

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 24pt;">2010</div>
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>07/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input checked="" type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>COMMONWEALTH HEALTH CORPORATION RESTATED RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ► <u>001</u> 1c Effective date of plan <u>01/01/1961</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>COMMONWEALTH HEALTH CORPORATION</u> <u>POST OFFICE BOX 9876</u> <u>800 PARK STREET</u> <u>BOWLING GREEN, KY 42102</u> <u>BOWLING GREEN, KY 42102</u>	2b Employer Identification Number (EIN) <u>31-1118087</u> 2c Sponsor's telephone number <u>270-745-1509</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	<u>Filed with authorized/valid electronic signature.</u>	<u>10/14/2011</u>	<u>RONALD G. SOWELL</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/14/2011</u>	<u>RONALD G. SOWELL</u>
	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") COMMONWEALTH HEALTH CORPORATION POST OFFICE BOX 9876 BOWLING GREEN, KY 42102	3b Administrator's EIN 31-1118087 3c Administrator's telephone number 270-745-1509
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	3138
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	2247
b Retired or separated participants receiving benefits.....	6b	119
c Other retired or separated participants entitled to future benefits.....	6c	697
d Subtotal. Add lines 6a , 6b , and 6c	6d	3063
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	3063
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	55

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 1A 1G 3H

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	(1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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 07/01/2010 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>COMMONWEALTH HEALTH CORPORATION RESTATED RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>COMMONWEALTH HEALTH CORPORATION</u>	D Employer Identification Number (EIN) <u>31-1118087</u>
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500

Part I	Basic Information																								
1	Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2010</u>																								
2	Assets: <table><tr><td>a Market value</td><td>2a</td><td><u>74687299</u></td></tr><tr><td>b Actuarial value</td><td>2b</td><td><u>76507071</u></td></tr></table>	a Market value	2a	<u>74687299</u>	b Actuarial value	2b	<u>76507071</u>																		
a Market value	2a	<u>74687299</u>																							
b Actuarial value	2b	<u>76507071</u>																							
3	Funding target/participant count breakdown <table><thead><tr><th></th><th>(1) Number of participants</th><th>(2) Funding Target</th></tr></thead><tbody><tr><td>a For retired participants and beneficiaries receiving payment</td><td>3a</td><td><u>108</u></td></tr><tr><td>b For terminated vested participants</td><td>3b</td><td><u>703</u></td></tr><tr><td>c For active participants:</td><td></td><td></td></tr><tr><td>(1) Non-vested benefits</td><td>3c(1)</td><td><u>3688873</u></td></tr><tr><td>(2) Vested benefits</td><td>3c(2)</td><td><u>51662325</u></td></tr><tr><td>(3) Total active</td><td>3c(3)</td><td><u>2327</u></td></tr><tr><td>d Total</td><td>3d</td><td><u>3138</u></td></tr></tbody></table>		(1) Number of participants	(2) Funding Target	a For retired participants and beneficiaries receiving payment	3a	<u>108</u>	b For terminated vested participants	3b	<u>703</u>	c For active participants:			(1) Non-vested benefits	3c(1)	<u>3688873</u>	(2) Vested benefits	3c(2)	<u>51662325</u>	(3) Total active	3c(3)	<u>2327</u>	d Total	3d	<u>3138</u>
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(3) Total active	3c(3)	<u>2327</u>																							
d Total	3d	<u>3138</u>																							
4	If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/> <table><tr><td>a Funding target disregarding prescribed at-risk assumptions</td><td>4a</td><td></td></tr><tr><td>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</td><td>4b</td><td></td></tr></table>	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																			
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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>2690145</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>10/12/2011</u> Date <u>11-04431</u> Most recent enrollment number <u>919-786-6200</u> Telephone number (including area code)
Signature of actuary <u>FRED A. PETERSON, F.S.A., E.A.</u> Type or print name of actuary <u>AON CONSULTING, INC.</u> Firm name <u>4130 PARKLAKE AVE. SUITE 110</u> <u>RALEIGH, NC 27612</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>11.22</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		20299679
b Interest on (a) using prior year's effective rate of <u>7.56</u> %		1534656
c Total available at beginning of current plan year to add to prefunding balance		21834335
d Portion of (c) to be added to prefunding balance.....		21057304
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	21057304

Part III Funding percentages		
14 Funding target attainment percentage.....	14	80.00 %
15 Adjusted funding target attainment percentage.....	15	110.38 %
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	95.66 %
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
04/15/2011	1807226				
07/14/2011	1807226				
09/14/2011	1807226				
Totals ►			18(b)	5421678	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	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	4766460
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
0	0	0
		(4) 4th
		0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.44 %	2nd segment: 6.62 %	3rd segment: 6.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	2690145
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	11089953	924306
b Waiver amortization installment		
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	3614451
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	2051251
36 Additional cash requirement (item 34 minus item 35).....	36	1563200
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	4766460
38 Interest-adjusted excess contributions for current year (see instructions).....	38	3203260
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 **07/01/2010** and ending **12/31/2010**

A Name of plan COMMONWEALTH HEALTH CORPORATION RESTATED RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 COMMONWEALTH HEALTH CORPORATION	D Employer Identification Number (EIN) 31-1118087	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

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

BRANCH BANKING AND TRUST

56-1368984

(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 28 31 51	NONE	64069	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
For calendar plan year 2010 or fiscal plan year beginning <u>07/01/2010</u> and ending <u>12/31/2010</u>		
A Name of plan <u>COMMONWEALTH HEALTH CORPORATION RESTATED RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COMMONWEALTH HEALTH CORPORATION</u>	D Employer Identification Number (EIN) <u>31-1118087</u>	

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		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	2198722	5421678
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	141083	388076
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	24957619	3635723
(2) U.S. Government securities.....	1c(2)	7683254	21831703
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	3357297	14261124
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	35831018	36271732
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	558885	4182199

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	74727878	85992235

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	74727878	85992235
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	5421678	
(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)		5421678

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2099	
(B) U.S. Government securities	2b(1)(B)	366468	
(C) Corporate debt instruments	2b(1)(C)	257358	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	78611	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		704536

(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)	408236	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		408236

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	78053196	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	77976198	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		76998

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	-593112	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-593112
(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)		6576436
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		12594772

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1266346	
(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)		1266346
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	64069	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		64069
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1330415

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		11264357
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: **BKD, LLP**

(2) EIN: **44-0160260**

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
4a 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	
4b 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	
4c 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	
4d 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	
4e Was this plan covered by a fidelity bond?.....	X		2000000
4f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4g 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	
4h 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	
4i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
4j 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		
4k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
4l Has the plan failed to provide any benefit when due under the plan?		X	
4m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
4n 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)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 and ending 12/31/2010

A Name of plan <u>COMMONWEALTH HEALTH CORPORATION RESTATED RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>COMMONWEALTH HEALTH CORPORATION</u>	D Employer Identification Number (EIN) <u>31-1118087</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>56-1368984</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>31</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)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input checked="" type="checkbox"/> No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

a Name of contributing employer _____

b EIN _____

c Dollar amount contributed by employer _____

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

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

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

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

- 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: 48% Investment-Grade Debt: 42% High-Yield Debt: _____% Real Estate: _____% Other: 10%

- 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): _____

Commonwealth Health Corporation
Restated Retirement Plan

EIN 31-1118087 PN 001

Accountants' Report and Financial Statements
December 31, 2010 and June 30, 2010
(Modified Cash Basis)



Commonwealth Health Corporation
Restated Retirement Plan
December 31, 2010 and June 30, 2010

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Independent Accountants' Report

Plan Administrator and Retirement Committee
Commonwealth Health Corporation
Restated Retirement Plan
Bowling Green, Kentucky

We were engaged to audit the accompanying statements of net assets available for benefits (modified cash basis) of the Commonwealth Health Corporation Restated Retirement Plan (Plan) as of December 31, 2010, and June 30, 2010, and the related statements of changes in net assets available for benefits (modified cash basis) for the six months ended December 31, 2010, and the year ended June 30, 2010, and the accompanying supplemental schedules. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974* (ERISA), the Plan administrator instructed us not to perform, and we did not perform, auditing procedures with respect to the information summarized in Note 3, which was certified by Branch Banking and Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee as of December 31, 2010, and June 30, 2010, and for the six months ended December 31, 2010, and the year ended June 30, 2010, that the information provided to the Plan administrator by the trustee is complete and accurate.

As described in Note 2, the financial statements and supplemental schedules referred to above were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

Because of the significance of the information we did not audit, we are unable to and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The form and content of the information included in the financial statements and 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 DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

BKD, LLP

Bowling Green, Kentucky
September 23, 2011
Federal Employer Identification Number: 44-0160260

**Commonwealth Health Corporation
Restated Retirement Plan**

**Statements of Net Assets Available for Benefits
December 31, 2010 and June 30, 2010
(Modified Cash Basis)**

Assets	December 31, 2010	June 30, 2010
	<hr/>	<hr/>
Investments, At Fair Value	\$ 80,182,481	\$ 72,388,073
	<hr/>	<hr/>
Net Assets Available for Benefits	\$ 80,182,481	\$ 72,388,073
	<hr/> <hr/>	<hr/> <hr/>

Commonwealth Health Corporation

Restated Retirement Plan

Statements of Changes in Net Assets Available for Benefits Six Months Ended December 31, 2010 and Year Ended June 30, 2010 (Modified Cash Basis)

	Six Months Ended December 31, 2010	Year Ended June 30, 2010
Investment Income		
Net appreciation in fair value of investments	\$ 5,993,422	\$ 4,743,444
Interest and dividends	917,216	990,983
	<u>6,910,638</u>	<u>5,734,427</u>
Contributions		
Employer	2,198,722	25,449,942
Other	15,463	18,194
	<u>2,214,185</u>	<u>25,468,136</u>
	<u>9,124,823</u>	<u>31,202,563</u>
Deductions		
Benefits paid directly to participants	1,266,346	3,323,674
Administrative expenses	64,069	148,570
	<u>1,330,415</u>	<u>3,472,244</u>
Net Increase	7,794,408	27,730,319
Net Assets Available for Benefits, Beginning of Period	<u>72,388,073</u>	<u>44,657,754</u>
Net Assets Available for Benefits, End of Period	<u><u>\$ 80,182,481</u></u>	<u><u>\$ 72,388,073</u></u>

Commonwealth Health Corporation
Restated Retirement Plan
Notes to Financial Statements
December 31, 2010 and June 30, 2010
(Modified Cash Basis)

Note 1: Description of the Plan

The following description of Commonwealth Health Corporation Restated Retirement Plan (Plan) provides only general information. Additional information about the vesting and benefit provisions and the Pension Benefit Guarantee Corporation's (PBGC) benefit guarantee is contained in the Plan Document and *Summary Plan Description*, which are available from the Plan administrator, Commonwealth Health Corporation (Company).

General

The Plan is a noncontributory defined benefit plan that covers employees of the Company, its subsidiaries and affiliates who have attained at least one year of service, worked 1,000 hours and are age 21 or older and provides for retirement and death benefits. However, effective July 1, 2009, no employees other than excepted employees, as defined in the Plan, that are hired or rehired after July 1, 2009, shall be eligible to participate and accrue a benefit in the Plan. The Plan is subject to provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Branch Banking and Trust Company (BB&T) is the trustee of the Plan and serves as Plan custodian.

Contributions

The Company has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan members. The Company's present intention is to make annual contributions in amounts sufficient to fund the Plan's current year service cost and the initial past service cost plus interest over a period of 30 years. The Plan has met the minimum funding requirements of ERISA. In March 2010, the Company made a contribution to the Plan of approximately \$20,400,000 in order to increase the funded status of the Plan to meet a 110 percent funding threshold. This contribution was made in order to ensure all participants regardless of their annual compensation are not subject to any lump-sum payment restrictions upon their retirement or termination.

Pension Benefits

Benefits under the Plan are based on the highest average of employees' monthly compensation determined on any five consecutive anniversary dates coincident with or preceding a participant's retirement or termination. Normal retirement age for Plan benefits is 65. Participants may elect to receive reduced benefits upon early retirement at age 55, provided they have at least 10 years of service with the Company. Accrued benefits are payable as an annuity over the participant's lifetime or under certain other annuity options. Certain accrued benefits may be paid in the form of a lump-sum payment.

Commonwealth Health Corporation
Restated Retirement Plan
Notes to Financial Statements
December 31, 2010 and June 30, 2010
(Modified Cash Basis)

Death Benefits

Upon the death of a retired participant who is receiving benefits under the Plan, his or her beneficiary shall be entitled to any benefits due under the basic or elected form of payment of monthly retirement income. Should the period of such guaranteed payments be exhausted upon the death of the participant, no death benefit shall be payable.

Vesting

Eligible employees are fully vested upon completion of five years of vesting service.

Plan Termination

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

- a. Benefits attributable to employee contributions, taking into account those paid out before termination.
- b. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan.
- c. Other vested benefits insured by the PBGC up to the applicable limitations discussed below.
- d. Vested benefits not insured by the PBGC.
- e. All nonvested benefits.

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 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 a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit the PBGC guarantees.

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

Commonwealth Health Corporation
Restated Retirement Plan
Notes to Financial Statements
December 31, 2010 and June 30, 2010
(Modified Cash Basis)

Insurance Contract

Benefits for retired beneficiaries who participated in the Plan prior to July 1, 1977, are provided under an allocated insurance contract. Other contributions in the statements of changes in net assets available for benefits include \$13,741 and \$16,334 for the six months ended December 31, 2010, and the year ended June 30, 2010, respectively, related to such contract. The value of the insurance contract and the related actuarial present value of accumulated Plan benefits are excluded from these financial statements.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The Plan's policy is to prepare its financial statements and schedules on a modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Consequently, certain revenue and the related assets are recognized when received rather than when earned and certain expenses are recognized when paid rather than when the obligation is incurred.

Use of Estimates

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

Valuation of Investments and Income Recognition

Quoted market prices, if available, are used to value investments. The money market fund is valued at cost, which approximates fair value. Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year-end. U.S. Government and agency securities are valued utilizing trades prices of similar securities through live feeds of the current market trading. Corporate bonds are valued on the basis of yields currently available on comparable securities of issuers with similar credit ratings.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's gains and losses on investments bought and sold, as well as held during the period or year.

Commonwealth Health Corporation
Restated Retirement Plan
Notes to Financial Statements
December 31, 2010 and June 30, 2010
(Modified Cash Basis)

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses may be paid by the Company or the Plan, at the Company's discretion.

Accumulated Plan Benefits

Accumulated Plan benefits (see Note 4) are those estimated future periodic payments, including lump-sum distributions, which 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. Present employees or their beneficiaries

Benefits under the Plan are based on the highest average of employees' monthly compensation as determined on any five consecutive anniversary dates coincident with or preceding a participant's retirement or termination. The accumulated Plan benefits for active employees are based on their average monthly compensation during the five years preceding the valuation date. 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. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

Plan Tax Status

The Plan obtained its latest determination letter on November 16, 2009, in which the Internal Revenue Service stated the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code (Code) and, therefore, not subject to tax. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Code. With a few exceptions, the Plan is no longer subject to U.S. federal, state and local or non-U.S. income tax examinations by tax authorities for years before 2007.

Commonwealth Health Corporation

Restated Retirement Plan

Notes to Financial Statements

December 31, 2010 and June 30, 2010

(Modified Cash Basis)

Note 3: Investments

The Plan's investments are held by a bank-administered trust fund. The following table presents the Plan's investments. Investments that represent five percent or more of total Plan assets are separately identified:

	December 31, 2010	June 30, 2010
Money market fund		
BB&T Insured Deposit Program	\$ 3,635,723	\$ 24,957,619
Mutual funds		
BB&T Equity Income Fund	5,244,400	7,110,730
BB&T Mid Cap Value Fund	*	4,156,799
Ishares S&P 500 Index Fund	5,225,361	6,084,379
Goldman Sachs Growth Opportunity Fund	*	3,778,625
Other mutual funds	25,801,970	14,700,485
U.S. Government and agency securities	21,831,705	7,683,254
Corporate and municipal bonds	18,443,322	3,916,182
	<u>\$ 80,182,481</u>	<u>\$ 72,388,073</u>

*Did not meet five percent threshold at respective financial statement date.

During the six months ended December 31, 2010, and the year ended June 30, 2010, the Plan's investments (including gains and losses on investments bought, sold and held during the year) appreciated in value by \$5,993,422 and \$4,743,444, respectively, as follows:

	Six Months Ended December 31, 2010	Year Ended June 30, 2010
Mutual funds	\$ 6,508,946	\$ 4,228,296
U.S. Government and agency securities	(255,527)	211,367
Corporate and municipal bonds	(259,997)	153,749
Alternative investment – partnership interest	-	150,032
	<u>(515,524)</u>	<u>515,148</u>
	<u>\$ 5,993,422</u>	<u>\$ 4,743,444</u>

Interest and dividends realized on the Plan's investments for the six months ended December 31, 2010, and the year ended June 30, 2010, were \$917,216 and \$990,983, respectively.

Commonwealth Health Corporation

Restated Retirement Plan

Notes to Financial Statements
December 31, 2010 and June 30, 2010
(Modified Cash Basis)

Note 4: Accumulated Plan Benefits

An independent actuary determines the actuarial present value of accumulated Plan benefits, which is the 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 accumulated Plan benefit information as of the beginning of each Plan year was as follows:

	December 31, 2010	June 30, 2010
Actuarial present value of accumulated Plan benefits		
Vested benefits		
Participants currently receiving payments	\$ 4,409,124	\$ 3,345,668
Other participants	65,920,617	55,241,849
	<u>70,329,741</u>	<u>58,587,517</u>
Nonvested benefits	<u>4,892,976</u>	<u>7,226,113</u>
Total actuarial present value of accumulated Plan benefits	<u><u>\$ 75,222,717</u></u>	<u><u>\$ 65,813,630</u></u>

Commonwealth Health Corporation
Restated Retirement Plan
Notes to Financial Statements
December 31, 2010 and June 30, 2010
(Modified Cash Basis)

Changes in the actuarial present value of accumulated Plan benefits presented as of the beginning of each Plan year were as follows:

	Six Months Ended December 31, 2010	Year Ended June 30, 2010
Actuarial present value of accumulated Plan benefits at July 1, 2010 and 2009, respectively	\$ 65,813,630	\$ 51,063,355
Increase (decrease) during the year attributable to		
Benefits accumulated	778,099	6,223,191
Increase for interest due to the decrease in the discount period	4,653,113	4,085,068
Benefits paid	(3,323,674)	(3,694,985)
Change in actuarial assumptions	7,301,549	8,137,001
Net increase	9,409,087	14,750,275
Actuarial present value of accumulated Plan benefits at December 31 and June 30, 2010	\$ 75,222,717	\$ 65,813,630

Significant assumptions underlying the actuarial computations are:

- Discount rate: July 1, 2010 – 6.30 percent; July 1, 2009 – 7.25 percent
- Mortality basis: July 1, 2010 – 2010 RP-2000 Annuitant and Nonannuitant Mortality Tables for Males and Females; July 1, 2009 – 2009 RP-2000 Annuitant and Nonannuitant Mortality Tables for Males and Females
- Retirement: Graded schedule beginning at age 62 through age 66

The foregoing actuarial assumptions are based on the presumption 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.

Commonwealth Health Corporation
Restated Retirement Plan
Notes to Financial Statements
December 31, 2010 and June 30, 2010
(Modified Cash Basis)

Note 5: Party-in-Interest Transactions

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

The Plan invests in certain mutual funds of the Plan trustee. Fees for trust and administrative services paid by the Plan to the trustee were \$64,069 and \$148,570 for the six months ended December 31, 2010, and the year ended June 30, 2010, respectively. The Company provides certain administrative services at no cost to the Plan.

Note 6: Fair Value of Plan Assets and Liabilities

ASC Topic 820, *Fair Value Measurements* (Topic 820), defines fair value as 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. Topic 820 also specifies a fair value hierarchy which requires a plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities
- Level 3** Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets and liabilities pursuant to the valuation hierarchy.

Commonwealth Health Corporation

Restated Retirement Plan

Notes to Financial Statements

December 31, 2010 and June 30, 2010

(Modified Cash Basis)

Investments

Where quoted market prices are available in an active market, investments are classified within Level 1 of the valuation hierarchy. Level 1 investments include mutual funds and a money market fund. If quoted market prices are not available, then fair values are estimated by a third-party pricing service using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. The inputs used by the pricing service to determine fair value may include one, or a combination of, observable inputs such as benchmark yields, reported trades, broker/dealer quotes, issuer spreads, two-sided markets, benchmark securities, bids, offers and reference data market research publications and the related investments are classified within Level 2 of the valuation hierarchy. Level 2 investments include corporate and municipal bonds and U.S. Government and agency securities. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. The Plan holds no investments classified in Level 3 of the hierarchy.

The following table presents the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31 and June 30:

December 31, 2010				
Fair Value Measurements Using				
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
	Fair Value			
Money market fund	\$ 3,635,723	\$ 3,635,723	\$ -	\$ -
Mutual funds				
Large cap U.S. equities	13,865,127	13,865,127	-	-
Mid cap U.S. equities	6,088,131	6,088,131	-	-
Small cap U.S. equities	1,869,627	1,869,627	-	-
International equities	9,409,413	9,409,413	-	-
Fixed income	1,809,442	1,809,442	-	-
Multi-asset	3,229,992	3,229,992	-	-
U.S. Government and agency securities	21,831,703	-	21,831,703	-
Corporate and municipal bonds	18,443,323	-	18,443,323	-
	<u>\$ 80,182,481</u>	<u>\$ 39,907,455</u>	<u>\$ 40,275,026</u>	<u>\$ -</u>

Commonwealth Health Corporation

Restated Retirement Plan

Notes to Financial Statements
December 31, 2010 and June 30, 2010
(Modified Cash Basis)

	June 30, 2010			
	Fair Value Measurements Using			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market fund	\$ 24,957,619	\$ 24,957,619	\$ -	\$ -
Mutual funds				
Large cap U.S. equities	16,487,622	16,487,622	-	-
Mid cap U.S. equities	7,977,515	7,977,515	-	-
Small cap U.S. equities	2,502,342	2,502,342	-	-
International equities	7,496,422	7,496,422	-	-
Fixed income	739,457	739,457	-	-
Multi-asset	627,660	627,660		
U.S. Government and agency securities	7,683,254	-	7,683,254	-
Corporate and municipal bonds	3,916,182	-	3,916,182	-
	<u>\$ 72,388,073</u>	<u>\$ 60,788,637</u>	<u>\$ 11,599,436</u>	<u>\$ -</u>

The following is a reconciliation of the beginning and ending balances of recurring fair value measurements recognized in the accompanying statements of net assets available for benefits using significant unobservable (Level 3) inputs:

	Alternative Investment – Partnership Interest
Balance, July 1, 2009	\$ 2,014,075
Sales	(2,164,107)
Total realized and unrealized gains included in net increase in net assets available for benefits	<u>150,032</u>
Balance, June 30, 2010	<u>\$ -</u>

For the year ended June 30, 2010, realized and unrealized gains included in net increase in net assets available for benefits were reported in net appreciation in fair value of investments in the statements of changes in net assets available for benefits.

Commonwealth Health Corporation Restated Retirement Plan

Notes to Financial Statements December 31, 2010 and June 30, 2010 (Modified Cash Basis)

Note 7: Differences Between Financial Statements and Form 5500 Information

The following is a reconciliation of net assets available for Plan benefits per the financial statements to the Form 5500:

	December 31, 2010	June 30, 2010
Net assets available for benefits per the financial statements	\$ 80,182,481	\$ 72,388,073
Plus: Employer contributions receivable not recorded on the financial statements	5,421,678	2,198,722
Plus: Interest receivable not recorded on the financial statements	388,076	141,083
Net assets available for benefits per Form 5500	<u>\$ 85,992,235</u>	<u>\$ 74,727,878</u>

The following is a reconciliation of the net increase in net assets available for benefits per the financial statements to the Form 5500:

	Six Months Ended December 31, 2010	Year Ended June 30, 2010
Net increase in net assets available for benefits per the financial statements	\$ 7,794,408	\$ 27,730,319
Change in employer contributions not recorded on the financial statements	3,222,956	539,907
Change in interest receivable not reflected on the financial statements	246,993	2,184
Net increase in net assets available for benefits per Form 5500	<u>\$ 11,264,357</u>	<u>\$ 28,272,410</u>

Note 8: Plan Amendment

On July 1, 2009, the Plan was amended to indicate no employees other than excepted employees, as defined in the Plan, which are hired or rehired on or after July 1, 2009, shall be eligible to participate and accrue a benefit in the Plan. Such ineligible employees are eligible for an enhanced benefit under the Company's defined contribution plan.

Commonwealth Health Corporation
Restated Retirement Plan
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(Modified Cash Basis)

On June 18, 2010, the Plan was amended to address certain changes required by the *Pension Protection Act of 2006*.

On December 1, 2010, the Plan was amended to change the Plan year-end from June 30 to December 31 as of December 31, 2010, and to address additional changes required by the *Pension Protection Act of 2006*, the *Worker, Retiree and Employer Recovery Act of 2008* and the *Heroes Earnings Assistance and Relief Tax Act of 2008*.

Note 9: Significant Estimates and Concentrations

Current Economic Conditions

The current protracted economic decline continues to present employee benefit plans with unprecedented circumstances and challenges which, in some cases, have resulted in large declines in the fair value of investments. The financial statements have been prepared using values and information currently available to the Plan.

Given the volatility of current economic conditions, the values of assets recorded in the financial statements could change rapidly, resulting in material future adjustments in investment values that could negatively impact the Plan.

Note 10: Risks and Uncertainties

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

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

Note 11: Subsequent Events

Subsequent events have been evaluated through the date of the Independent Accountants' Report, which is the date the financial statements were available to be issued.

Supplemental Schedules

Commonwealth Health Corporation

Restated Retirement Plan

EIN 31-1118087 PN 001

Schedule H, Line 4i – Schedule of Assets

(Held at End of Period)

December 31, 2010

(Modified Cash Basis)

Identity of Issuer	Description of Investment	Cost	Current Value
Money Market Fund			
*BB&T Insured Deposit Program	3,635,723 units	\$ 3,635,723	\$ 3,635,723
Mutual Funds			
JP Morgan Highbridge Statistical Market Neutral Fund	6,602 units	103,050	100,090
The Merger Fund	8,800 units	138,585	138,856
Nakoma Absolute Return Fund	26,076 units	509,089	493,353
Wasatch 1st Source Fund	60,497 units	699,158	764,078
Ishares S&P 500 Index Fund	41,389 units	5,064,796	5,225,361
*BB&T Equity Income Fund	376,753 units	4,743,691	5,244,400
*BB&T Special Opportunities Fund	112,308 units	1,862,267	1,999,079
*BB&T Mid Cap Value Fund	266,045 units	3,615,264	3,583,628
Goldman Sachs Growth Opportunity Fund	98,744 units	1,642,732	2,404,413
Allianz NFJ Small Cap Value Fund	37,181 units	684,656	1,110,591
Fidelity Advisor Small Cap Value Fund	28,806 units	659,099	759,036
Invesco International Growth Fund	77,737 units	1,714,298	2,168,868
Forward International Small Companies Fund	71,434 units	866,352	1,039,367
Harbor International Fund	57,681 units	2,852,370	3,492,590
Lazard Emerging Markets Portfolio	124,361 units	2,233,257	2,708,588
Credit Suisse Commodity Return Strategy Fund	171,110 units	1,388,662	1,598,167
Driehaus Active Income Fund	19,120 units	209,715	211,275
Golden Absolute Strategies Fund	67,497 units	713,119	731,673
Managers AMG Global Alternative Fund	54,589 units	568,494	522,971
AQR Managed Futures Strategy Fund	50,326 units	485,711	518,362
Cohen & Steers Realty Institutional Shares	38,352 units	1,268,845	1,456,986
		<u>32,023,210</u>	<u>36,271,732</u>
U.S. Government and Agency Securities			
Federal Home Loan Mortgage Corporation, 2.00%, due 2/10/20	500,000 units	499,000	501,140
Federal Home Loan Mortgage Corporation, 5.25%, due 6/18/14	500,000 units	514,673	567,530
Federal Home Loan Mortgage Corporation, 3.00%, due 8/26/25	1,000,000 units	998,250	946,110
Federal National Mortgage Association, 3.625%, due 2/12/13	2,000,000 units	2,136,731	2,120,440
Federal National Mortgage Association, 4.75%, due 2/21/13	615,000 units	600,029	666,088
Federal National Mortgage Association, 5.125%, due 1/2/14	615,000 units	616,299	674,311
Federal National Mortgage Association, 5.375%, due 6/12/17	2,000,000 units	2,343,358	2,302,760
Federal National Mortgage Association, 4.00%, due 7/21/25	250,000 units	250,000	247,653
Federal National Mortgage Association, 5.945%, due 6/7/27	1,000,000 units	1,054,063	1,020,360

Commonwealth Health Corporation

Restated Retirement Plan

EIN 31-1118087 PN 001

Schedule H, Line 4i – Schedule of Assets

(Held at End of Period) (Continued)

December 31, 2010

(Modified Cash Basis)

Identity of Issuer	Description of Investment	Cost	Current Value
U.S. Government and Agency Securities (continued)			
Government National Mortgage Association, 5.50%, due 5/20/38	468,550 units	\$ 502,447	\$ 504,703
Federal Farm Credit Bank, 1.75%, due 2/21/2013	1,300,000 units	1,331,610	1,324,401
U.S. Treasury Note, 3.75%, due 11/15/18	6,000,000 units	6,498,047	6,382,020
U.S. Treasury Note, 1.375%, due 10/15/12	3,500,000 units	3,554,355	3,551,555
U.S. Treasury Bond, 4.25%, due 11/15/14	925,000 units	902,452	1,022,632
		21,801,314	21,831,703
Corporate and Municipal Bonds			
Arcelormittal, 9.95%, due 6/1/19	330,000 units	435,369	417,061
American Express Credit Company, 5.875%, due 5/2/13	400,000 units	437,688	435,016
Anheuser-Busch, 4.125%, 1/15/15	400,000 units	433,916	421,288
Bamberg County School District, 5.75%, due 6/1/27	850,000 units	854,471	829,685
Bank of America Corp, 7.40%, due 1/15/11	310,000 units	347,612	310,508
CBS Corp, 8.875%, due 5/15/19	330,000 units	431,125	415,166
Chevron Corp, 4.95%, due 3/3/19	650,000 units	716,067	728,604
Cisco Systems, Inc., 5.25%, due 2/22/11	350,000 units	352,751	352,195
Cisco Systems, Inc., 5.50%, due 2/22/16	500,000 units	579,920	570,555
Citigroup, Inc., 5.50%, due 9/15/14	248,000 units	256,291	256,551
Citigroup, Inc., 6.00%, due 12/13/13	152,000 units	166,850	166,095
Comcast Corp, 6.50%, due 1/15/15	395,000 units	458,785	449,798
ConocoPhillips Co., 4.60%, due 1/15/15	300,000 units	307,074	326,982
Dow Chemical Co., 5.90%, due 2/15/15	500,000 units	573,165	553,595
Exelon Generation Co., 6.20%, due 10/1/17	575,000 units	655,655	643,523
General Dynamics Corp, 5.375%, due 8/15/15	150,000 units	139,972	169,005
General Electric, 5.875%, due 2/15/12	650,000 units	695,835	683,755
Goldman Sachs Group, 5.95%, due 1/18/18	300,000 units	288,963	325,464
Health Care REIT, Inc., 4.95%, due 1/15/21	275,000 units	273,210	264,976
IBM Corp, 7.625%, due 10/15/18	150,000 units	149,441	190,944
Illinois State Building America, 4.50%, due 7/1/15	300,000 units	300,000	302,367
JP Morgan Chase & Co., 4.65%, due 6/1/14	300,000 units	297,021	320,217
Kellogg Co., 4.45%, due 5/30/16	575,000 units	630,017	618,913
Kraft Foods, Inc., 6.50%, due 8/11/17	360,000 units	434,833	419,065
Maricopa County Arizona School District, 5.75%, due 7/1/24-20	275,000 units	278,812	272,181
Merck & Co., 4.00%, due 6/30/15	650,000 units	704,205	697,385
Merrill Lynch & Co., 6.05%, due 8/15/12	500,000 units	533,895	529,450
MetLife, Inc., 6.75%, due 6/1/16	440,000 units	529,597	510,382
Morgan Stanley Corp, 6.75%, due 4/15/11	150,000 units	159,966	152,502
Morgan Stanley Corp, 5.625%, due 1/9/12	500,000 units	523,490	522,070

**Commonwealth Health Corporation
Restated Retirement Plan**

EIN 31-1118087 PN 001

**Schedule H, Line 4i – Schedule of Assets
(Held at End of Period) (Continued)**

**December 31, 2010
(Modified Cash Basis)**

Identity of Issuer	Description of Investment	Cost	Current Value
Corporate and Municipal Bonds (continued)			
PepsiCo, Inc., 7.90%, due 11/1/18	650,000 units	\$ 839,868	\$ 836,297
Plano Texas Independent School District, 5.00%, due 2/15/15	750,000 units	860,895	851,055
Prudential Financial, Inc., 5.10%, due 9/20/14	300,000 units	328,776	322,251
Texas State Public Finance Authority, 4%, 1/1/16	560,000 units	607,594	607,930
Time Warner Cable, Inc., 5.875%, 11/15/16	370,000 units	434,251	417,626
University of Texas, 5%, due 8/15/20	750,000 units	874,988	854,258
Xerox Corp, 6.35%, due 5/15/18	365,000 units	431,160	411,443
Wal-Mart Stores, Inc., 5.375%, due 4/5/17	650,000 units	743,179	734,799
North Texas Highway Authority, 5.75%, due 1/1/38	500,000 units	519,720	552,366
		18,586,427	18,443,323
		\$76,046,674	\$80,182,481

*Party-in-interest

Commonwealth Health Corporation Restated Retirement Plan

EIN 31-1118087 PN 001

Schedule H, Line 4j – Schedule of Reportable Transactions Six Months Ended December 31, 2010 (Modified Cash Basis)

Identity	Description	Purchase Price	Selling Price	Lease Rental	Expenses Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Single Transactions								
None								
Series of Transactions								
Issuer	BB&T Insured Deposit Program	\$ 45,188,588	\$ -	\$ -	\$ -	\$ 45,188,588	\$ 45,188,588	\$ -
		\$ -	\$ 66,510,484	\$ -	\$ -	\$ 66,510,484	\$ 66,510,484	\$ -
Issuer	U.S. Treasury Note, 3.75%, due 11/15/18	\$ 6,498,047	\$ -	\$ -	\$ -	\$ 6,498,047	\$ 6,498,047	\$ -

Plan Name: Commonwealth Health Corporation Restated Retirement Plan
Plan Sponsor: Commonwealth Health Corporation
Plan Sponsor's EIN: 31-1118087
Plan Number: 001

Schedule SB, Copy of Signed SB, SB Actuary Signature

**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**For calendar plan year 2010 or fiscal plan year beginning 07/01/2010 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 Commonwealth Health Corp Restated Retirement Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Commonwealth Health Corporation	D Employer Identification Number (EIN) 31-1118087
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>7</u> Day <u>1</u> Year <u>2010</u>			
2 Assets:			
a Market value.....	2a	74,687,299	
b Actuarial value.....	2b	76,507,071	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	108	4,419,518
b For terminated vested participants.....	3b	703	9,541,492
c For active participants:			
(1) Non-vested benefits.....	3c(1)		3,688,873
(2) Vested benefits.....	3c(2)		51,662,325
(3) Total active.....	3c(3)	2,327	55,351,198
d Total.....	3d	3,138	69,312,208
4 If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/>			
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	2,690,145	

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

Fred A. Peterson, F.S.A., E.A.

Type or print name of actuary

Aon Consulting Inc.

Firm name

4130 Parklake Ave. Suite 110
Raleigh

NC 27612

Address of the firm

10-12-2011

Date

11-04431

Most recent enrollment number

(919) 786-6200

Telephone number (including area code)

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>11.22</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		20,299,679
b Interest on (a) using prior year's effective rate of <u>7.56</u> %		1,534,656
c Total available at beginning of current plan year to add to prefunding balance		21,834,335
d Portion of (c) to be added to prefunding balance		21,057,304
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	21,057,304

Part III Funding percentages

14 Funding target attainment percentage	14	80.00 %
15 Adjusted funding target attainment percentage	15	110.38 %
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	95.66 %
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
04/15/2011	1,807,226				
07/14/2011	1,807,226				
09/14/2011	1,807,226				
Totals ▶			18(b)	5,421,678	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 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 4,766,460

20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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: 4.44 %	2nd segment: 6.62 %	3rd segment: 6.74 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	2,690,145
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	11,089,953	924,306
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	3,614,451
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	2,051,251
36 Additional cash requirement (item 34 minus item 35)	36	1,563,200
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	4,766,460
38 Interest-adjusted excess contributions for current year (see instructions)	38	3,203,260
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

Plan Name: Commonwealth Health Corporation Restated Retirement Plan
Plan Sponsor: Commonwealth Health Corporation
Plan Sponsor's EIN: 31-1118087
Plan Number: 001

Schedule SB, line 22—Description of Weighted Average Retirement Age

**Schedule SB, line 22 - Description of Weighted Average Retirement Age
for the Plan Year Ending December 31, 2010 for the
Commonwealth Health Corporation Restated Retirement Plan**

EIN: 31-1118087

Plan No: 001

Line 22

Expected Age At Retirement

Age	p	q	p*q	E[Ret. Age]
60	1	0	0	0
61	1	0	0	0
62	1	0.5	0.5	31
63	0.5	0.2	0.1	6.3
64	0.4	0.2	0.08	5.12
65	0.32	1	0.32	20.8
66	0	1	0	0
				63.22

Plan Name:	Commonwealth Health Corporation Restated Retirement Plan
Plan Sponsor:	Commonwealth Health Corporation
Plan Sponsor's EIN:	31-1118087
Plan Number:	001

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

10. Valuation Methods and Assumptions

Cost Method

Funding Target: Traditional Unit Credit.

ASC 715-30: Projected Unit Credit.

Asset Method

Funding: The Actuarial value of Assets is calculated using a method based on the average of fair market values over the period beginning on the last day of the 25th month preceding the month in which the valuation occurs and ending on the Valuation Date. The interval between adjusted fair market values is 12 months. This result is limited to no lower than 90% and no greater than 110% of the fair market value of plan assets as of the Valuation Date.

Dates of Calculations

Funding: The Valuation Date is 07/01/2010.

ASC 715-30: The Measurement Date is 04/01/2010.

Employees Included in the Calculations

All active employees who have met the Plan's eligibility requirements as of the valuation date are included in the calculations. Former employees or their survivors who are receiving or entitled to receive an immediate or deferred benefit under the provisions of the Plan are also included.

10. Valuation Methods and Assumptions (cont.)

Source of Data

Data is as of the valuation date and is supplied to us by the Employer.

Employees are assumed to work the same number of hours in all future years that they worked in the computation period preceding the valuation date.

Past salaries are based on actual salary history.

We rely on the Employer to inform us of any former participants who have been rehired and lost prior service because of the length of their break in service. These employees may have participation requirements different from other new employees.

Financial information was supplied to us by the Trustee.

Although we believe these to be accurate and complete, the data and financial information have not been audited by us.

10. Valuation Methods and Assumptions (cont.)

Interest and Other Rate Assumptions

Below is a summary of interest and inflation rates used for the 07/01/2010 valuation.

Interest Rates	Assumption
(1) Funding	
(a) PPA Tier 1	4.44%
(b) PPA Tier 2	6.62%
(c) PPA Tier 3	6.74%
(d) PPA Effective Rate	6.64%
(2) ASC 960	6.30%
(3) ASC 715-30	
(a) Discount	6.30%
(b) Long-Term Rate of Return	8%

Other Rates	Assumption
(1) Social Security Wage Bases	3.5%
(2) CPI for Social Security	N/A
(3) Future Salaries	
(a) Funding Target	4%
(b) ASC-960	None
(c) ASC 715-30	4%
(4) Increase Rate for the Maximum Benefit and Compensation Limits for ASC 715-30	2.5%
(5) Cost of Living Adjustment	None

10. Valuation Methods and Assumptions (cont.)

Decrement Assumptions

Below is a summary of decrements used in this valuation.

Mortality Decrements	Description
(1) Funding Target	RP-2000 Non-Annuitant /Annuitant Tables for Males and Females projected to 2010
(2) FAS 35 and FAS 87	RP-2000 Non-Annuitant /Annuitant Tables for Males and Females projected to 2010

—Retirement—	
Decrement	
Age	Rates
61	0
62	0.5
63	0.2
64	0.2
65	1
66	1

—Termination—						
Years of Service						
Age	0	1	2	3	4	5 +
25	0	0.4	0.25	0.15	0.1	0.096742
30	0	0.4	0.25	0.15	0.1	0.093031
35	0	0.4	0.25	0.15	0.1	0.087062
40	0	0.4	0.25	0.15	0.1	0.077543
45	0	0.4	0.25	0.15	0.1	0.06354
50	0	0.4	0.25	0.15	0.1	0.042247
55	0	0.4	0.25	0.15	0.1	0.015488
60	0	0.4	0.25	0.15	0.1	0.001465
65	0	0	0	0	0	0

The above shows sample rates for Retirement and Withdrawal only.

10. Valuation Methods and Assumptions (cont.)

Expenses

None.

Form of Benefit Payment

- (1) For funding purposes, lump sums are calculated based on the IRS 2010 Applicable Mortality Table for 417(e) (dynamic) and the underlying liability interest rate.

For accounting purposes, lump sums are calculated based on the IRS 2010 Applicable Mortality Table for 417(e) (dynamic) and a flat 6% interest rate.

- (2) For the purpose of valuing death benefits, 75% of the employees are assumed to be married. Wives are assumed to be 3 years younger than their husbands.

Plan Name: Commonwealth Health Corporation Restated Retirement Plan
Plan Sponsor: Commonwealth Health Corporation
Plan Sponsor's EIN: 31-1118087
Plan Number: 001

Schedule SB, Part V—Summary of Plan Provisions

9. Summary of Principal Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

General Information

Original Effective Date:	July 1, 1961
Effective Date of Last Amendment:	July 1, 2009
Plan Year:	July 1st to June 30th
Employer Fiscal Year	April 1st to March 31st
Employer ID Number:	31-1118087
Plan Number:	001
Plan Administrator:	Retirement Committee of CHC

Eligibility

All employees will automatically participate in the plan upon attaining age 21 and one qualifying year of service.

Employees will not be eligible for participation in the plan if they are PRN/PRD, temporary, an independent contractor, a consultant, or a leased employee.

No employee shall become a participant in the plan on or after July 1, 2009. Employees hired or rehired on or after July 1, 2009 shall not be eligible to participate in the Plan.

A qualifying year of service shall mean the twelve consecutive month period beginning on an employee's date of employment during which at least 1,000 hours are credited. After the initial twelve consecutive month period, a qualifying year of service shall mean any plan year beginning with the plan year which includes the first anniversary of the date of employment during which at least 1,000 hours are credited.

9. Summary of Principal Plan Provisions (cont.)

Service

Service shall equal total years of service with the Employer. A year of service is credited for each plan year in which an employee works at least 1,000 hours. A half-year of service will be credited for benefit accrual purposes for 7/1/2010 to 12/31/2010 if over 500 hours.

A break in service occurs at the start of any plan year in which the employee works 500 hours or less for the Employer in such year. Service will not be interrupted by:

- (1) A leave of absence granted by the Employer.
- (2) A period of service in the Armed Forces of the United States under which employment rights are granted.
- (3) A period of disability during which the participant is being paid directly or indirectly by the Employer.

An employee will be given credit for his prebreak service if either of the following occurs:

- (1) The employee had a vested interest in his accrued benefit at the time of his break in service.
- (2) The employee's period of absence was less than the greater of five years or his prebreak service.

Normal Retirement Date

Normal retirement date is the first day of the month coincident with or next following attainment of age sixty-five.

Normal Retirement Benefit

The amount of annual benefit to be paid in monthly installments for life, based on service to normal retirement date, is equal to the sum of:

- (1) Thirty-three percent of average monthly compensation, reduced one thirtieth (1/30) for each year of Credited Service less than thirty years, and
- (2) Fourteen percent of the excess of average monthly compensation over monthly covered compensation, reduced one thirtieth (1/30) for each year of Credited Service less than thirty years.

The minimum annual retirement benefit shall be \$10 per month for each year of credited service. However, such minimum cannot be less than the accrued benefit as of June 30, 1991 under the plan then in effect.

9. Summary of Principal Plan Provisions (cont.)

Delayed Retirement

A participant may continue in the employment of the Employer after his normal retirement date. In such event he will receive at actual retirement the actuarial equivalent of his normal retirement benefit, but not less than the benefit he would receive if his benefit continued to accrue to his actual retirement date.

Average Compensation

The monthly average of the highest five full consecutive calendar years of compensation occurring prior to the July 1 preceeding the plan year which contains the earlier of the participant's retirement date or termination date. Compensation may not exceed the maximum compensation limit for any one year.

Accrued Benefit

The accrued benefit at any time prior to a participant's normal retirement date shall be the benefit defined as the Normal Retirement Benefit above, based on service to the accrual date.

Early Retirement Benefit

Upon the attainment of at least 10 years of service, employees can choose Early Retirement at any time between the ages of 55 and 65. An employee's Early Retirement Benefit is based on their Accrued benefit at the time of their retirement, reduced by a percentage from the following schedule:

Age	Percent of Earned Benefit	Age	Percent of Earned Benefit
55	60%	56	63-1/3%
57	66-2/3%	58	73-1/3%
59	80%	60	86-2/3%
61	93-1/3%	62 – 64	100% *

* At ages 62 – 64 employees are eligible for 100% of their Accrued Benefit that has been earned to that point.

9. Summary of Principal Plan Provisions (cont.)

Death Benefit

In the event of a vested active or inactive participant's death prior to his annuity starting date, their surviving spouse or other designated beneficiary will receive a death benefit in a lump sum amount or as a monthly benefit for the lifetime of the spouse or beneficiary equal to the value of the employee's vested accrued benefit at the time of death.

Optional Methods of Settlement

All optional methods of settlement are actuarially equivalent to the normal form of annuity. If a married participant does not elect the normal form of annuity or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option (1) below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with one-half of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with one-half, two-thirds, three-fourths, or the same reduced benefit to be continued to his beneficiary for her lifetime after his death.
- (3) A reduced benefit to be paid for 60, 120, 180, or 240 months certain and thereafter for life.
- (4) An increased or reduced benefit to be paid for 60, 120, 180, or 240 months certain only.
- (5) Lump sum payments shall be made without the consent of the participant if the value of the benefit is \$5,000 or less. Lump sum payments may be made with the consent of the participant and his spouse if the value of the benefit is above \$5,000.

All Optional Methods of Settlement are actuarially equivalent to the Normal Form of Payment based on the applicable interest rates as of the second month before the date of distribution and the applicable mortality table as prescribed by the IRC Code Section 417(e)(3) for the plan year.

Vesting

100% after 5 years of service. Due to the change in Plan Year, a year of service for vesting purposes will be granted if 1,000 hours from 7/1/2010 to 6/30/2011 and 1/1/2011 to 12/31/2011. A reduced benefit is payable upon attainment of age 55 if employee had at least 10 years of service. Benefit is reduced 1/15th for each of the first 5 years and 1/30th for each of the next 5 years prior to age 65.

9. Summary of Principal Plan Provisions (cont.)

Re-employment

If an employee leaves employment with CHC after becoming a participant in the plan and then later returns to work in a full time regular or part time regular status, they will not rejoin the Retirement Plan. They will be allowed to join the CHC Retirement Savings Plan immediately upon being rehired.

Covered Compensation

Average of the Social Security taxable wage bases during the 35-year period ending with the year in which a participant reaches his Social Security retirement age.

Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at anytime. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards, or is unable to pay benefits when due.

If the Plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

Additional Information

This short summary provides only a brief overview of the retirement plan. For any further information, employees should consult the Summary Plan Description. This Summary Plan Description is distributed to employees at the time they first join the plan and periodically after that as it is updated for plan changes.

Plan Name: Commonwealth Health Corporation Restated Retirement Plan
Plan Sponsor: Commonwealth Health Corporation
Plan Sponsor's EIN: 31-1118087
Plan Number: 001

Schedule SB, line 25—Change in Method

10. Valuation Methods and Assumptions (cont.)

Changes in Valuation Assumptions

The following changes in actuarial assumptions or methods have been made since the prior valuation:

- (1) Funding Assumptions were changed as shown below.

	07/01/2010	07/01/2009
Funding Target	4.44%, 6.62%, 6.74%	April 2009 Yield Curve
Mortality	RP-2000 IRS PPA @ 2010 Non-Annuitant / Annuitant Table for Males and Females	RP-2000 IRS PPA @ 2009 Non-Annuitant / Annuitant Table for Males and Females

- (2) FAS 87 Assumptions were changed as shown below.

	4/01/2010	4/01/2009
Discount Rate	6.30%	7.25%

- (3) FAS 35 Assumptions were changed as shown below.

	07/01/2010	07/01/2009
FAS 35 interest Rate	6.30%	7.25%

Plan Name: Commonwealth Health Corporation Restated Retirement Plan
Plan Sponsor: Commonwealth Health Corporation
Plan Sponsor's EIN: 31-1118087
Plan Number: 001

Schedule SB, line 26—Schedule of Active Participant Data

8. Valuation Data (cont.)

Age - Service Distribution

Shown below is the distribution of active participants based on age and service as of the valuation date. For each age/service group, the average salary is shown if there are 20 or more participants and 1000 or more total active participants. Dashes are shown instead of average salary if there are fewer than 20 participants in the age/service group or fewer than 1000 total active participants. In determining the averages, salary is limited to the 401(a)(17) limit in effect on the valuation date. The information provided is appropriate to be used for the age/service/salary attachment to the Form 5500 Schedule SB.

Age	Years of Service as of 07/01/2009										Total
	Under 1	01-04	05-09	10-14	15-19	20-24	25-29	30-34	35-39	40+	
Under 25	0	113	6	0	0	0	0	0	0	0	118
	-	\$23,051	-	-	-	-	-	-	-	-	\$23,414
25 - 29	0	220	104	5	0	0	0	0	0	0	329
	-	\$31,623	\$36,351	-	-	-	-	-	-	-	\$33,422
30 - 34	1	144	113	57	2	0	0	0	0	0	317
	-	\$34,339	\$41,878	\$44,977	-	-	-	-	-	-	\$38,993
35 - 39	1	101	112	63	31	6	0	0	0	0	314
	-	\$36,415	\$48,407	\$55,840	\$47,422	-	-	-	-	-	\$45,784
40 - 44	0	91	87	66	31	38	1	0	0	0	314
	-	\$44,303	\$51,015	\$53,851	\$56,455	\$52,147	-	-	-	-	\$50,284
45 - 49	1	67	74	44	33	37	28	2	0	0	286
	-	\$38,967	\$59,458	\$64,611	\$50,291	\$57,493	\$59,659	-	-	-	\$53,998
50 - 54	0	52	56	47	32	27	22	21	3	0	260
	-	\$44,878	\$48,864	\$72,272	\$50,087	\$75,008	\$52,824	\$64,832	-	-	\$56,561
55 - 59	2	33	39	39	23	26	18	23	16	2	221
	-	\$50,954	\$53,914	\$41,881	\$57,814	\$54,252	-	\$58,023	-	-	\$54,666
60 - 64	1	21	23	21	14	9	9	8	3	3	112
	-	\$37,932	\$38,226	\$60,796	-	-	-	-	-	-	\$53,771
65 - 69	3	6	6	5	5	4	2	1	1	1	34
	-	-	-	-	-	-	-	-	-	-	\$51,606
70 & Up	2	3	2	3	3	0	0	1	0	0	14
	-	-	-	-	-	-	-	-	-	-	-
Totals	7	800	622	350	174	147	80	56	23	6	2,333
	-	\$34,839	\$46,456	\$55,184	\$50,301	\$58,375	\$62,751	\$61,378	\$90,024	-	\$45,854

The following table shows averages for the costed participants in the current valuation.

Averages	Amount
Age:	42.17
Service:	10.95

Plan Name: Commonwealth Health Corporation Restated Retirement Plan
Plan Sponsor: Commonwealth Health Corporation
Plan Sponsor's EIN: 31-1118087
Plan Number: 001

Schedule SB, line 32—Schedule of Amortization Bases

5. Plan Funding (cont.)

Development of Funding Target Shortfall and Amortization Amount

Below is the development of the Plan's Funding Target Shortfall or Excess. The Minimum Required Contribution includes an amortization of the annual Funding Target Shortfall. Changes in the Funding Target Shortfall are amortized over a period of 7 years using the segment interest rates for the Plan Year. If the Actuarial Value of Assets (adjusted to exclude the Credit Balance) exceeds the Funding Target Liability, all prior outstanding amortization bases are considered fully amortized.

	07/01/2010	07/01/2009
(1) Funding Shortfall Amortization Base Exemption Test Met? ¹	No	Yes
(a) Threshold	96%	94%
(b) Funding Target Attainment Percentage	80.00%	95.66%
(2) Funding Target Liability	\$69,312,208	\$53,374,174
(3) Actuarial Value of Assets	\$76,507,071	\$51,058,354
(4) Carryover Balance	\$0	\$0
(5) Prefunding Balance	\$21,057,304	\$0
(6) Funding Target Shortfall: (2) - [(3) - (4) - (5)], not less than \$0	\$13,862,441	\$2,315,820
(7) WRERA Funding Target Shortfall: (2)*[(1)(a) - [(3) - (4) - (5)]]	\$11,089,953	\$0
(8) Excess Plan Assets: [(3) - (4) - (5)] - (2), not less than \$0	\$0	\$0
(9) Outstanding Balance of Prior Years' Funding Target Shortfall Amortization Bases	\$0	\$0
(10) Current Year's Funding Target Shortfall Amortization Base: (6) - (9) ²	\$11,089,953	\$0
(11) Shortfall Amortization Factor	5.999069	N/A
(12) Funding Target Shortfall Amortization Payment: (10) ÷ (11)	\$1,848,612 ³	\$0

¹ See Page 21

² Shortfall base is 0 if exempt under (1) Funding Shortfall Amortization Base Exemption Test

³ A prorated amortization charge of \$924,306 will be recognized for the short plan year from 7/1/2010 to 12/31/2010.

5. Plan Funding (cont.)

Funding Target Shortfall Amortization Bases

The table below lists the Funding Target Shortfall amortization bases included in the calculation of the Plan's Minimum Required Contribution as of 07/01/2010.

Date Established	Period Remaining	Current Year Present Value Factor	Balance		Annual Payment
			Original	Remaining	
7/1/2010	7	5.999069	\$11,089,953	\$11,089,953	\$1,848,612

Commonwealth Health Corporation

Restated Retirement Plan

EIN 31-1118087 PN 001

Schedule H, Line 4i – Schedule of Assets

(Held at End of Period)

December 31, 2010

(Modified Cash Basis)

Identity of Issuer	Description of Investment	Cost	Current Value
Money Market Fund			
*BB&T Insured Deposit Program	3,635,723 units	\$ 3,635,723	\$ 3,635,723
Mutual Funds			
JP Morgan Highbridge Statistical Market Neutral Fund	6,602 units	103,050	100,090
The Merger Fund	8,800 units	138,585	138,856
Nakoma Absolute Return Fund	26,076 units	509,089	493,353
Wasatch 1st Source Fund	60,497 units	699,158	764,078
Ishares S&P 500 Index Fund	41,389 units	5,064,796	5,225,361
*BB&T Equity Income Fund	376,753 units	4,743,691	5,244,400
*BB&T Special Opportunities Fund	112,308 units	1,862,267	1,999,079
*BB&T Mid Cap Value Fund	266,045 units	3,615,264	3,583,628
Goldman Sachs Growth Opportunity Fund	98,744 units	1,642,732	2,404,413
Allianz NFJ Small Cap Value Fund	37,181 units	684,656	1,110,591
Fidelity Advisor Small Cap Value Fund	28,806 units	659,099	759,036
Invesco International Growth Fund	77,737 units	1,714,298	2,168,868
Forward International Small Companies Fund	71,434 units	866,352	1,039,367
Harbor International Fund	57,681 units	2,852,370	3,492,590
Lazard Emerging Markets Portfolio	124,361 units	2,233,257	2,708,588
Credit Suisse Commodity Return Strategy Fund	171,110 units	1,388,662	1,598,167
Driehaus Active Income Fund	19,120 units	209,715	211,275
Golden Absolute Strategies Fund	67,497 units	713,119	731,673
Managers AMG Global Alternative Fund	54,589 units	568,494	522,971
AQR Managed Futures Strategy Fund	50,326 units	485,711	518,362
Cohen & Steers Realty Institutional Shares	38,352 units	1,268,845	1,456,986
		<u>32,023,210</u>	<u>36,271,732</u>
U.S. Government and Agency Securities			
Federal Home Loan Mortgage Corporation, 2.00%, due 2/10/20	500,000 units	499,000	501,140
Federal Home Loan Mortgage Corporation, 5.25%, due 6/18/14	500,000 units	514,673	567,530
Federal Home Loan Mortgage Corporation, 3.00%, due 8/26/25	1,000,000 units	998,250	946,110
Federal National Mortgage Association, 3.625%, due 2/12/13	2,000,000 units	2,136,731	2,120,440
Federal National Mortgage Association, 4.75%, due 2/21/13	615,000 units	600,029	666,088
Federal National Mortgage Association, 5.125%, due 1/2/14	615,000 units	616,299	674,311
Federal National Mortgage Association, 5.375%, due 6/12/17	2,000,000 units	2,343,358	2,302,760
Federal National Mortgage Association, 4.00%, due 7/21/25	250,000 units	250,000	247,653
Federal National Mortgage Association, 5.945%, due 6/7/27	1,000,000 units	1,054,063	1,020,360

Commonwealth Health Corporation

Restated Retirement Plan

EIN 31-1118087 PN 001

Schedule H, Line 4i – Schedule of Assets

(Held at End of Period) (Continued)

December 31, 2010

(Modified Cash Basis)

Identity of Issuer	Description of Investment	Cost	Current Value
U.S. Government and Agency Securities (continued)			
Government National Mortgage Association, 5.50%, due 5/20/38	468,550 units	\$ 502,447	\$ 504,703
Federal Farm Credit Bank, 1.75%, due 2/21/2013	1,300,000 units	1,331,610	1,324,401
U.S. Treasury Note, 3.75%, due 11/15/18	6,000,000 units	6,498,047	6,382,020
U.S. Treasury Note, 1.375%, due 10/15/12	3,500,000 units	3,554,355	3,551,555
U.S. Treasury Bond, 4.25%, due 11/15/14	925,000 units	902,452	1,022,632
		21,801,314	21,831,703
Corporate and Municipal Bonds			
Arcelormittal, 9.95%, due 6/1/19	330,000 units	435,369	417,061
American Express Credit Company, 5.875%, due 5/2/13	400,000 units	437,688	435,016
Anheuser-Busch, 4.125%, 1/15/15	400,000 units	433,916	421,288
Bamberg County School District, 5.75%, due 6/1/27	850,000 units	854,471	829,685
Bank of America Corp, 7.40%, due 1/15/11	310,000 units	347,612	310,508
CBS Corp, 8.875%, due 5/15/19	330,000 units	431,125	415,166
Chevron Corp, 4.95%, due 3/3/19	650,000 units	716,067	728,604
Cisco Systems, Inc., 5.25%, due 2/22/11	350,000 units	352,751	352,195
Cisco Systems, Inc., 5.50%, due 2/22/16	500,000 units	579,920	570,555
Citigroup, Inc., 5.50%, due 9/15/14	248,000 units	256,291	256,551
Citigroup, Inc., 6.00%, due 12/13/13	152,000 units	166,850	166,095
Comcast Corp, 6.50%, due 1/15/15	395,000 units	458,785	449,798
ConocoPhillips Co., 4.60%, due 1/15/15	300,000 units	307,074	326,982
Dow Chemical Co., 5.90%, due 2/15/15	500,000 units	573,165	553,595
Exelon Generation Co., 6.20%, due 10/1/17	575,000 units	655,655	643,523
General Dynamics Corp, 5.375%, due 8/15/15	150,000 units	139,972	169,005
General Electric, 5.875%, due 2/15/12	650,000 units	695,835	683,755
Goldman Sachs Group, 5.95%, due 1/18/18	300,000 units	288,963	325,464
Health Care REIT, Inc., 4.95%, due 1/15/21	275,000 units	273,210	264,976
IBM Corp, 7.625%, due 10/15/18	150,000 units	149,441	190,944
Illinois State Building America, 4.50%, due 7/1/15	300,000 units	300,000	302,367
JP Morgan Chase & Co., 4.65%, due 6/1/14	300,000 units	297,021	320,217
Kellogg Co., 4.45%, due 5/30/16	575,000 units	630,017	618,913
Kraft Foods, Inc., 6.50%, due 8/11/17	360,000 units	434,833	419,065
Maricopa County Arizona School District, 5.75%, due 7/1/24-20	275,000 units	278,812	272,181
Merck & Co., 4.00%, due 6/30/15	650,000 units	704,205	697,385
Merrill Lynch & Co., 6.05%, due 8/15/12	500,000 units	533,895	529,450
MetLife, Inc., 6.75%, due 6/1/16	440,000 units	529,597	510,382
Morgan Stanley Corp, 6.75%, due 4/15/11	150,000 units	159,966	152,502
Morgan Stanley Corp, 5.625%, due 1/9/12	500,000 units	523,490	522,070

**Commonwealth Health Corporation
Restated Retirement Plan**

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**Schedule H, Line 4i – Schedule of Assets
(Held at End of Period) (Continued)**

**December 31, 2010
(Modified Cash Basis)**

Identity of Issuer	Description of Investment	Cost	Current Value
Corporate and Municipal Bonds (continued)			
PepsiCo, Inc., 7.90%, due 11/1/18	650,000 units	\$ 839,868	\$ 836,297
Plano Texas Independent School District, 5.00%, due 2/15/15	750,000 units	860,895	851,055
Prudential Financial, Inc., 5.10%, due 9/20/14	300,000 units	328,776	322,251
Texas State Public Finance Authority, 4%, 1/1/16	560,000 units	607,594	607,930
Time Warner Cable, Inc., 5.875%, 11/15/16	370,000 units	434,251	417,626
University of Texas, 5%, due 8/15/20	750,000 units	874,988	854,258
Xerox Corp, 6.35%, due 5/15/18	365,000 units	431,160	411,443
Wal-Mart Stores, Inc., 5.375%, due 4/5/17	650,000 units	743,179	734,799
North Texas Highway Authority, 5.75%, due 1/1/38	500,000 units	519,720	552,366
		18,586,427	18,443,323
		\$76,046,674	\$80,182,481

*Party-in-interest

Commonwealth Health Corporation Restated Retirement Plan

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Schedule H, Line 4j – Schedule of Reportable Transactions Six Months Ended December 31, 2010 (Modified Cash Basis)

Identity	Description	Purchase Price	Selling Price	Lease Rental	Expenses Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
Single Transactions								
None								
Series of Transactions								
Issuer	BB&T Insured Deposit Program	\$ 45,188,588	\$ -	\$ -	\$ -	\$ 45,188,588	\$ 45,188,588	\$ -
		\$ -	\$ 66,510,484	\$ -	\$ -	\$ 66,510,484	\$ 66,510,484	\$ -
Issuer	U.S. Treasury Note, 3.75%, due 11/15/18	\$ 6,498,047	\$ -	\$ -	\$ -	\$ 6,498,047	\$ 6,498,047	\$ -