

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), 6057(b), 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 2011 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>			
A This return/report is for:	☐ a multiemployer plan;	☐ a multiple-employer plan; or	
	☒ a single-employer plan;	☐ a DFE (specify) ____	
B This return/report is:	☐ the first return/report;	☐ the final return/report;	
	☐ an amended return/report;	☐ a short plan year return/report (less than 12 months).	
C If the plan is a collectively-bargained plan, check here.	☐		
D Check box if filing under:	☒ Form 5558;	☐ automatic extension;	☐ the DFVC program;
	☐ special extension (enter description)		

Part II	Basic Plan Information —enter all requested information		
1a Name of plan <u>WESTCARE HEALTH SYSTEM RETIREMENT SAVINGS PROGRAM</u>	1b Three-digit plan number (PN) ►	<u>002</u>	
	1c Effective date of plan	<u>01/01/1995</u>	
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>WESTCARE, INC. DBA WESTCARE HEALTH SYSTEM</u> <u>68 HOSPITAL ROAD</u> <u>SYLVA, NC 28779</u>	2b Employer Identification Number (EIN)	<u>56-0714394</u>	
	2c Sponsor's telephone number	<u>704-586-7000</u>	
	2d Business code (see instructions)	<u>622000</u>	

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/10/2012</u>	<u>JO ANN PALMER</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/10/2012</u>	<u>JO ANN PALMER</u>
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") WESTCARE, INC. DBA WESTCARE HEALTH SYSTEM 68 HOSPITAL ROAD SYLVA, NC 28779	3b Administrator's EIN 56-0714394 3c Administrator's telephone number 704-586-7000
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	1121
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	1141
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	73
d Subtotal. Add lines 6a , 6b , and 6c	6d	1214
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	1214
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	665
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	2

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2F 2G 2M 2T

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> 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
		2011
		This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning **01/01/2011** and ending **12/31/2011**

A Name of plan WESTCARE HEALTH SYSTEM RETIREMENT SAVINGS PROGRAM	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 WESTCARE, INC. DBA 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.
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1 Coverage Information:

(a) Name of insurance carrier

VARIABLE ANNUITY LIFE INSURANCE COMPANY

(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
74-1625348	70238	52532	0	01/01/2011	12/31/2011

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** 0**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 6491524**c** Additions: (1) Contributions deposited during the year **7c(1)** 437556(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 129189(4) Transferred from separate account **7c(4)** 64077(5) Other (specify below) **7c(5)** 0(6) Total additions **7c(6)** 630822**d** Total of balance and additions (add **b** and **c(6)**). **7d** 7122346**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 1123520(2) Administration charge made by carrier **7e(2)** 0(3) Transferred to separate account **7e(3)** 5998177(4) Other (specify below) **7e(4)** 649▶ **CONTRACT SURRENDER CHARGES**(5) Total deductions **7e(5)** 7122346**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 organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

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

9 Experience-rated contracts:

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

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>WESTCARE HEALTH SYSTEM RETIREMENT SAVINGS PROGRAM</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WESTCARE, INC. DBA WESTCARE HEALTH SYSTEM</u>	D Employer Identification Number (EIN) <u>56-0714394</u>

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
<u>BB & T</u>
<u>56-1368984</u>

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
<u>VALIC</u>
<u>74-1625348</u>

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

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

VALIC

74-1625348

(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?
23 26 37 38 50 64	RECORDKEEPER	183664	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

BB & T

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 37 38 50 64	TRUSTEE	3770	Yes ☒ No ☐	Yes ☐ No ☒	0	Yes ☒ No ☐

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

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

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)

(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
BB & T	99	0
(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.
AMERICAN HIGH INCOME TRUST R4 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	CODE 99: 10 BPS * AVG DAILY MKT VALUE	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BB & T	99	0
(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.
AMERICAN CAPITAL WORLD GR & INCOME 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	CODE 99: 10 BPS * AVG DAILY MKT VALUE	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BB & T	99	0
(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.
AMERICAN GROWTH FUND OF AMERICA 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	CODE 99: 10 BPS * AVG DAILY MKT VALUE	

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
BB & T		60	0
(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.	
NEUBERGER BERMAN MID CAP INTRINSIC 605 3RD AVENUE 2ND FLOOR NEW YORK, NY 10158		CODE 60: 30 BPS * AVG DAILY MKT VALUE	

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
BB & T	60	0
(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.
OPPENHEIMER INTERNATIONAL BOND 6801 SOUTH TUCSON WAY ENGLEWOOD, CO 80112	CODE 60: 6.25 BPS * AVG DAILY MKT VALUE	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BB & T	60	0
(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.
OPPENHEIMER DEVELOPING MARKETS 6801 SOUTH TUCSON WAY ENGLEWOOD, CO 80112	CODE 60: 6.25 BPS * AVG DAILY MKT VALUE	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BB & T	60	0
(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.
PIMCO TOTAL RETURN 1345 AVENUE OF THE AMERICAS, 3RD FL NEW YORK, NY 10105	CODE 60: 20 BPS * AVG DAILY MKT VALUE	

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
BB & T	60	0
(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.
T ROWE PRICE RETIREMENT 2045	4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	CODE 60: 15 BPS * AVG DAILY MKT VALUE
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BB & T	60	0
(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.
T ROWE PRICE RETIREMENT 2035	4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	CODE 60: 15 BPS * AVG DAILY MKT VALUE
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BB & T	60	0
(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.
T ROWE PRICE RETIREMENT 2025	4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	CODE 60: 15 BPS * AVG DAILY MKT VALUE

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
BB & T	60	0
(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.
T ROWE PRICE RETIREMENT 2015 4515 PAINTERS MILL RD OWINGS MILLS, MD 21117	CODE 60: 15 BPS * AVG DAILY MKT VALUE	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
VALIC	60	0
(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.
AMERICAN CENTURY INFL-ADJ BOND INV 4500 MAIN STREET 9TH FLOOR KANSAS CITY, MO 64111	CODE 60: 25 BPS * AVG DAILY MKT VALUE	
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
VALIC	60	0
(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.
AMERICAN CENTURY REAL ESTATE INV 4500 MAIN STREET 9TH FLOOR KANSAS CITY, MO 64111	CODE 60: 35 BPS * AVG DAILY MKT VALUE	

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
VALIC	60	0
(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.
AMERICAN CENTURY VISTA INV 4500 MAIN STREET 9TH FLOOR KANSAS CITY, MO 64111	CODE 60: 35 BPS * AVG DAILY MKT VALUE	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VALIC	63 60	0
(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.
AMER FUNDS AMERICAN BALANCED R4 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	CODE 63: 25 BPS * AVG DAILY MKT VALUE CODE 60: 10 BPS * AVG DAILY MKT VALUE	

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VALIC	63 60	0
(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.
AMER FUNDS AMERICAN HI INC TR R4 3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	CODE 63: 25 BPS * AVG DAILY MKT VALUE CODE 60: 10 BPS * AVG DAILY MKT VALUE	

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
VALIC	63 60	0
(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.
AMER FUNDS AMERICAN MUTUAL R4	3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	CODE 63: 25 BPS * AVG DAILY MKT VALUE CODE 60: 10 BPS * AVG DAILY MKT VALUE
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VALIC	63 60	0
(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.
AMER FUNDS CAPITAL WORLD G/I R5	3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	CODE 63: 25 BPS * AVG DAILY MKT VALUE CODE 60: 10 BPS * AVG DAILY MKT VALUE
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VALIC	63 60	0
(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.
AMER FUNDS EUROPACIFIC GROWTH R4	3500 WISEMAN BLVD SAN ANTONIO, TX 78251-4321	CODE 63: 25 BPS * AVG DAILY MKT VALUE CODE 60: 10 BPS * AVG DAILY MKT VALUE

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
VALIC	63 60	0
(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.
AMER FUNDS GROWTH FUND OF AMER R4 3500 WISEMAN BLVD. SAN ANTONIO, TX 78251-4321		CODE 63: 25 BPS * AVG DAILY MKT VALUE CODE 60: 10 BPS * AVG DAILY MKT VALUE
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VALIC	63 60	0
(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.
DAVIS NY VENTURE A 2949 E. ELVIRA ROAD SUITE 101 TUCSON, AZ 85756		CODE 63: 25 BPS * AVG DAILY MKT VALUE CODE 60: 25 BPS * AVG DAILY MKT VALUE
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VALIC	63 60	0
(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.
DREYFUS BOND MARKET INDEX INV 200 PARK AVENUE NEW YORK, NY 10166		CODE 63: 25 BPS * AVG DAILY MKT VALUE CODE 60: 10 BPS * AVG DAILY MKT VALUE

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
VALIC	63 60	0
(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.
DREYFUS INTL STOCK INDEX	200 PARK AVENUE NEW YORK, NY 10166	CODE 63: 25 BPS * AVG DAILY MKT VALUE CODE 60: 15 BPS * AVG DAILY MKT VALUE
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
VALIC	63 60	0
(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.
DREYFUS MIDCAP INDEX	200 PARK AVENUE NEW YORK, NY 10166	CODE 63: 25 BPS * AVG DAILY MKT VALUE CODE 60: 15 BPS * AVG DAILY MKT VALUE
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
VALIC	63 60	0
(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.
DREYFUS S & P 500 INDEX	200 PARK AVENUE NEW YORK, NY 10166	CODE 63: 25 BPS * AVG DAILY MKT VALUE CODE 60: 15 BPS * AVG DAILY MKT VALUE

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
VALIC	63 60	0
(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.
DREYFUS SMALL CAP STOCK INDEX	200 PARK AVENUE NEW YORK, NY 10166	CODE 63: 25 BPS * AVG DAILY MKT VALUE CODE 60: 15 BPS * AVG DAILY MKT VALUE
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VALIC	63 60	0
(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.
LEGG MASON CLEARBRIDGE SM CAP GR A	55 WATER STREET, 32ND FLOOR NEW YORK, NY 10041	CODE 63: 25 BPS * AVG DAILY MKT VALUE CODE 60: 25 BPS * AVG DAILY MKT VALUE
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VALIC	63 60	0
(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.
PIMCO TOTAL RETURN A	ALLIANZ GLOBAL INVESTORS 1345 AVENUE OF THE AMERICAS 3RD FL NEW YORK, NY 10105	CODE 63: 25 BPS * AVG DAILY MKT VALUE CODE 60: 10 BPS * AVG DAILY MKT VALUE

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
VALIC	63 60	0
(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.
PIONEER MID-CAP VALUE A	60 STATE STREET, 13TH FL BOSTON, MA 02109-1820	CODE 63: 25 BPS * AVG DAILY MKT VALUE CODE 60: 30 BPS * AVG DAILY MKT VALUE
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VALIC	63 60	0
(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.
T ROWE PRICE RETIREMENT 2015 ADV	4515 PAINTERS MILL ROAD OWINGS MILLS, MD 21117	CODE 63: 25 BPS * AVG DAILY MKT VALUE CODE 60: 15 BPS * AVG DAILY MKT VALUE
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VALIC	63 60	0
(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.
T ROWE PRICE RETIREMENT 2025 ADV	4515 PAINTERS MILL ROAD OWINGS MILLS, MD 21117	CODE 63: 25 BPS * AVG DAILY MKT VALUE CODE 60: 15 BPS * AVG DAILY MKT VALUE

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
VALIC	63 60	0
(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.
T ROWE PRICE RETIREMENT 2035 ADV 4515 PAINTERS MILL ROAD OWINGS MILL, MD 21117		CODE 63: 25 BPS * AVG DAILY MKT VALUE CODE 60: 15 BPS * AVG DAILY MKT VALUE
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VALIC	63 60	0
(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.
T ROWE PRICE RETIREMENT 2045 ADV 4515 PAINTERS MILL ROAD OWINGS MILL, MD 21117		CODE 63: 25 BPS * AVG DAILY MKT VALUE CODE 60: 15 BPS * AVG DAILY MKT VALUE
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VALIC	63 60	0
(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.
T ROWE PRICE RETIREMENT 2055 ADV 4515 PAINTERS MILL ROAD OWINGS MILL, MD 21117		CODE 63: 25 BPS * AVG DAILY MKT VALUE CODE 60: 15 BPS * AVG DAILY MKT VALUE

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
VALIC	63 60	0
(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.	
T ROWE PRICE RETIREMENT INCOME ADV 4515 PAINTERS MILL ROAD OWINGS MILL, MD 21117	CODE 63: 25 BPS * AVG DAILY MKT VALUE CODE 60: 15 BPS * AVG DAILY MKT VALUE	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
VALIC	63	0
(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.	
VALIC FIXED INTEREST OPTION 2929 ALLEN PARKWAY HOUSTON, TX 77019	CODE 63: 65 BPS* EXPECTED VAL OF PART ALLOCATIONS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2011</div> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan WESTCARE HEALTH SYSTEM RETIREMENT SAVINGS PROGRAM	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 WESTCARE, INC. DBA WESTCARE HEALTH SYSTEM	D Employer Identification Number (EIN) 56-0714394	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	8683	357
(2) Participant contributions	1b(2)	506	1605
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1022554	4423840
(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)	1004217	1087223
(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)	14478847	16616447
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	6491524	0
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	23006331	22129472

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	23006331	22129472
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	837426	
(B) Participants	2a(1)(B)	1646419	
(C) Others (including rollovers)	2a(1)(C)	22049	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2505894
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1027	
(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)	48249	
(F) Other	2b(1)(F)	129190	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		178466
(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)	517599	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		517599
(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)		-613714
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2588245

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3386505	
(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)		3386505
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		2941
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	66276	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	3615	
(4) Other	2i(4)	5767	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		75658
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3465104

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-876859
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: PYA

(2) EIN: 65-1517792

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.).....	☒	☐	49011
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.).....	☐	☒	
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.)	☐	☒	
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.).....	☐	☒	
e Was this plan covered by a fidelity bond?.....	☒	☐	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?	☐	☒	
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?	☐	☒	
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?	☐	☒	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	☒	☐	
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.).....	☐	☒	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....	☐	☒	
l Has the plan failed to provide any benefit when due under the plan?	☐	☒	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....	☐	☒	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	☐	☐	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>WESTCARE HEALTH SYSTEM RETIREMENT SAVINGS PROGRAM</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WESTCARE, INC. DBA WESTCARE HEALTH SYSTEM</u>	D Employer Identification Number (EIN) <u>56-0714394</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>56-1368984</u> <u>74-1625348</u> Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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 (include any prior year accumulated funding deficiency not waived)	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 or other authority 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. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

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): _____

- 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 SAVINGS PROGRAM

**Audited Financial Statements
and Supplemental Schedules**

Year Ended December 31, 2011



WESTCARE HEALTH SYSTEM RETIREMENT SAVINGS PROGRAM

Audited Financial Statements and Supplemental Schedules

Year Ended December 31, 2011

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Audited Financial Statements

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INDEPENDENT AUDITOR'S REPORT

To the Retirement Committee of
MedWest Health System:

We were engaged to audit the accompanying statements of net assets available for benefits of the Westcare Health System Retirement Savings Program (the Plan) as of December 31, 2011 and 2010, and the related statement of changes in net assets available for benefits for the year ended December 31, 2011, and the supplemental schedules as listed in the accompanying index as of December 31, 2011. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Notes C and E, which was certified by Variable Annuity Life Insurance Company (VALIC) and Branch Banking and Trust Company (BB&T), the custodians of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the custodians as of December 31, 2011 and 2010 and for the year ended December 31, 2011, that the information provided to the Plan administrator by the custodians 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 supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Pershing Yoakley & Associates PC

Knoxville, Tennessee
October 5, 2012

WESTCARE HEALTH SYSTEM RETIREMENT SAVINGS PROGRAM

Statements of Net Assets Available for Benefits

	<i>December 31,</i>	
	<i>2011</i>	<i>2010</i>
ASSETS		
Investments, at fair value:		
Cash and cash equivalents	\$ 4,423,840	\$ 1,022,554
Shares of registered investment companies	16,616,447	14,478,847
Annuity contract with insurance company	-	6,526,532
Receivables:		
Employer's contribution	357	8,683
Participants' contributions	1,605	506
Notes receivable from participants	1,087,223	1,004,217
TOTAL ASSETS	22,129,472	23,041,339
NET ASSETS AVAILABLE FOR BENEFITS AT FAIR VALUE	22,129,472	23,041,339
Adjustment from fair value to contract value for the fully benefit-responsive investment contract	-	(35,008)
NET ASSETS AVAILABLE FOR BENEFITS	\$ 22,129,472	\$ 23,006,331

WESTCARE HEALTH SYSTEM RETIREMENT SAVINGS PROGRAM

Statement of Changes in Net Assets Available for Benefits

	<i>Year Ended December 31, 2011</i>
<hr/>	
Additions to net assets attributed to:	
Investment income:	
Shares of registered investment companies:	
Interest and dividends	\$ 566,876
Annuity contract with insurance company:	
Interest	129,189
	<hr/>
Total investment income	696,065
Contributions:	
Participants	1,646,419
Employer	837,426
Rollovers	22,049
	<hr/>
Total contributions	2,505,894
TOTAL ADDITIONS	<hr/> 3,201,959
Deductions from net assets attributed to:	
Benefits paid to participants	3,389,446
Net depreciation in fair value of shares of registered investment companies	613,714
Administrative expenses	75,658
	<hr/>
TOTAL DEDUCTIONS	4,078,818
NET DECREASE	(876,859)
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<hr/> 23,006,331
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<hr/> <hr/> \$ 22,129,472

WESTCARE HEALTH SYSTEM RETIREMENT SAVINGS PROGRAM

Notes to Financial Statements

Year Ended December 31, 2011

NOTE A--DESCRIPTION OF PLAN

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

General: The Plan is a defined contribution plan covering all employees of Westcare Health System (the Company) excluding students performing services, employees who work less than 20 hours per week, leased employees, employees of for-profit affiliates and contract employees. The Variable Annuity Life Insurance Company (VALIC) and Branch Banking and Trust Company (BB&T) serve as the custodians of the Plan. The Midwest Retirement Committee controls and manages the operation and administration of the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Contributions: Each year, participants may contribute up to the maximum percentage allowed under the Internal Revenue Code. Participants who have attained age 50 before the end of the Plan year are eligible to make catch-up contributions. Participants are allowed to rollover funds into the Plan from other qualified plans. Participants may direct the investment of all contributions to the Plan into various investment options offered by the Plan. Effective January 1, 2010, the Plan was amended to exclude bonuses, paid time off cash-outs for active employees, payments classified as "Westshare," and service awards from eligible compensation for purposes of calculating employee and employer contributions. The Company will match employee contributions up to the following contribution percentages based on the Years of Service earned as follows:

<i>Years of Service</i>	<i>Matching Percentage</i>
Less than 1	0%
At least 1, but less than 4	2%
At least 4, but less than 9	4%
At least 9, but less than 24	5%
24 or more years	6%

Participant Accounts: Each participant's account is credited with the participant's contributions and the company's matching contributions and allocations of Plan earnings (losses), and charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting: Participants are immediately vested in their contributions plus actual earnings thereon. Participants are fully vested in the Company's matching contribution upon attaining normal

WESTCARE HEALTH SYSTEM RETIREMENT SAVINGS PROGRAM

Notes to Financial Statements - Continued

Year Ended December 31, 2011

NOTE A--DESCRIPTION OF PLAN - Continued

retirement age, disability, or death. Otherwise the matching contributions are vested based on years of service for vesting purposes as follows:

<i>Years of Service</i>	<i>Vesting Percentage</i>
Less than 1	0%
1	20%
2	40%
3	60%
4	80%
5 or more	100%

Payment of Benefits: Upon termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or systematic installments. For termination of service for other reasons, a participant may receive the value of their vested interest in his or her account as a lump-sum distribution.

Forfeitures: At December 31, 2011, forfeited nonvested accounts totaled \$47,282. These accounts will be used to reduce future employer contributions. Employer contributions were reduced by \$1,585 from forfeited nonvested accounts during 2011.

Notes Receivable from Participants: Participants may borrow from their fund accounts a minimum of \$1,000 up to a maximum equal to the lesser of \$50,000 or 50% of their vested account balances. The loans are secured by the balance in the participant's account and bear interest at rates ranging from 4.25% to 9.25% as of December 31, 2011. Principal and interest is paid ratably through payroll deductions.

Plan Termination: Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become fully vested in their account balance.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

WESTCARE HEALTH SYSTEM RETIREMENT SAVINGS PROGRAM

Notes to Financial Statements - Continued

Year Ended December 31, 2011

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

Use of Estimates: The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results could differ from these 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.

Annuity contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive annuity contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The statements of net assets available for benefits present the fair value of the annuity contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value.

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 as well as held during the year.

Payment of Benefits: Benefits are recorded when paid. At December 31, 2011, there were no benefits requested and approved for payment, but not paid.

Administrative Expenses: All significant expenses of maintaining the Plan are paid by the Plan.

Subsequent Events: Management has evaluated all events or transactions that occurred after December 31, 2011, through October 5, 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 December 31, 2011 financial statements.

Recently Issued/Adopted Accounting Pronouncements: In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2010-06, *Improving Disclosures about Fair Value Measurements*, as it relates to FASB Accounting Standards Codification (ASC) 820, *Fair Value Measurements*. This Update provides amendments to FASB ASC 820 that require new disclosures regarding significant transfers in and out of Levels 1 and 2, as well as information about activity in Level 3 fair value measurements, including presenting information about purchases, sales, issuances and

WESTCARE HEALTH SYSTEM RETIREMENT SAVINGS PROGRAM

Notes to Financial Statements - Continued

Year Ended December 31, 2011

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

settlements on a gross versus a net basis in the Level 3 activity rollforward. In addition, ASU 2010-06 clarifies existing disclosures regarding input and valuation techniques, as well as the level of each class of assets and liabilities. The applicable requirements of this Update were adopted by the Plan in 2010, except for the disclosures about the roll forward of activity in Level 3 fair value measurements which the Plan adopted in 2011, and the adoption did not have a material impact on the financial statements.

NOTE C--INVESTMENTS CERTIFIED BY THE CUSTODIAN

The Plan's investments are held by two custodians, VALIC and BB&T. The Plan's administrator has instructed the independent auditors not to examine the information certified as complete and accurate by the custodians. All investment information in the accompanying financial statements and schedule of assets held at end of year was obtained or derived from information certified as complete and accurate by the custodians.

Investments that represent at least 5% or more of the Plan's net assets are separately identified as follows as of December 31:

	<i>2011</i>	<i>2010</i>
Investments, at fair value:		
American Century Money Market	\$ 3,603,612	\$ 41,889
Dreyfus S&P 500 Index	2,146,152	2,002,735
Eaton Vance Large Cap Value	1,263,813	1,296,105
Fixed Interest Account	-	6,526,532
Pimco Total Return	1,189,341	1,061,580
Other	12,837,369	11,099,092
	<u>\$ 21,040,287</u>	<u>\$ 22,027,933</u>

Notes receivable from participants outstanding related to VALIC and BB&T totaled \$803,431 and \$283,792, respectively, as of December 31, 2011 and \$809,061 and \$195,156, respectively, as of December 31, 2010.

During 2011, the Plan's investments, including investments bought, sold and held at year end depreciated in value by \$(613,714).

NOTE D--FAIR VALUE MEASUREMENTS

Fair Value Measurements: FASB 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

WESTCARE HEALTH SYSTEM RETIREMENT SAVINGS PROGRAM

Notes to Financial Statements - Continued

Year Ended December 31, 2011

NOTE D--FAIR VALUE MEASUREMENTS - Continued

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 corroborated by observable market data by correlation or other means.

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

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

The asset 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.

Shares of Registered Investment Funds: Valued at the net asset value (NAV) of shares held by the Plan at year end.

Notes Receivable from Participants: Valued at their unpaid principal balance plus any accrued but unpaid interest, which approximates fair value.

Annuity 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 E).

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 sponsor

WESTCARE HEALTH SYSTEM RETIREMENT SAVINGS PROGRAM

Notes to Financial Statements - Continued

Year Ended December 31, 2011

NOTE D--FAIR VALUE MEASUREMENTS - Continued

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 December 31, 2011:

	<i>Quoted Prices in Active Markets (Level 1)</i>	<i>Significant Other Observable Inputs (Level 2)</i>	<i>Significant Unobservable Inputs (Level 3)</i>	<i>Total</i>
International stock funds	\$ 2,193,875	\$ -	\$ -	\$ 2,193,875
U.S. stock funds	8,373,467	-	-	8,373,467
Target retirement date funds	515,317	-	-	515,317
Balanced funds	585,054	-	-	585,054
Capital preservation funds	2,650,816	-	-	2,650,816
Treasury funds	761,431	-	-	761,431
Bond funds	1,536,487	-	-	1,536,487
Total assets at fair value	<u>\$ 16,616,447</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 16,616,447</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010.

	<i>Quoted Prices in Active Markets (Level 1)</i>	<i>Significant Other Observable Inputs (Level 2)</i>	<i>Significant Unobservable Inputs (Level 3)</i>	<i>Total</i>
International stock funds	\$ 2,323,730	\$ -	\$ -	\$ 2,323,730
U.S. stock funds	8,156,825	-	-	8,156,825
Target retirement date funds	182,379	-	-	182,379
Balanced funds	704,967	-	-	704,967
Capital preservation funds	1,961,139	-	-	1,961,139
Treasury funds	660,044	-	-	660,044
Bond funds	489,763	-	-	489,763
Annuity contract with insurance company	-	-	6,526,532	6,526,532
Total assets at fair value	<u>\$ 14,478,847</u>	<u>\$ -</u>	<u>\$ 6,526,532</u>	<u>\$ 21,005,379</u>

WESTCARE HEALTH SYSTEM RETIREMENT SAVINGS PROGRAM

Notes to Financial Statements - Continued

Year Ended December 31, 2011

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 December 31, 2011:

	<i>Annuity Contract with Insurance Company</i>
Balance, beginning of year	\$ 6,526,532
Reinvested interest earned	129,189
Contributions	419,882
Transfers in	17,674
Distributions	(1,123,520)
Transfers out	(5,934,100)
Charges/adjustments	(35,657)
Balance, end of year	<u>\$ -</u>

NOTE E--ANNUITY CONTRACT WITH INSURANCE COMPANY

The Plan had previously entered into a benefit-responsive annuity contract with VALIC. The Plan elected to discontinue the contract with VALIC effective August 1, 2011. VALIC maintained the contributions in a general account. The account was credited with earnings on the underlying contract and charged for participant withdrawals and administrative expenses. The contract was included in the financial statements at contract value as reported to the Plan by VALIC. The guaranteed annuity contract issuer was contractually obligated to repay the principal and a specified interest rate that was guaranteed to the Plan. The annuity contract allowed for the Company and/or VALIC to terminate the agreement at any time given proper notice.

As described in Note B, because the annuity contract was fully benefit-responsive, contract value was the relevant measurement attribute for that portion of the net assets available for benefits attributable to the annuity contract. Contract value, as reported to the Plan by VALIC, represented contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants were allowed to ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There were no reserves against contract value for credit risk of the contract issuer or otherwise. The fair value of the investment contract at December 31, 2010 was \$6,526,532. The crediting interest rate was based on a formula agreed upon with the issuer and had no minimum or

WESTCARE HEALTH SYSTEM RETIREMENT SAVINGS PROGRAM

Notes to Financial Statements - Continued

Year Ended December 31, 2011

NOTE E--ANNUITY CONTRACT WITH INSURANCE COMPANY - Continued

maximum limit. Such interest rates were reviewed on a monthly basis for resetting. During 2011 and 2010, the minimum rate credited to participant accounts was 3.00%.

The Plan's average interest rates on the annuity contract were as follows:

	<i>Year Ended December 31, 2010</i>
Based on actual earnings	3.33%
Based on interest rate credited to participants	3.33%

NOTE F--RELATED-PARTY TRANSACTIONS

Plan investments include a money market fund with VALIC and a guaranteed annuity contract secured by the general assets of VALIC. VALIC and BB&T are the custodians as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for administrative services amounted to \$75,658 for the year ended December 31, 2011.

NOTE G--INCOME TAX STATUS

The Plan is required to operate in conformity with the Internal Revenue Code to maintain its tax exemption. The Plan adopted a prototype defined contribution plan sponsored by W. E. Stanley & Company, Inc. (the former custodian). W. E. Stanley & Company, Inc. obtained a favorable determination letter on the prototype plan dated June 30, 2000. The prototype plan has been amended since receiving the determination letter. However, the Plan administrator believes that the Plan, as currently designed, is being substantially operated in compliance with the applicable requirements of the Internal Revenue Code.

The Plan did not identify any significant uncertain tax positions resulting in any unrecognized tax benefits as of and for the year ended December 31, 2011. In addition, the Plan was not assessed and did not recognize any interest or penalties related to taxes for the year ended December 31, 2011.

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 investments, it is at least reasonably possible that changes in the values of investments will occur

WESTCARE HEALTH SYSTEM RETIREMENT SAVINGS PROGRAM

Notes to Financial Statements - Continued

Year Ended December 31, 2011

NOTE H--RISKS AND UNCERTAINTIES - Continued

in the near term and that such changes could materially affect the participants' account balances and the amount reported in the statements of net assets available for benefits.

NOTE I--PROHIBITED TRANSACTIONS

During 2011, the Company failed to segregate certain employee deferrals totaling \$49,011 from its assets within the time parameter described in DOL Reg. 2510.3-102(b), related to two separate pay periods. In both instances, the Company was in excess of the stated time parameter by two business days. The Company has indicated that the delays relate to a payroll system conversion and believes any potential quantifiable effect on the earnings for individual account holders related to this failure to timely remit employee deferrals would be negligible. Based on these facts, the Company does not consider it necessary to correct the issue under the DOL's Voluntary Fiduciary Correction Program (VFCP).

Supplemental Schedules

WESTCARE HEALTH SYSTEM RETIREMENT SAVINGS PROGRAM***Schedule H, Line 4i – Schedule of Assets Held at End of Year******EIN: 56-0714394******PN: 002******December 31, 2011***

<i>Identity of Issuer, Borrower, Lessor, or Similar Party</i>	<i>Description of Asset</i>	<i>Current Value</i>
Money Market Funds		
* VALIC	Forfeiture Money Market Account	\$ 41,530
American Century	Money Market Account	3,603,612
Vanguard	Money Market	778,698
Shares of Registered Investment Companies		
American Century	Inflation-Adjusted Bond Investment	983,086
American Century	Real Estate Investment	47,253
American Century	Vista Investment	60,189
American Funds	American Balanced	515,430
American Funds	American High Income	100,465
American Funds	American Mutual	284,330
American Funds	Cap World Global	245,863
American Funds	Europacific	743,173
American Funds	Growth Fund	784,064
Davis NY	Venture A	277,345
Dreyfus	Bond Market Index Investment	495,001
Dreyfus	International Stock Index	210,555
Dreyfus	Mid Cap Index	933,455
Dreyfus	S&P 500 Index	2,146,152
Dreyfus	Small Cap Stock Index	664,830
Dreyfus	Small Cap Value	140,519
LeggMason	Small Cap Growth A	88,761
Pimco	Total Return A	1,088,120
Pioneer	MidCap Value A	57,105
Eaton Vance	Large Cap Value	1,263,813
Fairholme	Fairholme Fund	69,624
Fidelity	Advisor Small Cap	438,583
Harbor	International Fund Institution	160,728
Morgan Stanley	Mid Cap Growth I	107,018
MFS	Research International	518,453
Neuberg Berman	Regency Trust	31,560
Oppenheimer	Development Market	283,293
Oppenheimer	International Bond Fund	58,400
Pimco	Total Return	1,189,341
American Funds	Growth of America	1,064,354
American Funds	High Income	86,981

WESTCARE HEALTH SYSTEM RETIREMENT SAVINGS PROGRAM***Schedule H, Line 4i – Schedule of Assets Held at End of Year - Continued******EIN: 56-0714394******PN: 002******December 31, 2011***

<i>Identity of Issuer, Borrower, Lessor, or Similar Party</i>	<i>Description of Asset</i>	<i>Current Value</i>
American Funds	American Cap	15,696
Royce	Total Return Fund Investment	185,909
T. Rowe Price	Retirement 2015	60,412
T. Rowe Price	Retirement 2025	222,447
T. Rowe Price	Retirement 2035	147,000
T. Rowe Price	Retirement 2045	32,980
T. Rowe Price	Retirement 2055	39,886
T. Rowe Price	Retirement Income	12,594
Vanguard	Short Term Treasury	263,891
Vanguard	Intermediate Term Treasury	497,540
ING	Intermediate International Grade A	248
Participant Loans		
Notes receivable from participants	Rates of 4.25% - 9.25%	1,087,223
		<u><u>\$ 22,127,510</u></u>

*Indicates a party-in-interest

The above data is based on information which has been certified as complete and accurate by VALIC and BB&T, the custodians.

WESTCARE HEALTH SYSTEM RETIREMENT SAVINGS PROGRAM

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions

EIN: 56-0714394

PN: 002

December 31, 2011

<i>Participant Contributions Transferred Late to Plan</i>	<i>Total that Constitute Nonexempt Prohibited Transactions</i>			<i>Total Fully Corrected VFCP at PTE 2002-51</i>
<i>Check here if late participant loan repayments are included</i> ☐	<i>Contributions Not Corrected</i> <i>\$49,011</i>	<i>Contributions Corrected Outside VFCP</i>	<i>Contributions Pending Correction in VFCP</i>	

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name WESTCARE HEALTH SYSTEM RETIREMENT SAVINGS PROGRAM

EIN: 56-0714394

Plan Sponsor's Name WESTCARE, INC. DBA WESTCARE HEALTH SYSTEM

PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMERICAN GROWTH OF AMERICA	OTHER INVESTMENT	1,067,227	1,064,354
	AMERICAN HIGH INC TRUST	OTHER INVESTMENT	88,385	86,981
	EATON VANCE LARGE CAP VALUE	OTHER INVESTMENT	1,345,308	1,263,813
	FAIRHOLME	OTHER INVESTMENT	90,769	69,624
	FIDELITY ADV SMALL CAP	OTHER INVESTMENT	457,352	438,583
	HARBOR INTERNAT'L INSTL	OTHER INVESTMENT	156,996	160,728
	INVESCO INTERNATIONAL GROWTH A	OTHER INVESTMENT	251	248

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name WESTCARE HEALTH SYSTEM RETIREMENT SAVINGS PROGRAM

EIN: 56-0714394

Plan Sponsor's Name WESTCARE, INC. DBA WESTCARE HEALTH SYSTEM

PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	BB & T LOANS	LOANS AT 4.25% INTEREST	283,792	283,792
	MFS RESEARCH INTERNAT'L	OTHER INVESTMENT	596,812	518,453
	MORGAN STANLEY INSTL MIDCAP GR	OTHER INVESTMENT	86,532	107,018
	NEUBERGER BERMAN MID CAP INTRINSIC	OTHER INVESTMENT	32,628	31,560
	OPPENHEIMER DEVELOPING MARKETS	OTHER INVESTMENT	301,180	283,293
	OPPENHEIMER INTL BOND	OTHER INVESTMENT	60,969	58,400
	PIMCO TOTAL RETURN A	OTHER INVESTMENT	1,173,272	1,189,341

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name WESTCARE HEALTH SYSTEM RETIREMENT SAVINGS PROGRAM

EIN: 56-0714394

Plan Sponsor's Name WESTCARE, INC. DBA WESTCARE HEALTH SYSTEM

PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	ROYCE TOTAL RETURN	OTHER INVESTMENT	168,179	185,909
	T ROWE PRICE RETIREMENT 2015	OTHER INVESTMENT	39,061	43,352
	T ROWE PRICE RETIREMENT 2025	OTHER INVESTMENT	111,903	109,923
	T ROWE PRICE RETIREMENT 2035	OTHER INVESTMENT	61,459	61,479
	VANGUARD INTERM-TERM US TREAS	OTHER INVESTMENT	497,635	497,540
	VANGUARD SHORT TERM TREASURY	OTHER INVESTMENT	264,831	263,891
	AMERICAN CAP WORLD GR & INC	OTHER INVESTMENT	16,926	15,696

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name WESTCARE HEALTH SYSTEM RETIREMENT SAVINGS PROGRAM

EIN: 56-0714394

Plan Sponsor's Name WESTCARE, INC. DBA WESTCARE HEALTH SYSTEM

PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	T ROWE PRICE RETIREMENT 2045	OTHER INVESTMENT	18,351	16,754
	AMER FUNDS AMER BAL R4	OTHER INVESTMENT		515,430
	AMER FUNDS AMER H/I R4	OTHER INVESTMENT		100,465
	AMER FUNDS AMER MUT R4	OTHER INVESTMENT		284,330
	AMER FUNDS CAP WRLD GL R4	OTHER INVESTMENT		245,863
	AMER FUNDS EUROPAC R4	OTHER INVESTMENT		743,173
	AMER FUNDS GROWTH FUND R4	OTHER INVESTMENT		784,064

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name WESTCARE HEALTH SYSTEM RETIREMENT SAVINGS PROGRAM

EIN: 56-0714394

Plan Sponsor's Name WESTCARE, INC. DBA WESTCARE HEALTH SYSTEM

PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AMER CENT CP PRES MM INV	OTHER INVESTMENT		3,603,612
	DAVIS NY VENTURE A	OTHER INVESTMENT		277,345
	DREYFUS BOND MKT IDX INV	OTHER INVESTMENT		495,001
	DREYFUS INTL STOCK INDEX	OTHER INVESTMENT		210,555
	DREYFUS MIDCAP INDEX	OTHER INVESTMENT		933,455
	DREYFUS S & P 500 INDEX	OTHER INVESTMENT		2,146,152
	DREYFUS SM CAP STK INDX	OTHER INVESTMENT		664,830

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name WESTCARE HEALTH SYSTEM RETIREMENT SAVINGS PROGRAM

EIN: 56-0714394

Plan Sponsor's Name WESTCARE, INC. DBA WESTCARE HEALTH SYSTEM

PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	DREYFUS SM CAP VAL R	OTHER INVESTMENT		140,519
	LEGG MASON CLRBRDG SM CAP GR A	OTHER INVESTMENT		88,761
	PIMCO TOTAL RET A	OTHER INVESTMENT		1,088,120
	PIONEER MID-CAP VALUE A	OTHER INVESTMENT		57,105
	VALIC PLAN LOANS	LOANS 4.25% INTEREST		803,431
	VALIC FIXED INTEREST	OTHER INVESTMENT		0
	AM CENT INF-BOND INV	OTHER INVESTMENT		983,086

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name WESTCARE HEALTH SYSTEM RETIREMENT SAVINGS PROGRAM

EIN: 56-0714394

Plan Sponsor's Name WESTCARE, INC. DBA WESTCARE HEALTH SYSTEM

PN: 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	AM CENT REAL ESTATE INV	OTHER INVESTMENT		47,253
	AM CENT VISTA	OTHER INVESTMENT		60,189
	T ROWE PRICE RETIREMENT 2055 ADV	OTHER INVESTMENT		39,886
	T ROWE PRICE RETIREMENT 2015 ADV	OTHER INVESTMENT		17,060
	T ROWE PRICE RETIREMENT 2025 ADV	OTHER INVESTMENT		112,524
	T ROWE PRICE RETIREMENT 2035 ADV	OTHER INVESTMENT		85,521
	T ROWE PRICE RETIREMENT 2045 ADV	OTHER INVESTMENT		16,226

Plan Name	WESTCARE HEALTH SYSTEM RETIREMENT SAVINGS PROGRAM	EIN:	56-0714394
Plan Sponsor's Name	WESTCARE, INC. DBA WESTCARE HEALTH SYSTEM	PN:	002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	T ROWE PRICE RETIREMENT INC ADV	OTHER INVESTMENT		12,594
	VANGUARD PRIME MONEY MKT CL I	OTHER INVESTMENT	778,698	778,698
	SUNAMERICA MONEY MARKET I	OTHER INVESTMENT	41,530	41,530