average to a 24-month average.

* The interest rate for funding target calculations was changed from full monthly corporate bond yield curve of 5.42% to the 24-month average of segment interest rates without phase-in as of January 2010.

Schedule SB, Part V - Summary of the Plan Provisions
Camden-Clark Memorial Hospital Cash PLUS Plan
EIN / PIN: 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 2010) 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, 2010

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
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**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

Age	Years of Service										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	
0-24	-	48	2	-	-	-	-	-	-	-	50
25-29	1	92	56	4	-	-	-	-	-	-	153
30-34	1	54	66	26	-	-	-	-	-	-	147
35-39	2	48	57	28	16	1	-	-	-	-	152
40-44	1	52	39	33	21	23	2	-	-	-	171
45-49	1	52	39	32	22	18	27	2	-	-	193
50-54	-	45	26	37	30	15	13	29	1	-	196
55-59	2	12	22	16	9	10	12	14	14	2	113
60-64	-	7	9	8	8	6	7	7	5	6	63
65-69	-	2	2	1	-	-	2	2	-	-	9
70&Up	-	2	1	-	-	1	-	-	1	-	5
Total	8	414	319	185	106	74	63	54	21	8	1,252

Average Cash Balance Account by Age and Service Groups

Age	Years of Service										Average
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	
0-24	-	189	*	-	-	-	-	-	-	-	286
25-29	-	660	3,689	*	-	-	-	-	-	-	1,908
30-34	*	933	5,052	9,103	-	-	-	-	-	-	4,226
35-39	-	766	4,930	8,219	*	*	-	-	-	-	5,087
40-44	*	437	5,133	6,715	10,739	13,543	*	-	-	-	5,893
45-49	-	664	6,550	6,535	3,977	*	26,194	*	-	-	7,654
50-54	-	685	5,838	2,183	3,503	*	*	33,498	*	-	8,630
55-59	-	*	3,584	*	*	*	-	*	*	*	17,549
60-64	-	*	*	*	-	-	-	*	*	*	18,803
65-69	-	*	*	-	-	-	*	*	-	-	*
70&Up	-	*	-	-	-	-	-	-	*	-	*
Average	*	617	4,823	5,690	7,942	9,011	15,347	40,880	42,602	*	7,294

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

Attachment to 2010 Form 5500

Schedule SB, line 19 - Discounted Employer Contributions

Plan Name Camden Clark Medical Center Cash PLUS Plan

EIN: 31-1524546

Plan Sponsor's Name	Camden Clark Medical Center
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PN: 001

[illegible]

Attachment to 2010 Form 5500
Schedule SB, line 24 - Change in Actuarial Assumptions

Plan Name	<u>Camden Clark Medical Center Cash PLUS Plan</u>	EIN:	<u>31-1524546</u>
Plan Sponsor's Name	<u>Camden Clark Medical Center</u>	PN:	<u>001</u>

Describe any change in non-prescribed actuarial assumptions and justify any such change.

Future Cash Balance Interest Credit has been changed from 4.75% to 3.75% to better reflect anticipated experience

Attachment to 2010 Form 5500
Schedule SB, line 25 - Change in Method

Plan Name	<u>Camden Clark Medical Center Cash PLUS Plan</u>	EIN:	<u>31-1524546</u>
Plan Sponsor's Name	<u>Camden Clark Medical Center</u>	PN:	<u>001</u>

Describe the change:

The actuarial assets valuation method has been changed from a six-month average to a 24-month average

Schedule SB, line 32 - Schedule of Amortization Bases

PN: 001

[illegible]