Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1968

2a Plan sponsor's name and address (employer, if for a single-employer plan)
(Address should include room or suite no.)
WESTCARE HEALTH SYSTEM

68 HOSPITAL ROAD
SYLVA, NC 28779

2b Employer Identification Number (EIN)
56-0714394

2c Sponsor's telephone number
828-586-7000

2d Business code (see instructions)
622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/13/2012	JOANN PALMER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

68 HOSPITAL ROAD
SYLVA, NC 28779

3b Administrator's EIN
56-0714394

3c Administrator's telephone number
828-586-7000

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:
a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	824
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**	318
b	Retired or separated participants receiving benefits	**6b**	170
c	Other retired or separated participants entitled to future benefits	**6c**	311
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	799
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	14
f	Total. Add lines **6d** and **6e**	**6f**	813
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**	1
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

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

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Insurance Information

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

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

▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

A Name of plan
WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500.
WESTCARE HEALTH SYSTEM

D Employer Identification Number (EIN)
56-0714394

Part I Information Concerning Insurance Contract Coverage, Fees, and Commissions

Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.

1 Coverage Information:

(a) Name of insurance carrier
PRUDENTIAL RETIREMENT INSURANCE AND ANNUITY CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
06-1050034	93629	002076		10/01/2010	10/14/2010

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

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

4	Current value of plan's interest under this contract in the general account at year end	4	
5	Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:

a State the basis of premium rates ▶

b	Premiums paid to carrier	6b	
c	Premiums due but unpaid at the end of the year	6c	
d	If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount.	6d	

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity

(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐

7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee

(3) ☐ guaranteed investment (4) ☐ other ▶

b	Balance at the end of the previous year			7b	469551
c	Additions: (1) Contributions deposited during the year	7c(1)	0		
	(2) Dividends and credits	7c(2)	0		
	(3) Interest credited during the year	7c(3)	27483		
	(4) Transferred from separate account	7c(4)	0		
	(5) Other (specify below)	7c(5)	355		
	▶ MARKET VALUE CREDIT				
	(6) Total additions			7c(6)	27838
d	Total of balance and additions (add **b** and **c(6)**)			7d	497389
e	Deductions:				
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	434988		
	(2) Administration charge made by carrier	7e(2)	0		
	(3) Transferred to separate account	7e(3)	0		
	(4) Other (specify below)	7e(4)	62401		
	▶ ADMINISTRATIVE EXPENSE, CASH				
	(5) Total deductions			7e(5)	497389
f	Balance at the end of the current year (subtract **e(5)** from **d**)			7f	0

Part III Welfare Benefit Contract Information

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

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:				
a Premiums: (1) Amount received	**9a(1)**			
(2) Increase (decrease) in amount due but unpaid	**9a(2)**			
(3) Increase (decrease) in unearned premium reserve	**9a(3)**			
(4) Earned (**(1)** + **(2)** - **(3)**)			**9a(4)**	
b Benefit charges (1) Claims paid	**9b(1)**			
(2) Increase (decrease) in claim reserves	**9b(2)**			
(3) Incurred claims (add **(1)** and **(2)**)			**9b(3)**	
(4) Claims charged			**9b(4)**	
c Remainder of premium: (1) Retention charges (on an accrual basis) --				
(A) Commissions	**9c(1)(A)**			
(B) Administrative service or other fees	**9c(1)(B)**			
(C) Other specific acquisition costs	**9c(1)(C)**			
(D) Other expenses	**9c(1)(D)**			
(E) Taxes	**9c(1)(E)**			
(F) Charges for risks or other contingencies	**9c(1)(F)**			
(G) Other retention charges	**9c(1)(G)**			
(H) Total retention			**9c(1)(H)**	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.)			**9c(2)**	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement			**9d(1)**	
(2) Claim reserves			**9d(2)**	
(3) Other reserves			**9d(3)**	
e Dividends or retroactive rate refunds due. (Do not include amount entered in **c(2)**.)			**9e**	
10 Nonexperience-rated contracts:				
a Total premiums or subscription charges paid to carrier			**10a**	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.			**10b**	

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE 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 10/01/2010 and ending 09/30/2011

▶ **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
WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
WESTCARE HEALTH SYSTEM

D Employer Identification Number (EIN)
56-0714394

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

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

Part I Basic Information

1	Enter the valuation date: Month 10 Day 01 Year 2010			
2	Assets:			
a	Market value	2a		11662800
b	Actuarial value	2b		12099535
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	164	6760522
b	For terminated vested participants	3b	306	4928252
c	For active participants:			
	(1) Non-vested benefits	3c(1)		34269
	(2) Vested benefits	3c(2)		4785374
	(3) Total active	3c(3)	354	4819643
d	Total	3d	824	16508417
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	4a		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5		6.46 %
6	Target normal cost	6		114776

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	07/05/2012 Date
PAUL B. BURDULIS Type or print name of actuary	11-03785 Most recent enrollment number
STANLEY, HUNT, DUPREE & RHINE Firm name	864-527-0630 Telephone number (including area code)
THREE INDEPENDENCE POINTE SUITE 102 GREENVILLE, SC 29615 Address of the firm	

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	358470	309803
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	331224	0
9	Amount remaining (Item 7 minus item 8)	27246	309803
10	Interest on item 9 using prior year's actual return of 5.78 %	1575	17907
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		
b	Interest on (a) using prior year's effective rate of 6.73 %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
12	Reduction in balances due to elections or deemed elections		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	28821	327710

Part III Funding percentages

14	Funding target attainment percentage	14	71.13 %
15	Adjusted funding target attainment percentage	15	71.37 %
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	82.68 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
11/14/2011	59712				
02/29/2012	33841				
03/30/2012	33841				
04/30/2012	120189				
05/31/2012	120189				
			Totals ► 18(b)	367772	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contribution from prior years.	19a	
b	Contributions made to avoid restrictions adjusted to valuation date	19b	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	334402

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of Quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.05 %	6.47 %	6.65 %	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 3

22 Weighted average retirement age **22** 65

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

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☒ Yes ☐ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ..... ☒ Yes ☐ No

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29**

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** 114776

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	4105076	576005
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** 690781

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	28821	327564	356385

36 Additional cash requirement (item 34 minus item 35) **36** 334396

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 334402

38 Interest-adjusted excess contributions for current year (see instructions) **38** 6

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39** 0

40 Unpaid minimum required contribution for all years **40** 0

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

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

A Name of plan	**B** Three-digit plan number (PN) ▶	
WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN		001
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
WESTCARE HEALTH SYSTEM	56-0714394	

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

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 COMPANY

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	NONE	9061	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

PRUDENTIAL RETIREMENT INSURANCE CO.

06-1050034

(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?
22	NONE	41632	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MERRILL LYNCH

22-3513863

(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?
51	NONE	78916	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

a	Name: KELLY L. ADAMS	**b** EIN:	56-2092915
c	Position: CONSULTING ACTUARY		
d	Address: 7823 NATIONAL SERVICE ROAD GREENSBORO, NC 27409	**e** Telephone:	336-291-1100

Explanation: TERMINATED EMPLOYMENT WITH OUR PROVIDER, STANLEY, HUNT, DUPREE AND RHINE DURING 2012 PRIOR TO COMPLETION OF THIS FILING.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

A Name of plan
WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WESTCARE HEALTH SYSTEM

D Employer Identification Number (EIN)
56-0714394

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	25920	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	191696	367772
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		1
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		873250
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	11424414	10050607
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	20770	
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	11662800	11291630
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	11662800	11291630

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	367772	
	(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)		367772
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	14	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		14
	(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)	249152	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		249152
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0

			(a) Amount	(b) Total
2b	**(5)** Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0
	(6) Net investment gain (loss) from common/collective trusts	2b(6)		
	(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
	(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
	(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
	(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-75201
c	Other income	2c		
d	Total income. Add all **income** amounts in column (b) and enter total	2d		541737
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	752782	
	(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)		752782
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)	9061	
	(3) Investment advisory and management fees	2i(3)	78916	
	(4) Other	2i(4)	72148	
	(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		160125
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		912907
	Net Income and Reconciliation			
k	Net income (loss). Subtract line **2j** from line **2d**	2k		-371170
l	Transfers of assets:			
	(1) To this plan	2l(1)		
	(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: PYA, PC **(2)** EIN: 62-1511779

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 10/01/2010 and ending 09/30/2011

A Name of plan
WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
WESTCARE HEALTH SYSTEM

D Employer Identification Number (EIN)
56-0714394

Part I Distributions

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

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

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

EIN(s): 56-1368984

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** 8

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

WESTCARE HEALTH SYSTEM
RETIREMENT INCOME PLAN

Audited Financial Statements
and Supplemental Schedules

Years Ended September 30, 2011 and 2010

PYA
Certified Public Accountants

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Audited Financial Statements and Supplemental Schedules

Years Ended September 30, 2011 and 2010

Independent Auditor's Report 1

Audited Financial Statements

Statements of Net Assets Available for Benefits 2
Statements of Changes in Net Assets Available for Benefits 3
Statement of Accumulated Plan Benefits 4
Statement of Changes in Accumulated Plan Benefits 5
Notes to Financial Statements 6

Supplemental Schedules

Schedule of Assets Held at End of Year 14
Schedule of Reportable Transactions 15

PERSHING YOAKLEY & ASSOCIATES, P.C.
One Cherokee Mills, 2220 Sutherland Avenue
Knoxville, TN 37919
p: (865) 673-0844 | f: (865) 673-0173
www.pyapc.com

INDEPENDENT AUDITOR'S REPORT

To the Medwest Retirement
Committee:

We were engaged to audit the accompanying statements of net assets available for benefits and supplemental schedules of the Westcare Health System Retirement Income Plan (the Plan) as of September 30, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of October 1, 2010, and the related statement of changes in accumulated plan benefits for the year then ended. These financial statements and the supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by the Branch Banking and Trust Company (BB&T), the trustee of the Plan, and Prudential Retirement Insurance and Annuity Company (Prudential), a custodian for the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from BB&T as of and for the years ended September 30, 2011 and 2010, and a certification from Prudential as of and for the year ended September 30, 2010, that the information provided to the Plan administrator by BB&T and Prudential is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and 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 BB&T and Prudential, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Pershing Yoakley & Associates PC

Knoxville, Tennessee
July 10, 2012

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Statements of Net Assets Available for Benefits

	September 30,	
	2011	***2010***
ASSETS		
Investments, at fair value:		
Cash and cash equivalents	**$ 873,250**	$ 217,616
Shares of registered investment companies	**10,050,607**	11,424,414
Immediate participation guarantee contract with insurance company	**-**	20,770
	10,923,857	11,662,800
Receivables:		
Plan sponsor contributions receivable	**367,773**	-
TOTAL ASSETS	**11,291,630**	11,662,800
NET ASSETS AVAILABLE FOR BENEFITS	**$ 11,291,630**	$ 11,662,800

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Statements of Changes in Net Assets Available for Benefits

	Year Ended September 30,	
	2011	***2010***
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	**$ -**	$ 511,367
Interest and dividends	**249,166**	255,201
Less investment expenses	**(78,916)**	(106,131)
Total investment income	**170,250**	660,437
Contributions:		
Employer	**367,772**	100,000
TOTAL ADDITIONS	**538,022**	760,437
Deductions from net assets attributed to:		
Net depreciation in fair value of investments	**75,201**	-
Benefits paid to participants	**752,782**	870,276
Administrative expenses	**81,209**	128,569
Purchase of annuity contracts from insurance company	**-**	434,988
TOTAL DEDUCTIONS	**909,192**	1,433,833
NET DECREASE	**(371,170)**	(673,396)
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	**11,662,800**	12,336,196
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	**$ 11,291,630**	$ 11,662,800

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Statement of Accumulated Plan Benefits

	October 1, 2010
Actuarial present value of accumulated Plan benefits:	
Vested benefits:	
Retired participants and beneficiaries receiving payments	**$ 7,585,334**
Terminated vested participants	**6,378,577**
Other participants	**6,291,058**
Total vested benefits	**20,254,969**
Nonvested benefits	**58,498**
Total actuarial present value of accumulated Plan benefits	**$ 20,313,467**

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Statement of Changes in Accumulated Plan Benefits

	Year Ended October 1, 2010
Actuarial present value of accumulated Plan benefits, beginning of year	**$ 18,998,256**
Benefits paid	**(1,305,264)**
Net benefits accumulated (including actuarial gains and losses)	**105,211**
Increase for interest due to the decrease in the discount rate to 5.00% from 5.55%	**1,018,671**
Other assumption changes	**1,496,593**
Actuarial present value of accumulated Plan benefits, end of year	**$ 20,313,467**

NOTE A--DESCRIPTION OF PLAN

The following brief description of the Westcare Health System Retirement Income Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan document and any subsequent amendments for more complete information.

General: The Plan is a non-contributory defined benefit plan covering certain full-time employees of Westcare Health System (Westcare). The Plan was formed effective October 1, 1997, by the merger of Harris Regional Hospital, Inc. Retirement Income Plan and the Swain County Hospital Pension Plan. Branch Banking and Trust Company (BB&T), the Plan's trustee, and Merrill Lynch, the Plan's investment advisor, manage the Plan's investments. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

On November 10, 2003, the Finance Committee of Westcare approved freezing the Plan effective December 31, 2003. Benefit accruals have ceased for current participants, and no new employees can become participants of the Plan.

In April 2011, the Medwest Retirement Committee was formed to provide governance for the Plan.

Eligibility of Participants: Due to the Plan being frozen as of December 31, 2003, participants are limited to those who had already entered the Plan as of that date.

Pension Benefits: Participants with five or more years of service are entitled to annual pension benefits beginning at normal retirement age (65) based on the sum of 1.35% of their final average compensation multiplied by the participant's years of service prior to October 1, 1997 and 0.85% of their final average compensation plus 0.65% of their final average compensation in excess of their Social Security covered compensation multiplied by the participant's years of service after October 1, 1997 as defined in the Plan document, subject to a maximum of 35 years. For certain participants that had attained age 55 and completed at least twenty years of service as of October 1, 1997, the benefit is based on 1.35% of their final average compensation multiplied by their total years of service. The Plan permits early retirement if the five years of service are completed within the ten–year period immediately preceding their normal retirement date. Participants may elect to receive the value of their accumulated plan benefits as a life annuity, joint and last survivor annuity, ten years certain and continuous annuity or social security leveling option annuity. Participants will automatically receive their benefit in a lump sum if the amount is $5,000 or less.

Death Benefits: If a participant has been married for at least one year, actively employed, eligible for early retirement, and dies before the normal retirement date, the employee's spouse will receive 50% of the amount the participant would have received had he or she retired on the date of death. If a participant is not married or not eligible for early retirement and dies before the normal retirement date, no death benefit is paid. If a participant works subsequent to the

NOTE A--DESCRIPTION OF PLAN - Continued

normal retirement date and dies before actual retirement, the date of death is considered to be the date of retirement, and any benefits are paid to the participant's spouse under the payment plan designated by the participant.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting: The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates: The preparation of the 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 assets, liabilities and changes therein, disclosures 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.

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

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 (depreciation) includes the Plan's gains and losses on investments bought and sold during the year, as well as held at year end.

Actuarial Present Value of Accumulated Plan Benefits: Accumulated plan benefits are those estimated future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

The accumulated plan benefits for active employees are based on the product of (a) the ratio of the participant's service at the valuation date to his or her projected service at normal retirement date, and (b) the participant's normal retirement benefit based on service to his normal retirement date and average compensation over the final five years of employment, with the Plan Year ending September 30, 2003 being the latest year considered. Benefits payable under all circumstances, including retirement, death, disability and termination of employment, are included to the extent they are deemed attributable to employee service rendered as of the valuation date.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

The actuarial present value of accumulated plan benefits is determined by an actuary from Stanley, Hunt, Dupree and Rhine, a subsidiary of Branch Banking and Trust Company, and is that amount that results from applying the actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of October 1, 2010 and 2009, were (a) life expectancy of participants (the 1994 Uninsured Pensioners' Mortality Table for Males and Females Projected to 2014), (b) retirement age assumptions (the assumed retirement age was 65 or the completion of five years of service, if later), and (c) investment return (8.50% per annum, compounded annually for 2010 and 2009, respectively). The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

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

Administrative Expenses: Certain administrative functions are performed by employees of Westcare. No such employee receives compensation from the Plan. Certain administrative expenses are paid directly by Westcare.

Subsequent Events: Plan management has evaluated subsequent events through July 10, 2012, the date the financial statements were available to be issued. During this period, management did not note any material recognizable subsequent events that required recognition or disclosure in the September 30, 2011 financial statements.

NOTE C--CERTIFIED INVESTMENT INFORMATION

The Plan's investments as of September 30, 2011 are held exclusively by Branch Banking and Trust Company, the Plan's trustee. The Plan's investments as of September 30, 2010 were held by Branch Banking and Trust Company and Prudential (see Note F). The Plan's administrator has instructed the independent auditor not to examine the information certified as complete and accurate by the trustee. All investment related information in the accompanying financial statements and supplemental schedules was obtained or derived from information certified as complete and accurate by BB&T and Prudential.

Investments that represent at least 5% or more of the Plan's net assets are separately identified as follows as of September 30:

NOTE C--CERTIFIED INVESTMENT INFORMATION - Continued

	2011	2010
Investments, at fair value:		
Vanguard Growth ETF	$ 2,523,621	$ 2,658,921
Vanguard Value Vipers	2,492,003	2,397,988
Ishares Barclays Short Treasury Bond Fund	596,563	739,931
Ishares Lehman MBS Fixed Rate Bond Fund	-	1,232,514
Vanguard Short Term Bond Fund	1,304,185	2,132,285
Ishares Barclays MBS Bond Fund	784,378	292,717
Federated U.S. Treasury Cash Reserves Money Market Fund	873,250	191,696
Other	2,349,857	2,016,748
	$ 10,923,857	$ 11,662,800

During 2011 and 2010, the Plan's investments in shares of registered investment companies, including investments bought, sold, and held at year end, appreciated (depreciated) in value by ($75,201) and $511,367, respectively.

NOTE D--FAIR VALUE MEASUREMENTS

Fair Value Measurements: Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy under FASB ASC 820 are described as follows:

- Level 1 - inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

- Level 2 - inputs to the valuation methodology include:

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

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

NOTE D--FAIR VALUE MEASUREMENTS - Continued

- Level 3 - inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset's or liability's fair value measurement level within the valuation hierarchy is based upon the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs. Following is a description of the valuation methodologies used for assets measured at fair value.

Equity exchange traded funds, fixed income exchange traded funds, and gold exchange traded funds: Valued at the net asset value (NAV) of shares held by the Plan at year end. The NAV is a quoted price in an active market.

Immediate Participation Guarantee Contract with Insurance Company: Valued at fair value by discounting the related cash flows based on current yields of similar instruments with comparable durations considering the credit-worthiness of the issuer (See Note F).

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

The following table sets forth by level within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2011 and 2010:

	Level 1	***Level 2***	***Level 3***	***Total***
September 30, 2011				
Equity exchange traded funds	$ 5,934,587	$ -	$ -	$ 5,934,587
Fixed income exchange traded funds	3,562,810	-	-	3,562,810
Gold exchange traded funds	553,210	-	-	553,210
Total assets at fair value	$ 10,050,607	$ -	$ -	$ 10,050,607
September 30, 2010				
Equity exchange traded funds	$ 5,814,327	$ -	$ -	$ 5,814,327
Fixed income exchange traded funds	5,162,402	-	-	5,162,402
Gold exchange traded funds	447,685	-	-	447,685
Immediate participation guarantee contract with insurance company	-	-	20,770	20,770
Total assets at fair value	$ 11,424,414	$ -	$ 20,770	$ 11,445,184

NOTE D--FAIR VALUE MEASUREMENTS - Continued

The following table sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the year ended September 30, 2011:

Balance, beginning of year	$	20,770
Transfers out, net		(20,770)
Balance, end of year	$	-

The Plan's Level 3 assets at the beginning of the Plan year consist of the immediate participation guarantee contract with Prudential. As discussed in Note F, the Plan elected to discontinue this contract as of September 30, 2010 and transferred the remaining investments to Branch Banking and Trust Company during 2011.

NOTE E--FUNDING POLICY

Westcare's funding policy is to make annual contributions to the Plan in amounts based upon the minimum/maximum contributions, as determined annually by the Plan's actuaries, such that all employees' benefits will be fully provided by the time they retire. For the plan years 2011 and 2010, Westcare's contributions met or exceeded the minimum funding requirements of ERISA.

NOTE F--IMMEDIATE PARTICIPATION GUARANTEE CONTRACT WITH INSURANCE COMPANY

In 2010 and prior years, the Plan participated in a non-benefit responsive contract (the contract) with Prudential via an investment in an immediate participation account. The account was credited with earnings on the underlying investments and charged for participant withdrawals and administrative expense. The contract was included in the financial statements at fair value as reported to the Plan by Prudential Retirement Insurance and Annuity Company. The crediting interest rates ranged from 3.20% through 5.75%. Such interest rates were reviewed on an annual basis for resetting.

The Plan elected to discontinue the contract with Prudential effective September 30, 2010. Immediately prior to the discontinuance, the book value of the assets held under the contract was $455,758. At the date of discontinuance, the Plan was required to purchase individual annuity contracts through Prudential for certain Plan beneficiaries that were receiving benefits guaranteed by Prudential. The premium to purchase the guaranteed benefits from Prudential was $434,988, leaving $20,770 in assets held under the contract as of September 30, 2010. Branch Banking and Trust Company, the remaining Plan trustee, assumed the responsibility for the payment of benefits to the participants who were receiving non-guaranteed annuities through Prudential.

NOTE G--PLAN TERMINATION

It is Westcare's intention to keep the Plan in existence to pay all accrued benefits. Although it has not expressed any intention to do so, Westcare has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

In the event of termination of the Plan, Plan assets are to be allocated generally to provide the following benefits in the order indicated:

A. 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. The priority amount is limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

B. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations, discussed below.

C. All other vested benefits (that is, vested benefits not insured by the PBGC).

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits 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 that the PBGC guarantees. For plan terminations occurring during 2011, that ceiling was $4,500 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide 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.

NOTE H--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

NOTE H--RISKS AND UNCERTAINTIES - Continued

investments, it is at least reasonably possible that changes in the values of investments will occur in the near term and that 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, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

NOTE I--INCOME TAX STATUS

Westcare adopted a non-standardized prototype plan. The prototype plan has received from the Internal Revenue Service a favorable opinion letter dated June 30, 2000, as to the acceptability of the form of the prototype plan. The prototype plan has been amended since receiving the opinion letter; however, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code, and the Plan and related trust continue to be tax-exempt.

NOTE J --RELATED-PARTY TRANSACTIONS

Fees paid by the Plan to Merrill Lynch for the investment management services amounted to $78,916 and $106,131 for the years ended September 30, 2011 and 2010, respectively. Fees paid to Branch Banking and Trust Company and Prudential Retirement by the Plan for administrative services were $9,061 and $97,885 for the years ended September 30, 2011 and 2010, respectively.

Supplemental Schedules

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Schedule H, Line 4i – Schedule of Assets Held at End of Year

EIN: 56-0714394 PN: 001

September 30, 2011

Identity of Issuer, Borrower, Lessor, or Similar Party	*Description of Investment*	*Historical Cost Value*	*Current Value*
Federated	US Treasury Cash Reserves Money Market Fund	$ 873,250	$ 873,250
Powershares	Preferred Portfolio	70,224	71,743
Vanguard	Small Cap Growth Vipers	381,022	379,431
Vanguard	Value Vipers	193,306	169,852
Vanguard	Growth ETF	2,474,834	2,523,621
Vanguard	Value Vipers	2,631,098	2,492,003
BlackRock Fund Advisors	Ishares Barclays MBS Bond Fund	765,717	784,378
BlackRock Fund Advisors	Ishares JP Morgan EM Bond Fund	80,521	78,334
Swedish Export	Elements Rogers Total Return Fund	328,163	297,938
BlackRock Fund Advisors	Ishares Barclays 3-7 Year Treasury Bond Fund	141,254	147,112
BlackRock Fund Advisors	Ishares Barclays Short Treasury Bond Fund	596,225	596,563
State Street Global Advisors	SPDR Barclays International Treasury Bond	105,832	116,433
State Street Global Advisors	SPDR Barclays Capital High Yield Bond	165,100	147,691
Vanguard	Short Term Bond Fund	1,289,287	1,304,185
Vanguard	Intermediate Term Bond ETF	355,330	388,113
State Street Global Advisors	SPDR Gold Trust	414,715	553,210
		$ 10,865,878	$ 10,923,857

The above data is based on information which has been certified as complete and accurate by Branch Banking and Trust Company, the Plan's trustee.

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Schedule H, line 4j - Schedule of Reportable Transactions

EIN: 56-0714394 PN: 001

For the year ended September 30, 2011

Identity of Party Involved	*Description of Asset*	*Purchase Price*	*Selling Price*	*Historical Cost of Asset*	*Current Value of Asset on Transaction Date*	*Historical Gain (Loss)*
Branch Banking and Trust Company	Vanguard Short Term Bond	$ -	$ 1,162,950	$ 1,143,244	$ 1,162,950	$ 19,706
Branch Banking and Trust Company	SHS Federated U.S. Treasury	1,448,431	-	-	1,448,431	-
Branch Banking and Trust Company	SHS Federated U.S. Treasury		1,449,230	1,449,230	1,449,230	-
Branch Banking and Trust Company	Vanguard Short Term Bond	-	651,477	641,776	651,477	9,701
Branch Banking and Trust Company	SHS Federated U.S. Treasury	1,494,078	-	-	1,494,078	-
Branch Banking and Trust Company	SHS Federated U.S. Treasury	-	1,450,000	1,450,000	1,450,000	-
Branch Banking and Trust Company	SHS Federated U.S. Treasury	1,418,950	-	-	1,418,950	-
Branch Banking and Trust Company	SHS Federated U.S. Treasury	1,450,572	-	-	1,450,572	-
Branch Banking and Trust Company	SHS Federated U.S. Treasury	-	809,125	809,125	809,125	-
Branch Banking and Trust Company	SHS Federated U.S. Treasury	-	1,174,881	1,174,881	1,174,881	-

The above data is based on information which has been certified as complete and accurate by Branch Banking and Trust Company, the Plan's trustee.

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 10/01/2010 and ending 09/30/2011

▶ **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

WestCare Health System Retirement Income Plan

B Three-digit plan number (PN) ▶ 001

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

WestCare Health System

D Employer Identification Number (EIN)

56-0714394

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

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

Part I Basic Information

1 Enter the valuation date: Month 10 Day 1 Year 2010

2 Assets:

a	Market value	2a	11,662,800
b	Actuarial value	2b	12,099,535

3 Funding target/participant count breakdown

			(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	164	6,760,522
b	For terminated vested participants	3b	306	4,928,252
c	For active participants:			
	(1) Non-vested benefits	3c(1)		34,269
	(2) Vested benefits	3c(2)		4,785,374
	(3) Total active	3c(3)	354	4,819,643
d	Total	3d	824	16,508,417

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

a	Funding target disregarding prescribed at-risk assumptions	4a	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b	

5	Effective interest rate	5	6.46 %
6	Target normal cost	6	114,776

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

Paul B. Burdulis PBB

Signature of actuary

1/5/2012

Date

PAUL B. BURDULIS

Type or print name of actuary

11-03785

Most recent enrollment number

Stanley, Hunt, DuPree & Rhine

Firm name

(864)527-0630

Telephone number (including area code)

THREE INDEPENDENCE POINTE
SUITE 102
GREENVILLE SC 29615

Address of the firm

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

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	358,470	309,803
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	331,224	0
9	Amount remaining (Item 7 minus item 8)	27,246	309,803
10	Interest on item 9 using prior year's actual return of 5.78%	1,575	17,907
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		
b	Interest on (a) using prior year's effective rate of 6.73%		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		
12	Reduction in balances due to elections or deemed elections		
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	28,821	327,710

Part III Funding percentages

14	Funding target attainment percentage	14	71.13 %
15	Adjusted funding target attainment percentage	15	71.37 %
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	82.68 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
11/14/2011	59,712				
02/29/2012	33,841				
03/30/2012	33,841				
04/30/2012	120,189				
05/31/2012	120,189				
			Totals ▶ 18(b)	367,772	18(c) 0

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

a	Contributions allocated toward unpaid minimum required contribution from prior years.	19a	
b	Contributions made to avoid restrictions adjusted to valuation date	19b	
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	334,402

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of Quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
4.05 %	6.47 %	6.65 %	

b Applicable month (enter code) — **21b**: 3

22 Weighted average retirement age — **22**: 65

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

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years — **28**: 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) — **29**:

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**: 114,776

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	4,105,076	576,005
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**: 690,781

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	28,821	327,564	356,385

36 Additional cash requirement (item 34 minus item 35) — **36**: 334,396

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) — **37**: 334,402

38 Interest-adjusted excess contributions for current year (see instructions) — **38**: 6

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

Discounted Employer Contributions

	Contributions	Date	Year Applied	Effective Rate	Interest-Adjusted Contribution
1.	$59,712	11/14/2011	2010	11.46%*	55,458
2.	$33,841	2/29/2012	2010	6.46%	30,975
3.	$33,841	3/30/2012	2010	6.46%	30,816
4.	$120,189	4/30/2012	2010	6.46%	108,865
5.	$120,189	5/31/2012	2010	6.46%	108,288
	$367,772				**$334,402**

* The 11.46% effective interest rate applies to the time period between the date the contribution was due and when it was actually made, 6.46% applies for the remaining period.

Description of Weighted Average Retirement Age

The Weighted Average Retirement Age for the Plan is age 65.

Statement of Actuarial Assumptions

Prescribed Interest Rates

	Current Year	Prior Year
Applicable Month	July	July
First Segment (0-5 years)	4.05%	5.21%
Second Segment (6-20 years)	6.47%	6.74%
Third Segment (over 20 years)	6.65%	6.84%
Effective Interest Rate:	6.46%	6.73%
PBGC Variable Premium Rate:	Same as Prescribed Interest Rates	Same as Prescribed Interest Rates

Disability

None assumed.

Prescribed Mortality

IRS 2010 Static Mortality Table. (updated annually as prescribed by IRS)

Termination

Based on the Crocker and Sarason T5 Turnover Table (see sample rates below):

Age	Probability of Termination
25	7.72%
40	5.15%
55	0.94%

Assumed Retirement

The assumed retirement date is the later of age 65, the 5-year Anniversary of Plan Participation, and the Valuation Date.

Marriage

Male spouses are assumed to be 3 years older than their wives.
It is assumed that 90 percent of male and 60 percent of female Participants are married.

Expenses

Assumed expenses are based on expenses paid from the trust during the prior year, excluding investment expenses. Expenses paid for during the 2009-2010 plan year were also adjusted to exclude accelerated expense payments made due to the termination of the Prudential Guaranteed Annuity Contract.

Statement of Actuarial Assumptions (Continued)

Salary Scale

None.

Covered Compensation

Covered Compensation is based on the 2003 Covered Compensation Table ($12 rounding).
The Social Security Taxable Wage Base is not assumed to increase, as benefits under the Plan are frozen.

IRS Limits

The IRS maximum Benefit Limit for the 2010 Plan Year is $195,000.
The IRS maximum Compensation Limit for the 2010 Plan Year is $245,000.

Form of Payment

Active Participants are assumed to elect the following forms:

Payment Form	Probability of Election
Life Annuity	100%

100% of active Participants and vested former Participants or beneficiaries entitled to deferred benefits are assumed to receive benefits in the form of a life annuity.

Census Data

- No future new entrants.
- No rehire of former employees.
- No liability is held for non-vested former employees even if a break-in-service has not occurred as of the valuation date.
- All Participants are assumed to work the same number of hours in future years as reported for the year preceding the valuation date.

Changes Since the Prior Valuation

None.

Statement of Actuarial Funding Method

Actuarial Cost Method

The minimum funding requirements of the Pension Protection Act of 2006 became effective on January 1, 2008. As a result, the Unit Credit cost method is now required to be used to determine the Funding Target and the Target Normal Cost. Under this cost method, a Funding Target (an actuarial liability) is calculated for each participant as of the valuation date equal to the present value of the accrued benefit (accrued benefits are assumed to be payable at decrement dates based on the Plan Provisions, using actual salary history and benefit accrual service as of the valuation date). The present value of the projected Funding Target, based on the expected accrued benefits as of the next valuation date, is also calculated. The individual participant's Target Normal Cost is equal to the excess, if any, of this amount over the Funding Target as of the current valuation date. Under this method, inactive participants have no Target Normal Cost, and their Funding Target is the present value of the plan benefits to which they and their beneficiaries are entitled. The Plan's total annual Target Normal Cost and Funding Target are the sum of the individual participant amounts. Plan expenses expected to be paid from the trust during the plan year are included in the Target Normal Cost as required by law.

When the Adjusted Plan Assets (Actuarial Value of Assets, reduced by any retained credit balances), are less than the Funding Target, a Shortfall Amortization Base must be established unless the exemption is met. The Shortfall Amortization Base is amortized over a 7-year period using the funding segment rates of the prescribed corporate bond yield curve. For the 2010-11 Plan Year the Plan sponsor has elected for this shortfall base to be amortized over a 15-year period as allowed under pension relief. New Shortfall Amortization Bases are established each year based on the plan's funded status each year, and all bases are maintained until either fully amortized or until the Adjusted Plan Assets exceed the Funding Target.

Actuarial Value of Assets

The Actuarial Value of Assets is determined as the average of the Market Value of Assets as of the current Valuation Date and the Adjusted Market Value of Assets for the prior two years, based on the Market Value of Assets as of the prior two Valuation Dates. The adjustment to the prior year's Market Value of Assets reflects intervening cash flows (including employer contributions, benefit payments, and administrative expenses) and an expected return on assets from the prior Valuation Date to the current Valuation Date. The expected return on assets is limited to a rate no higher than the 3rd segment of the IRS prescribed segmented yield curve rates. The Actuarial Value of Assets is limited to an amount that does not differ from the Market Value of Assets as of the Valuation Date by more than 10%.

Valuation Date

The Plan's valuation date is the first day of the Plan Year.

Changes Since the Prior Valuation

The Plan Sponsor has elected to use the 15-year shortfall amortization period for the October 1, 2010 valuation, pursuant to the 2010 Pension Relief Act.

Summary of Plan Provisions

General Information

Valuation Date	October 1, 2010
Original Effective Date	January 1, 1968
Effective Date of Last Amendment	October 1, 2009
Plan Year	October 1 to September 30
Employer Fiscal Year	October 1 to September 30
Employer ID Number	56-0714394
Plan Administrator's ID Number	56-0714394
Plan Number	001
Plan Administrator	MedWest Health System

Eligibility Requirements

Each Employee becomes a Participant on the Plan Entry Date on or next following the completion of 1 Year of Service. Prior to January 1, 2004, leased, bargained, educational, and contract employees (unless the contract specifies otherwise) are excluded.

Plan Entry Dates

An Eligible Employee participated in the Plan on the first of the month on or next following completion of the Eligibility Requirements. Due to the Plan Freeze, there will be no new Participants after December 31, 2003.

Swain County Hospital Employees who were employed as of September 30, 1997 entered the WestCare Health System Retirement Income Plan on October 1, 1997.

Service Definitions

Years of Service
Prior to January 1, 1976: Service is determined according to the Provisions in the Prior Plan and is rounded up to the next full year if fractional.

On and after January 1, 1976: Plan Years with at least 1,000 Hours of Service.

Benefit Service
All of an Employees' Service as a Participant in whole years and full months. A Participant will not receive credit for a period that is considered a Break in Service.

For Swain County Hospital Employees, Service begins October 1, 1997.

No credit will be given for Service prior to the Participation Date.

Due to the Plan freeze effective December 31, 2003, no additional service will be credited after this date.

Annual Accrual
Participants will receive credit for all completed years and months of service prior to December 31, 2003.

Compensation

Compensation is basic pay received by the Participant for the Plan Year. Compensation excludes bonuses, overtime, and commissions and includes any amounts deferred under a qualified 401(k), 403(b) or Section 125 plan. Excluded are amounts for other fringe benefits, reimbursements for expenses, automobile allowances, and any other special forms of payment. However, if the Section 414(s) test is not passed using Plan Compensation, then total Compensation will be used for that year.

Summary of Plan Provisions (Continued)

Final Average Compensation (FAC) is the average of the highest five consecutive Plan Years out of the last fifteen consecutive Plan Years of Compensation during which a Year of Benefit Service is earned.

Due to the Plan Freeze effective December 31, 2003, no Compensation earned after December 31, 2003 will be taken into account.

Vesting

All Participants shall be vested according to the following schedule:

Years of Service	Percent Vested
0	0
1	0
2	0
3	0
4	0
5	100

All Participants shall be 100% vested upon attainment of their Normal Retirement Age.

Vested Benefit

The Vested Benefit shall be the vested portion of the Accrued Benefit as of the date of determination.

Normal Retirement

Eligibility

If Participation Date is prior to October 1, 1998: The Normal Retirement Date of each Participant is the first of the month coincident with or next following the sixty-fifth birthday.

If Participation Date is on or after October 1, 1998: The Normal Retirement Date of each Participant is the first of the month coincident with or next following the later of the fifth anniversary of Plan Participation and the sixty-fifth birthday.

Benefit

Monthly amount payable as a life annuity equal to $1/12^{th}$ of the sum of (A) and (B) subject to (C) as described below:

(A) For Plan Years prior to October 1, 1997:
The retirement benefit is computed as either (1) or (2):

1) Participants in the Harris Regional Hospital Plan on September 30, 1997 earn 1.35% of FAC, multiplied by Years of Benefit Service earned as of September 30, 1997.

2) For Participation in the Swain County Hospital Plan on September 30, 1997, the Frozen Accrued Benefit as of December 31, 1994 under the Swain County Hospital Plan actuarially adjusted to reflect the change in the Normal Form from a 10-year certain and life annuity to a life only annuity.

(B) For Plan Years after September 30, 1997:
The retirement benefit is computed as the sum of (1) and (2) below:

1) 0.85% of FAC, multiplied by Years of Benefit Service after September 30, 1997.

2) 0.65% of FAC in excess of Covered Compensation, multiplied by Years of Benefit Service after September 30, 1997, not to exceed 35 years.

Summary of Plan Provisions (Continued)

Covered Compensation is the average of the Social Security Taxable Wage Bases for the 35-year period ending in the year the Participant would attain Social Security Retirement Age (SSRA):

Year of Birth	SSA
Before 1938	65
1938-1954	66
After 1954	67

(C) For those Harris Regional Hospital Employees who had attained the age of 55 and had completed at least 20 Years of Service as of October 1, 1997, benefits continued to accrue under the Plan formula in effect as of September 30, 1997 (through the Freeze date of December 31, 2003).

Accrued Benefit

The Accrued Benefit, with respect to the formula above, as of any date, is calculated using actual Years of Benefit Service and Final Average Compensation as of the accrual date or, if earlier, December 31, 2003.

Delayed Retirement

Eligibility is the first of the month on or next following the actual date the Participant terminates employment after the Normal Retirement Date. The benefit is based on Years of Benefit Service and Final Average Compensation as of the actual retirement date, or the Actuarial Equivalent of the Normal Retirement Benefit, if greater.

Early Retirement

Eligibility

Eligibility is contingent upon the completion of 5 Years of Service and attainment of an age that is within the 10-year period immediately preceding the Normal Retirement Date.

Benefit

A Participant may retire on the first day of any month following attainment of eligibility. The amount of the monthly Early Retirement Benefit is the Participant's Accrued Benefit, reduced to reflect the early commencement of payments.

The reduction is 1/180 for each of the first 60 months and 1/360 for each of the next 60 months by which the benefit commences prior to the Normal Retirement Date.

The integrated portion of the Accrued Benefit is reduced to comply with permitted disparity rules (This applies to all early retirement calculations including those without early reductions).

Disability Retirement

Eligibility

Participants must be eligible for and receiving disability benefits under the Employer's non-governmental disability benefit program.

Benefit

Accrued Benefit determined as of the Disability Retirement Date. Years of Service, but not Years of Benefit Service, continue to be earned as long as Employer-funded disability plan benefits are being received.

Payments

Payments commence on the Participant's Normal Retirement Date.

Summary of Plan Provisions (continued)

Death Benefit

Eligibility
Eligibility is contingent upon the 100% Vesting and married at date of death.

Benefit Definition
Benefit: 50% of the benefit computed assuming the Participant had terminated on the date of death and had elected a 50% J&S Option.
Type of Payment: Monthly benefit payable for the life of the surviving spouse. The benefit shall be paid in a lump sum if the Actuarial Equivalent Present Value of the survivor's benefit is less than $5,000.00.
Date of Payment: At what would have been the Participant's Earliest Retirement Age, or the first of the month following the date of death, if later.

Post-retirement Death Benefits
Post-retirement Death Benefits are dependent upon the form of payment selected.

Methods of Payments

Under the Normal Form of payment, a Participant's retirement benefit is payable as a monthly annuity for life, without further payments after death. A Participant may elect to receive the benefit under one of the following Actuarially Equivalent optional forms:

- A monthly benefit paid to the Participant for life, with no further benefits after death.
- A reduced benefit paid to the Participant while the Participant and the designated contingent annuitant are both living, with 50%, 66.67%, 75% or 100% of such benefit continued after the death of either party, payable for the subsequent lifetime of the survivor.
- A reduced benefit paid to the Participant for life, with 120 monthly payments guaranteed. If the Participant dies within the guarantee period, the payments continue to a beneficiary until 120 payments have been made.
- An increased benefit paid for the months prior to receiving Social Security benefits, followed by a reduced benefit for life.
- A lump sum payment of the Actuarial Equivalence of the Participant's retirement benefit, provided the amount does not exceed $5,000.
- Where applicable, a Participant may elect to receive the 12/31/1994 Swain Frozen benefit in a lump sum, with the balance paid as an annuity.

Unless the Participant has elected an option above, it is automatically assumed that a married Participant will elect a Joint and Survivor option with one-half of the initial amount continued to the surviving spouse as contingent annuitant.

Contributions

The entire cost of the Plan is borne by the Employer.

Amendments

The Employer reserves the right to amend or terminate the Plan at any time. 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.

Changes Since Prior Valuation - None

Change in Funding Method

The Plan Sponsor has elected to use the 15-year shortfall amortization period for the October 1, 2010 valuation, pursuant to the 2010 Pension Relief Act.

Schedule of Active Participant Data

	Completed Years of Service											
	< 1 Yr.		1-4 Yrs.		5-9 Yrs.		10-14 Yrs.		15-19 Yrs.		20-24 Yrs.	
Age Group	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
0-24	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A	0	N/A
25-29	5	N/A	2	N/A	0	N/A	0	N/A	0	N/A	0	N/A
30-34	5	N/A	17	N/A	4	N/A	0	N/A	0	N/A	0	N/A
35-39	7	N/A	18	N/A	21	N/A	10	N/A	0	N/A	0	N/A
40-44	5	N/A	15	N/A	21	N/A	8	N/A	2	N/A	0	N/A
45-49	2	N/A	18	N/A	20	N/A	10	N/A	4	N/A	1	N/A
50-54	5	N/A	13	N/A	16	N/A	11	N/A	4	N/A	4	N/A
55-59	2	N/A	18	N/A	21	N/A	6	N/A	3	N/A	7	N/A
60-64	0	N/A	11	N/A	11	N/A	6	N/A	3	N/A	0	N/A
65-69	0	N/A	3	N/A	2	N/A	1	N/A	0	N/A	1	N/A
70+	1	N/A	1	N/A	1	N/A	0	N/A	0	N/A	0	N/A
Total	**32**	**N/A**	**116**	**N/A**	**117**	**N/A**	**52**	**N/A**	**16**	**N/A**	**13**	**N/A**

	Completed Years of Service									
	25-29 Yrs.		30-34 Yrs.		35-39 Yrs.		40 Yrs. +			Totals
Age Group	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.		No.	Avg. Comp.
0-24	0	N/A	0	N/A	0	N/A	0	N/A		0	N/A
25-29	0	N/A	0	N/A	0	N/A	0	N/A		7	N/A
30-34	0	N/A	0	N/A	0	N/A	0	N/A		26	N/A
35-39	0	N/A	0	N/A	0	N/A	0	N/A		56	N/A
40-44	0	N/A	0	N/A	0	N/A	0	N/A		51	N/A
45-49	0	N/A	0	N/A	0	N/A	0	N/A		55	N/A
50-54	2	N/A	0	N/A	0	N/A	0	N/A		55	N/A
55-59	3	N/A	0	N/A	0	N/A	0	N/A		60	N/A
60-64	0	N/A	3	N/A	0	N/A	0	N/A		34	N/A
65-69	0	N/A	0	N/A	0	N/A	0	N/A		7	N/A
70+	0	N/A	0	N/A	0	N/A	0	N/A		3	N/A
Total	**5**	**N/A**	**3**	**N/A**	**0**	**N/A**	**0**	**N/A**		**354**	**N/A**

Schedule of Amortization Bases

Type	Date Established	Years Remaining	PV of Remaining Installments	Amortization Installment
1. Shortfall/ Waiver	10/01/2009	6	1,964,128	366,679
2. Shortfall/ Waiver	10/01/2010	15	2,140,948	209,326
Total Amortizations			**$4,105,076**	**$576,005**

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Schedule H, Line 4i – Schedule of Assets Held at End of Year

EIN: 56-0714394 PN: 001

September 30, 2011

Identity of Issuer, Borrower, Lessor, or Similar Party	*Description of Investment*	*Historical Cost Value*	*Current Value*
Federated	US Treasury Cash Reserves Money Market Fund	$ 873,250	$ 873,250
Powershares	Preferred Portfolio	70,224	71,743
Vanguard	Small Cap Growth Vipers	381,022	379,431
Vanguard	Value Vipers	193,306	169,852
Vanguard	Growth ETF	2,474,834	2,523,621
Vanguard	Value Vipers	2,631,098	2,492,003
BlackRock Fund Advisors	Ishares Barclays MBS Bond Fund	765,717	784,378
BlackRock Fund Advisors	Ishares JP Morgan EM Bond Fund	80,521	78,334
Swedish Export	Elements Rogers Total Return Fund	328,163	297,938
BlackRock Fund Advisors	Ishares Barclays 3-7 Year Treasury Bond Fund	141,254	147,112
BlackRock Fund Advisors	Ishares Barclays Short Treasury Bond Fund	596,225	596,563
State Street Global Advisors	SPDR Barclays International Treasury Bond	105,832	116,433
State Street Global Advisors	SPDR Barclays Capital High Yield Bond	165,100	147,691
Vanguard	Short Term Bond Fund	1,289,287	1,304,185
Vanguard	Intermediate Term Bond ETF	355,330	388,113
State Street Global Advisors	SPDR Gold Trust	414,715	553,210
		$ 10,865,878	$ 10,923,857

The above data is based on information which has been certified as complete and accurate by Branch Banking and Trust Company, the Plan's trustee.

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Schedule H, line 4j - Schedule of Reportable Transactions

EIN: 56-0714394 PN: 001

For the year ended September 30, 2011

Identity of Party Involved	*Description of Asset*	*Purchase Price*	*Selling Price*	*Historical Cost of Asset*	*Current Value of Asset on Transaction Date*	*Historical Gain (Loss)*
Branch Banking and Trust Company	Vanguard Short Term Bond	$ -	$ 1,162,950	$ 1,143,244	$ 1,162,950	$ 19,706
Branch Banking and Trust Company	SHS Federated U.S. Treasury	1,448,431	-	-	1,448,431	-
Branch Banking and Trust Company	SHS Federated U.S. Treasury		1,449,230	1,449,230	1,449,230	-
Branch Banking and Trust Company	Vanguard Short Term Bond	-	651,477	641,776	651,477	9,701
Branch Banking and Trust Company	SHS Federated U.S. Treasury	1,494,078	-	-	1,494,078	-
Branch Banking and Trust Company	SHS Federated U.S. Treasury	-	1,450,000	1,450,000	1,450,000	-
Branch Banking and Trust Company	SHS Federated U.S. Treasury	1,418,950	-	-	1,418,950	-
Branch Banking and Trust Company	SHS Federated U.S. Treasury	1,450,572	-	-	1,450,572	-
Branch Banking and Trust Company	SHS Federated U.S. Treasury	-	809,125	809,125	809,125	-
Branch Banking and Trust Company	SHS Federated U.S. Treasury	-	1,174,881	1,174,881	1,174,881	-

The above data is based on information which has been certified as complete and accurate by Branch Banking and Trust Company, the Plan's trustee.