

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

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>CAMDEN CLARK MEDICAL CENTER CASH PLUS PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan <u>01/01/1976</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>CAMDEN CLARK MEDICAL CENTER</u> <u>P. O. BOX 718</u> <u>PARKERSBURG, WV 26102</u>	2b Employer Identification Number (EIN) <u>31-1524546</u> 2c Sponsor's telephone number <u>304-424-2111</u> 2d Business code (see instructions) <u>622000</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/12/2012</u>	<u>THOMAS HELLER</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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") CAMDEN CLARK MEDICAL CENTER P. O. BOX 718 PARKERSBURG, WV 26102	3b Administrator's EIN 31-1524546 3c Administrator's telephone number 304-424-2111
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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	1709
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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	1162
b Retired or separated participants receiving benefits.....	6b	118
c Other retired or separated participants entitled to future benefits.....	6c	338
d Subtotal. Add lines 6a , 6b , and 6c	6d	1618
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	23
f Total. Add lines 6d and 6e	6f	1641
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	69

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

1A 1C 1G

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

9a Plan funding arrangement (check all that apply)	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)** ☐ **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☐ **D** (DFE/Participating Plan Information)
- (6)** ☐ **G** (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2011 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

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

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

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

Part I	Basic Information
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>
2	Assets:
a	Market value 2a <u>25933352</u>
b	Actuarial value 2b <u>24910820</u>
3	Funding target/participant count breakdown:
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>129</u> <u>5597790</u>
b	For terminated vested participants 3b <u>321</u> <u>4673961</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>471598</u>
(2)	Vested benefits 3c(2) <u>19796384</u>
(3)	Total active 3c(3) <u>1259</u> <u>20267982</u>
d	Total 3d <u>1709</u> <u>30539733</u>
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.06 %</u>
6	Target normal cost 6 <u>1124452</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>10/05/2012</u>
Signature of actuary	Date
<u>BART PUSHAW, ASA</u>	<u>11-04673</u>
Type or print name of actuary	Most recent enrollment number
<u>MILLIMAN, INC.</u>	<u>214-863-5500</u>
Firm name	Telephone number (including area code)
<u>10000 N. CENTRAL EXPWY., SUITE 1500</u> <u>DALLAS, TX 75231-2605</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2011
v.012611

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>9.64</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		2614208
b	Interest on (a) using prior year's effective rate of <u>6.64</u> % except as otherwise provided (see instructions)		173583
c	Total available at beginning of current plan year to add to prefunding balance.....		2787791
d	Portion of (c) to be added to prefunding balance.....		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	81.56 %
15	Adjusted funding target attainment percentage.....	15	81.56 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	87.34 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV		Contributions and liquidity shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/07/2012	160000		06/08/2011	270000	
02/07/2011	160000		07/06/2011	270000	
03/07/2011	160000		08/05/2011	270000	
04/05/2011	160000		09/07/2011	270000	
05/05/2011	160000		10/05/2011	270000	
05/09/2011	110000		11/04/2011	270000	
			Totals ►	18(b)	3070000
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 2715598
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

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

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		
b	Interest on (a) using prior year's effective rate of _____% except as otherwise provided (see instructions)		
c	Total available at beginning of current plan year to add to prefunding balance.....		
d	Portion of (c) to be added to prefunding balance.....		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....		

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

Part IV		Contributions and liquidity shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/06/2011	270000	0			
01/09/2012	270000	0			
			Totals ►	18(b)	18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of quarter of this plan year	
(1) 1st	(2) 2nd
(3) 3rd	(4) 4th

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

21 Discount rate:				
a Segment rates:	1st segment: 2.94%	2nd segment: 5.82%	3rd segment: 6.46 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	1124452	
b Excess assets, if applicable, but not greater than 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	5628913	1043783	
	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	2168235	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	2168235	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	2715598	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	547363	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

MILLIMAN, INC.

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	276407	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNITED BANK

55-6100340

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	25472	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BRECKINRIDGE CAPITAL ADVISORS, INC.

04-3188271

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27	NONE	67258	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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>CAMDEN CLARK MEDICAL CENTER CASH PLUS PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CAMDEN CLARK MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>31-1524546</u>	

	Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	347	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	800000	270000
	(2) Participant contributions	1b(2)		
	(3) Other	1b(3)	3723	34017
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	11366508	968998
	(2) U.S. Government securities	1c(2)	0	0
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other	1c(3)(B)	0	0
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)	223871	0
	(5) Partnership/joint venture interests	1c(5)	678793	0
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)		
	(10) Value of interest in pooled separate accounts	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	12860110	25706330
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	25933352	26979345

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	25933352	26979345
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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)	3070000	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		3070000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		0
(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)	-956522	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-956522
(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)		1373078
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3486556

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2060250	
(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)		2060250
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)	272706	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	82135	
(4) Other	2i(4)	25472	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		380313
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2440563

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1045993
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: DIXON HUGHES GOODMAN LLP

(2) EIN: 56-0747981

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	0
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	0
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	0
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	0
e Was this plan covered by a fidelity bond?.....	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	0
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	0
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	0
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount: 0

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>55-6100340</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>77</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ 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
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. 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.
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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: 74% Investment-Grade Debt: _____% High-Yield Debt: 22% Real Estate: _____% Other: 4%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☒ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



INDEPENDENT AUDITORS' REPORT

Board of Directors
Camden Clark Medical Center Savings PLUS Plan
Parkersburg, West Virginia

We were engaged to audit the financial statements of the Camden Clark Medical Center Savings PLUS Plan (the "Plan") as of December 31, 2011 and 2010, and for the years then ended, and the supplementary schedules as of December 31, 2011, as listed in the accompanying contents. These financial statements and supplementary schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by United Bank, Inc., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplementary schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the trustee as of December 31, 2011 and 2010, and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplementary schedules taken as a whole. The supplementary schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The form and content of the information included in the financial statements and supplementary schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Dixon Hughes Goodman LLP

Charleston, WV
October 3, 2012

Schedule SB, Part V - Summary of the Plan Provisions
Camden-Clark Medical Center Cash PLUS Plan
EIN / PIN: 31-1524546 / 001

1. Definitions

Account Balance

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

Accrued Benefit

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

Actuarial Equivalent

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

Interest: 6.0% per annum, compounded annually

Mortality: UP-84 Mortality Table, set back one year for employees and set back two years for beneficiaries

Cash Balance Effective Date

The Cash Balance Effective Date is July 1, 2003.

Compensation

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

In accordance with Internal Revenue Code Section 401(a)(17), annual Compensation in excess of the inflation-adjusted limit (\$245,000 for the Plan Year beginning 2011) is disregarded.

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

Contribution Credit

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

Contribution Credit Rate

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

Contribution Valuation Date

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

Effective Date

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

The Plan was last amended effective January 1, 2011.

Eligible Employee Classification

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

Entry Date

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

Fiscal Year

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

Grandfathered Formula

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

1.15% of Average Monthly Compensation up to Covered Compensation

plus

1.775% of Average Monthly Compensation in excess of Covered Compensation

times

Credited Service up to a maximum of 25 years

Effective June 1, 1993, plus an additional amount of

0.5% of Average Monthly Compensation

times

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

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

- (a) **Average Monthly Compensation.** A Participant's Average Monthly Compensation shall mean the monthly average of the aggregate Compensation received during the period of five consecutive and complete calendar years (or the aggregate period of the Employee's employment if less than five consecutive and complete calendar years) which produces the greatest aggregate Compensation out of the 10 calendar year period preceding (or if applicable, ending with) the date as of which he retires or the date as of which he terminates service as an Employee, whichever date shall occur first. If the Participant shall have been on leave during such 10 year period, he shall be considered for the purposes of this Plan to have continued to receive Compensation during the period of such leave, at the rate in effect with respect to him immediately prior to such leave.
- (b) **Covered Compensation.** Covered Compensation shall mean for any Plan Year, the average (without indexing) of the Social Security Taxable Wage Bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the Participant attains (or will attain) Social Security Retirement Age. In determining a Participant's Covered Compensation for a Plan Year, the Social Security Taxable Wage Base for the current Plan Year and any subsequent Plan Year shall be assumed to be the same as in effect for the Plan Year for which the

determination is being made. A Participant's Covered Compensation shall be automatically adjusted for each Plan Year in accordance with these provisions, up to and including the Plan Year in which the Participant attains Social Security Retirement Age.

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

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

Grandfathered Participant

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

Initial Account Balance

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

Interest Credit

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

Interest Credit Rate

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

Limitation Year

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

Normal Retirement Age

A Participant's Normal Retirement Age is age 65.

Normal Retirement Date

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

One Year Break-in-Service

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

Plan Sponsor

The Plan Sponsor is the Camden-Clark Medical Center Corporation. The Plan Administrator is the Pension Committee.

Plan Year

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

Prior Accrued Benefit

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

Prior Plan

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

Trustee

The Trustee is United Bank, Inc.

Vested Accrued Benefit

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

Vesting Schedule

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

Year of Service

- **For Eligibility Purposes**

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

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

- **For Benefit Purposes**

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

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

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

- **For Vesting Purposes**

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

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

2. Participation

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

3. Normal Retirement

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

(a) Normal Retirement Benefit

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

Grandfathered Participant:

1.150% of Average Monthly Compensation plus 0.625% of Excess Average

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

All Other Participants:

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

(b) Normal Benefit Form

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

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

4. Early Retirement

(a) Early Retirement Date

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

- (1) Attainment of age 55; and
- (2) Completion of 5 Years of Benefit Service.

(b) Early Retirement Benefit

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

Grandfathered Participants:

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

All Other Participants:

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

5. Late Retirement

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

(a) Late Retirement Date

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

(b) Late Retirement Benefit

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

6. Disability Retirement

(a) Disability Retirement Date

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

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

(b) Disability Retirement Benefit

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

(c) Permanent Disability

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

- (1) he is prevented from performing any substantially gainful activity;
- (2) such disability is likely to be both continuous and permanent;
- (3) such disability occurs on or after the Effective Date of the Plan but prior to the Participant's Normal Retirement Date; and
- (4) such disability is not, in the opinion of the Plan Administrator, the result of injury or disease sustained by the Participant which was diagnosed or discovered subsequent to the date his employment has terminated.

7. Optional Benefit Forms

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

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

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

Lump Sum

8. Pre-Retirement Death Benefit

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

9. Termination Benefit

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

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

Camden-Clark Medical Center Cash PLUS Plan

EIN / PIN: 31-1524546 / 001

Number of Participants by Age and Service Groups

<u>Age</u>	<u>Years of Service</u>										<u>Total</u>
	<u><1</u>	<u>1-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40&Up</u>	
0-24	-	51	-	-	-	-	-	-	-	-	51
25-29	1	93	43	4	-	-	-	-	-	-	141
30-34	2	56	61	39	-	-	-	-	-	-	158
35-39	1	48	61	37	10	-	-	-	-	-	157
40-44	3	48	42	21	29	20	-	-	-	-	163
45-49	1	48	40	37	21	18	23	4	-	-	192
50-54	2	32	27	35	24	23	12	31	1	-	187
55-59	-	18	23	19	13	9	18	17	12	1	130
60-64	-	7	8	10	4	6	3	10	7	7	62
65-69	-	4	3	1	1	1	2	1	1	1	15
70&Up	-	1	1	-	-	1	-	-	-	-	3
Total	10	406	309	203	102	78	58	63	21	9	1,259

Average Cash Balance Account by Age and Service Groups

<u>Age</u>	<u>Years of Service</u>										<u>Average</u>
	<u><1</u>	<u>1-4</u>	<u>5-9</u>	<u>10-14</u>	<u>15-19</u>	<u>20-24</u>	<u>25-29</u>	<u>30-34</u>	<u>35-39</u>	<u>40&Up</u>	
0-24	-	313	-	-	-	-	-	-	-	-	313
25-29	*	770	4,142	*	-	-	-	-	-	-	1,977
30-34	*	653	5,576	8,277	-	-	-	-	-	-	4,441
35-39	*	1,235	5,885	9,668	*	-	-	-	-	-	5,540
40-44	*	557	5,489	6,653	14,100	18,440	-	-	-	-	7,222
45-49	*	734	4,846	6,915	6,718	*	21,854	*	-	-	7,253
50-54	-	1,338	8,808	3,567	6,440	4,343	*	36,378	-	-	10,571
55-59	-	*	5,691	*	*	*	*	*	*	-	13,114
60-64	-	*	*	*	-	-	-	*	*	*	23,136
65-69	-	*	*	-	-	-	*	*	*	*	*
70&Up	-	-	-	-	-	-	-	-	-	-	-
Average	*	748	5,611	6,240	9,909	9,052	14,907	36,604	50,077	*	7,809

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

Schedule SB, line 22
Description of Weighted Average Retirement Age

Camden-Clark Memorial Hospital Cash PLUS Plan

EIN / PIN: 31-1524546 / 001

Plan Year Ending December 31, 2011

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

Average Weighted Retirement Age	61.00
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Schedule SB, Part V - Statement of Actuarial Assumptions / Methods

Camden Clark Medical Center Cash PLUS Plan
EIN / PIN: 31-1524546 / 001

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

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

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

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

For purposes of applying the actuarial cost method, Plan Assets are valued at using the averaged value of assets method under PPA. For this purpose, a 24-month average is used.

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

Camden Clark Medical Center Cash PLUS Plan
EIN / PIN: 31-1524546 / 001

Funding Target Interest Rates

Segment 1 – 2.94%

Segment 2 – 5.82%

Segment 3 – 6.46%

Effective Interest Rate - 6.06%

Interest Rate – FAS 35

8.0% per annum, compounded annually

Earnings Progression

4.0% per annum, compounded annually

Future Cash Balance Interest Credit

3.75% per annum, compounded annually

Future Social Security Wage Base Increases

3.0% per annum, compounded annually

Mortality Rates – PPA Liabilities

IRS applicable mortality for 2011

Mortality Rates – FAS 35

Males – RP 2000 Combined Mortality Table for Males

Females – RP Combined 2000 Mortality Table for Females

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

Camden-Clark Medical Center Cash PLUS Plan
EIN/PN: 31-1524546/001

Disability Rates

Sample rates are:

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

Withdrawal Rates

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

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

Retirement Rates

Assumed rates are:

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

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

Camden-Clark Medical Center Cash PLUS Plan
EIN/PN: 31-1524546/001

Marriage Rates

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

SCHEDULE SB (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>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2011 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

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

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

A Name of plan Camden Clark Medical Center Cash PLUS Plan	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Camden Clark Medical Center	D Employer Identification Number (EIN) 31-1524546	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2011</u>			
2 Assets:			
a Market value	2a		25,933,352
b Actuarial value	2b		24,910,820
3 Funding target/participant count breakdown:			
	(1) Number of participants	(2) Funding Target	
a For retired participants and beneficiaries receiving payment.....	3a	129	5,597,790
b For terminated vested participants	3b	321	4,673,961
c For active participants:			
(1) Non-vested benefits	3c(1)		471,598
(2) Vested benefits	3c(2)		19,796,384
(3) Total active	3c(3)	1,259	20,267,982
d Total	3d	1,709	30,539,733
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5		6.06 %
6 Target normal cost	6		1,124,452

Statement by Enrolled Actuary

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

SIGN HERE	 Signature of actuary	<u>October 5 2012</u> Date 11-04673 Most recent enrollment number (214) 863-5500 Telephone number (including area code)
Bart Pushaw, ASA Type or print name of actuary		
Milliman, Inc. Firm name		
10000 N. Central Expwy., Suite 1500 Dallas TX 75231-2605 Address of the firm		

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

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

Schedule SB (Form 5500) 2011
v.012611

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8).....	0	0
10 Interest on line 9 using prior year's actual return of <u>9.64</u> %.....		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		2,614,208
b Interest on (a) using prior year's effective rate of <u>6.64</u> % except as otherwise provided (see instructions).....		173,583
c Total available at beginning of current plan year to add to prefunding balance.....		2,787,791
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding percentages

14 Funding target attainment percentage	14	81.56 %
15 Adjusted funding target attainment percentage	15	81.56 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	87.34 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/07/2012	160,000		06/08/2011	270,000	
02/07/2011	160,000		07/06/2011	270,000	
03/07/2011	160,000		08/05/2011	270,000	
04/05/2011	160,000		09/07/2011	270,000	
05/05/2011	160,000		10/05/2011	270,000	
05/09/2011	110,000		11/04/2011	270,000	
Totals •			18(b)	3,070,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	2,715,598

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:**a** Segment rates:1st segment:
2.94 %2nd segment:
5.82 %3rd segment:
6.46 %☐ N/A, full yield curve used**b** Applicable month (enter code)..... **21b** 0**22** Weighted average retirement age **22** 61**23** Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute**Part VI Miscellaneous items****24** Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**25** Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ☐ Yes ☒ No**26** Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment. ☒ Yes ☐ No**27** If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment **27****Part VII Reconciliation of unpaid minimum required contributions for prior years****28** Unpaid minimum required contributions for all prior years **28****29** Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)..... **29** 0**30** Remaining amount of unpaid minimum required contributions (line 28 minus line 29)..... **30** 0**Part VIII Minimum required contribution for current year****31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6)..... **31a** 1,124,452**b** Excess assets, if applicable, but not greater than 31a **31b** 0**32** Amortization installments:**a** Net shortfall amortization installment..... Outstanding Balance 5,628,913 Installment 1,043,783**b** Waiver amortization installment..... 0 0**33** If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount..... **33****34** Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)..... **34** 2,168,235

Carryover balance Prefunding balance Total balance

35 Balances elected for use to offset funding requirement 0 0 0**36** Additional cash requirement (line 34 minus line 35)..... **36** 2,168,235**37** Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 2,715,598**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) **38a** 547,363**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0**39** Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0**40** Unpaid minimum required contributions for all years..... **40** 0**Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)****41** If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:**a** Schedule elected ☐ 2 plus 7 years ☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011**42** Amount of acceleration adjustment **42****43** Excess installment acceleration amount to be carried over to future plan years **43**

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

[illegible]

Plan Name Camden Clark Medical Center Cash PLUS Plan
Plan Sponsor's Name Camden Clark Medical Center

PN: 001

[illegible]

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

Camden Clark Medical Center Cash PLUS Plan
EIN / PIN: 31-1524546 / 001

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

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

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

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

For purposes of applying the actuarial cost method, Plan Assets are valued at using the averaged value of assets method under PPA. For this purpose, a 24-month average is used.

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

Camden Clark Medical Center Cash PLUS Plan
EIN / PIN: 31-1524546 / 001

Funding Target Interest Rates

Segment 1 – 2.94%

Segment 2 – 5.82%

Segment 3 – 6.46%

Effective Interest Rate - 6.06%

Interest Rate – FAS 35

8.0% per annum, compounded annually

Earnings Progression

4.0% per annum, compounded annually

Future Cash Balance Interest Credit

3.75% per annum, compounded annually

Future Social Security Wage Base Increases

3.0% per annum, compounded annually

Mortality Rates – PPA Liabilities

IRS applicable mortality for 2010

Mortality Rates – FAS 35

Males – RP 2000 Combined Mortality Table for Males

Females – RP Combined 2000 Mortality Table for Females

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

Camden-Clark Medical Center Cash PLUS Plan
EIN/PN: 31-1524546/001

Disability Rates

Sample rates are:

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

Withdrawal Rates

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

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

Retirement Rates

Assumed rates are:

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

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

Camden-Clark Medical Center Cash PLUS Plan
EIN/PN: 31-1524546/001

Marriage Rates

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

Schedule SB, Part V - *Summary of the Plan Provisions*
Camden-Clark Medical Center Cash PLUS Plan
EIN / PIN: 31-1524546 / 001

1. Definitions

Account Balance

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

Accrued Benefit

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

Actuarial Equivalent

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

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

Cash Balance Effective Date

The Cash Balance Effective Date is July 1, 2003.

Compensation

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

In accordance with Internal Revenue Code Section 401(a)(17), annual Compensation in excess of the inflation-adjusted limit (\$245,000 for the Plan Year beginning 2011) is disregarded.

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

Contribution Credit

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

Contribution Credit Rate

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

Contribution Valuation Date

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

Effective Date

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

The Plan was last amended effective January 1, 2011.

Eligible Employee Classification

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

Entry Date

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

Fiscal Year

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

Grandfathered Formula

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

1.15% of Average Monthly Compensation up to Covered Compensation

plus

1.775% of Average Monthly Compensation in excess of Covered Compensation

times

Credited Service up to a maximum of 25 years

Effective June 1, 1993, plus an additional amount of

0.5% of Average Monthly Compensation

times

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

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

- (a) **Average Monthly Compensation.** A Participant's Average Monthly Compensation shall mean the monthly average of the aggregate Compensation received during the period of five consecutive and complete calendar years (or the aggregate period of the Employee's employment if less than five consecutive and complete calendar years) which produces the greatest aggregate Compensation out of the 10 calendar year period preceding (or if applicable, ending with) the date as of which he retires or the date as of which he terminates service as an Employee, whichever date shall occur first. If the Participant shall have been on leave during such 10 year period, he shall be considered for the purposes of this Plan to have continued to receive Compensation during the period of such leave, at the rate in effect with respect to him immediately prior to such leave.
- (b) **Covered Compensation.** Covered Compensation shall mean for any Plan Year, the average (without indexing) of the Social Security Taxable Wage Bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the Participant attains (or will attain) Social Security Retirement Age. In determining a Participant's Covered Compensation for a Plan Year, the Social Security Taxable Wage Base for the current Plan Year and any subsequent Plan Year shall be assumed to be the same as in effect for the Plan Year for which the

determination is being made. A Participant's Covered Compensation shall be automatically adjusted for each Plan Year in accordance with these provisions, up to and including the Plan Year in which the Participant attains Social Security Retirement Age.

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

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

Grandfathered Participant

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

Initial Account Balance

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

Interest Credit

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

Interest Credit Rate

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

Limitation Year

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

Normal Retirement Age

A Participant's Normal Retirement Age is age 65.

Normal Retirement Date

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

One Year Break-in-Service

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

Plan Sponsor

The Plan Sponsor is the Camden-Clark Medical Center Corporation. The Plan Administrator is the Pension Committee.

Plan Year

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

Prior Accrued Benefit

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

Prior Plan

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

Trustee

The Trustee is United Bank, Inc.

Vested Accrued Benefit

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

Vesting Schedule

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

Year of Service

- **For Eligibility Purposes**

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

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

- **For Benefit Purposes**

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

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

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

- **For Vesting Purposes**

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

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

2. Participation

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

3. Normal Retirement

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

(a) Normal Retirement Benefit

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

Grandfathered Participant:

1.150% of Average Monthly Compensation plus 0.625% of Excess Average

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

All Other Participants:

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

(b) Normal Benefit Form

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

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

4. Early Retirement

(a) Early Retirement Date

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

- (1) Attainment of age 55; and
- (2) Completion of 5 Years of Benefit Service.

(b) Early Retirement Benefit

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

Grandfathered Participants:

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

All Other Participants:

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

5. Late Retirement

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

(a) Late Retirement Date

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

(b) Late Retirement Benefit

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

6. Disability Retirement

(a) Disability Retirement Date

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

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

(b) Disability Retirement Benefit

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

(c) Permanent Disability

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

- (1) he is prevented from performing any substantially gainful activity;
- (2) such disability is likely to be both continuous and permanent;
- (3) such disability occurs on or after the Effective Date of the Plan but prior to the Participant's Normal Retirement Date; and
- (4) such disability is not, in the opinion of the Plan Administrator, the result of injury or disease sustained by the Participant which was diagnosed or discovered subsequent to the date his employment has terminated.

7. Optional Benefit Forms

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

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

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

Lump Sum

8. Pre-Retirement Death Benefit

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

9. Termination Benefit

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

Schedule SB, line 22
Description of Weighted Average Retirement Age

Camden-Clark Memorial Hospital Cash PLUS Plan

EIN / PIN: 31-1524546 / 001

Plan Year Ending December 31, 2011

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

Average Weighted Retirement Age	61.00
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**Schedule SB, Line 26 - Schedule of Active Participant Data
by Age and Service**

Camden-Clark Medical Center Cash PLUS Plan
EIN / PIN: 31-1524546 / 001

Number of Participants by Age and Service Groups

Age	Years of Service										Total
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	
0-24	-	51	-	-	-	-	-	-	-	-	51
25-29	1	93	43	4	-	-	-	-	-	-	141
30-34	2	56	61	39	-	-	-	-	-	-	158
35-39	1	48	61	37	10	-	-	-	-	-	157
40-44	3	48	42	21	29	20	-	-	-	-	163
45-49	1	48	40	37	21	18	23	4	-	-	192
50-54	2	32	27	35	24	23	12	31	1	-	187
55-59	-	18	23	19	13	9	18	17	12	1	130
60-64	-	7	8	10	4	6	3	10	7	7	62
65-69	-	4	3	1	1	1	2	1	1	1	15
70&Up	-	1	1	-	-	1	-	-	-	-	3
Total	10	406	309	203	102	78	58	63	21	9	1,259

Average Cash Balance Account by Age and Service Groups

Age	Years of Service										Average
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40&Up	
0-24	-	313	-	-	-	-	-	-	-	-	313
25-29	*	770	4,142	*	-	-	-	-	-	-	1,977
30-34	*	653	5,576	8,277	-	-	-	-	-	-	4,441
35-39	*	1,235	5,885	9,668	*	-	-	-	-	-	5,540
40-44	*	557	5,489	6,653	14,100	18,440	-	-	-	-	7,222
45-49	*	734	4,846	6,915	6,718	*	21,854	*	-	-	7,253
50-54	-	1,338	8,808	3,567	6,440	4,343	*	36,378	-	-	10,571
55-59	-	*	5,691	*	*	*	*	*	*	*	13,114
60-64	-	*	*	*	-	-	-	*	*	*	23,136
65-69	-	*	*	-	-	-	*	*	*	*	*
70&Up	-	-	-	-	-	-	-	-	-	-	-
Average	*	748	5,611	6,240	9,909	9,052	14,907	36,604	50,077	*	7,809

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

Plan Name Camden Clark Medical Center Cash PLUS Plan
Plan Sponsor's Name Camden Clark Medical Center

PN: 001

[illegible]

Financial Statements and
Supplementary Schedules

December 31, 2011 and 2010

**CAMDEN CLARK MEDICAL
CENTER CASH PLUS PLAN**

(With Independent Auditors' Report
thereon)

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INDEPENDENT AUDITORS' REPORT

Board of Directors
Camden Clark Medical Center Savings PLUS Plan
Parkersburg, West Virginia

We were engaged to audit the financial statements of the Camden Clark Medical Center Savings PLUS Plan (the "Plan") as of December 31, 2011 and 2010, and for the years then ended, and the supplementary schedules as of December 31, 2011, as listed in the accompanying contents. These financial statements and supplementary schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by United Bank, Inc., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplementary schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certification from the trustee as of December 31, 2011 and 2010, and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplementary schedules taken as a whole. The supplementary schedules are presented for the purpose of additional analysis and are not a required part of the financial statements but are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The form and content of the information included in the financial statements and supplementary schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Dixon Hughes Goodman LLP

Charleston, WV
October 3, 2012

Camden Clark Medical Center Cash PLUS Plan

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

December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
ASSETS		
Investments, at fair value (Notes E, F and G)		
Mutual funds	\$ 25,706,330	\$ 12,860,110
Common stock	-	223,871
Money market fund	968,998	11,366,508
Limited partnership interest	-	678,793
	<u>26,675,328</u>	<u>25,129,282</u>
Receivables:		
Employer contributions	270,000	800,000
Other receivables	34,017	3,723
Total receivables	<u>304,017</u>	<u>803,723</u>
Non-interest bearing cash	<u>-</u>	<u>347</u>
Total assets	26,979,345	25,933,352
LIABILITIES	<u>-</u>	<u>-</u>
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 26,979,345</u></u>	<u><u>\$ 25,933,352</u></u>

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

Camden Clark Medical Center Cash PLUS Plan

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

Years Ended December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
ADDITIONS		
Investment income:		
Net appreciation in fair value of investments	\$ -	\$ 1,509,562
Interest and dividends	<u>1,373,078</u>	<u>945,835</u>
	<u>1,373,078</u>	<u>2,455,397</u>
Employer contributions	<u>3,070,000</u>	<u>4,420,000</u>
Total additions	<u>4,443,078</u>	<u>6,875,397</u>
DEDUCTIONS		
Benefits paid to participants and beneficiaries	2,060,250	2,386,073
Net depreciation in fair value of investments	956,522	-
Administrative expenses		
Actuary fees	272,706	275,799
Other	<u>107,607</u>	<u>74,666</u>
Total deductions	<u>3,397,085</u>	<u>2,736,538</u>
Net increase	1,045,993	4,138,859
Net assets available for benefits, beginning of year	<u>25,933,352</u>	<u>21,794,493</u>
Net assets available for benefits, end of year	<u><u>\$ 26,979,345</u></u>	<u><u>\$ 25,933,352</u></u>

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

Camden Clark Medical Center Cash PLUS Plan

Notes to Financial Statements

December 31, 2011 and 2010

NOTE A - DESCRIPTION OF THE PLAN

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

General – The Plan is a defined benefit pension plan available to all employees of the Hospital who have completed one year of service, are age twenty-one or older, and have worked 1,000 hours in the Plan year. The Plan provides for retirement, death and disability benefits to participants and their beneficiaries. Effective July 1, 2003, the Plan was amended and converted to a combination cash balance account and traditional pension plan design. Participants in the Plan at the time of conversion were allowed to elect to remain under the benefit formula of the former plan design (the "Grandfathered Formula"). Otherwise, the participants' accrued benefits were converted to a lump-sum present value that is credited quarterly with a stated rate of interest and earnings credit based on eligible compensation. For the years ended December 31, 2011 and 2010, the crediting interest rate was approximately 3.00% and 3.75%, respectively.

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

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

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

NOTES TO FINANCIAL STATEMENTS (Continued)**NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES**

Basis of Accounting – The accounting records of the Plan are maintained on a modified cash basis of accounting. Such method includes the recording of employer contributions receivable and accrued investment income and excludes prepaid expenses, accounts payable, and accrued expenses.

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

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

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

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

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

Subsequent Events – The Plan has evaluated subsequent events through October 3, 2012, the date the financial statements were available to be issued. See Note L.

NOTE C - FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Hospital. The Hospital's funding policy is to make cash contributions to the Plan in the amount as determined by the Plan's independent actuary. The Hospital met the minimum funding requirements of Employee Retirement Income Security Act of 1974 ("ERISA") for the years ended December 31, 2011 and 2010.

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

NOTES TO FINANCIAL STATEMENTS *(Continued)*

NOTE D - ACTUARIAL PRESENT VALUE OF ACCUMULATED BENEFITS

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

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

The significant actuarial assumptions used in the valuation as of December 31, 2011 and 2010 were:

Actuarial cost method	Projected unit credit cost method
Discount rate	8.00% in all years
Earnings progression	4.00% in all years
Crediting rate for cash balance	3.00% for 2011 and 3.75% for 2010
Mortality rate	RP-2000 Combined Mortality Table
Employee turnover	Turnover of participants determined from historical experience of the Plan
Retirement age	2011 - 10% for ages 65-69 to 100% at age 70. 2010 - Graded schedule from 10% at age 55 to 100% at age 70.

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

NOTES TO FINANCIAL STATEMENTS (Continued)

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

	December 31,	
	<u>2011</u>	<u>2010</u>
Vested benefits:		
Participants and beneficiaries currently receiving benefits	\$ 5,101,352	\$ 4,587,896
Other vested benefits	18,023,328	17,938,419
	23,124,680	22,526,315
Non-vested benefits	1,046,335	442,741
Total actuarial present value of accumulated plan benefits	<u>\$ 24,171,015</u>	<u>\$ 22,969,056</u>

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

	Year Ended December 31,	
	<u>2011</u>	<u>2010</u>
Actuarial present value of accumulated plan benefits, beginning of year	\$ 22,969,056	\$ 22,361,074
Increase (decrease) attributable to:		
Benefits accumulated	5,124,387	1,298,776
Benefits paid	(2,060,250)	(2,386,073)
Change in assumptions	(3,620,906)	-
Increase for interest due to the decrease in the discount period	1,758,728	1,695,279
Net increase (decrease)	1,201,959	607,982
Actuarial present value of accumulated plan benefits, end of year	<u>\$ 24,171,015</u>	<u>\$ 22,969,056</u>

NOTE E - UNAUDITED INFORMATION CERTIFIED BY TRUSTEE

The accompanying financial statements include the following unaudited information as of December 31, 2011 and 2010 and for the years then ended, which was obtained from data prepared and certified to be complete and accurate by the Plan's trustee:

	<u>2011</u>	<u>2010</u>
Investments, at fair value	<u>\$ 26,675,328</u>	<u>\$ 25,129,282</u>
Net (depreciation) appreciation in fair value of investments	<u>\$ (956,522)</u>	<u>\$ 1,509,562</u>
Interest and dividends	<u>\$ 1,373,078</u>	<u>\$ 945,835</u>

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

NOTES TO FINANCIAL STATEMENTS (Continued)

NOTE F - INVESTMENTS

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

	<u>2011</u>	<u>2010</u>
Federated Prime Obligations Institutional		
Shares Fund # 10	\$ *	\$ 11,366,508
PIMCO All Assets Fund	\$ *	\$ 1,737,075
Schwab US Large Cap Index	\$ *	\$ 1,322,206
SEI Funds SIIT Long Duration Fund Class A	\$ 5,085,573	\$ *
SEI Funds SIIT Large Cap Funds Class A	\$ 8,888,607	\$ *
SEI Funds SIIT High Yield Bond Fund Class A	\$ 1,679,164	\$ *
SEI Funds SIIT Small Cap Fund Class A	\$ 2,386,214	\$ *
SEI Funds SIIT World Equity Ex-Us		
Funds Class A	\$ 5,528,365	\$ *

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

During the years ended December 31, 2011 and 2010, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) (depreciated) appreciated in value as follows:

	<u>2011</u>	<u>2010</u>
Mutual funds	\$ (982,187)	\$ 1,135,729
Common stock	1,979	202,656
Limited partnership interest	23,686	178,793
Municipal and corporate bonds	-	(20,535)
U.S. government securities	-	12,919
	<u>\$ (956,522)</u>	<u>\$ 1,509,562</u>

NOTE G – FAIR VALUE MEASUREMENTS

Fair value is an exit price, representing the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Assets and liabilities are classified under a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value. These tiers include:

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

NOTES TO FINANCIAL STATEMENTS (Continued)

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

The following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2011 and 2010.

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

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

The following tables set forth by level within the fair value hierarchy the Plan's assets accounted for at fair value on a recurring basis as of December 31, 2011 and 2010:

Fair Value as of December 31, 2011				
	Level 1	Level 2	Level 3	Fair Value
Mutual funds				
Equities	\$ 19,723,578	\$ -	\$ -	\$ 19,723,578
Fixed income	5,982,752	-	-	5,982,752
Money market fund*	<u>-</u>	<u>968,998</u>	<u>-</u>	<u>968,998</u>
Total investments	<u>\$ 25,706,330</u>	<u>\$ 968,998</u>	<u>\$ -</u>	<u>\$ 26,675,328</u>
Fair Value as of December 31, 2010				
	Level 1	Level 2	Level 3	Fair Value
Mutual funds				
Equities	\$ 10,708,284	\$ -	\$ -	\$ 10,708,284
Fixed income	2,151,826	-	-	2,151,826
Common stock	223,871	-	-	223,871
Money market fund*	-	11,366,508	-	11,366,508
Limited partnership**	<u>-</u>	<u>678,793</u>	<u>-</u>	<u>678,793</u>
Total investments	<u>\$ 13,083,981</u>	<u>\$ 12,045,301</u>	<u>\$ -</u>	<u>\$ 25,129,282</u>

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

NOTES TO FINANCIAL STATEMENTS (Continued)

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

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

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

NOTE H - PLAN TERMINATION

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

- a. First, to any Deductible Voluntary Account, Nondeductible Voluntary Account, or Rollover Account;
- b. Second, to that portion, if any, of each participant's accrued benefit which is derived from the participant's mandatory contributions;
- c. Third, to retirement benefits which were in pay status or were available to a participant three years before the date of termination of the Plan based on Plan provisions in effect five years before the date of termination;
- d. Fourth, to all other benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations as discussed below;
- e. Fifth, to all other vested benefits; and
- f. Sixth, to all other benefits under the Plan.

NOTES TO FINANCIAL STATEMENTS (Continued)

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

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

NOTE I - INCOME TAX STATUS

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

Accounting guidelines require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2011 and 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

NOTE J – RISKS AND UNCERTAINTIES

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

NOTES TO FINANCIAL STATEMENTS (Continued)

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

NOTE K – EXEMPT PARTY-IN-INTEREST TRANSACTIONS

The Hospital pays certain administrative expenses on behalf of the Plan, including legal and accounting fees. Other administrative services are provided by the Hospital at no cost to the Plan. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. Fees paid by the Plan to the trustee or its affiliates for administrative services and investment holding period fees were \$25,472 and \$65,970 for the years ended December 31, 2011 and 2010, respectively.

NOTE L – SUBSEQUENT EVENT

Effective June 30, 2012, the Plan adopted an amendment to freeze participation so that no new or reemployed employees may become participants in the Plan and to freeze all future benefit accruals under the Plan.

SUPPLEMENTARY INFORMATION

Camden Clark Medical Center Cash PLUS Plan
EIN: 31-1524546

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

PN001
December 31, 2011

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
<i>Mutual funds - Equities</i>				
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	\$ 9,358,656	\$ 8,888,607	
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	1,743,642	1,679,164	
SEI Funds	SEI Funds SIIT Small Cap Funds Class A	2,503,171	2,386,214	
SEI Funds	SEI Funds SIIT Emerging Markets Debt Fund Class A	1,299,478	1,241,228	
SEI Funds	SEI Funds SIIT World Equity Ex-Us Funds Class A	6,307,713	5,528,365	
	Total mutual funds - equities	21,212,660	19,723,578	
<i>Mutual funds - Fixed income</i>				
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	4,750,758	5,085,573	
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	880,325	897,179	
	Total mutual funds - fixed income	5,631,083	5,982,752	
<i>Short Term Investments</i>				
Federated Funds	Federated Prime Obligation Institutional Shares Fund # 10	898,750	898,750	
	Pending Holdback	70,248	70,248	
	Total short term investments	968,998	968,998	
Total investments		<u>\$ 27,812,741</u>	<u>\$ 26,675,328</u>	

See independent auditors' report.

Camden Clark Medical Center Cash PLUS Plan
EIN: 31-1524546

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

PN001

Year Ended December 31, 2011

(a)	(b)	(c)	(d)
Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Costs of acquisition	Proceeds from disposition
SEI Funds	SEI Funds SIIT Real Return Fund	\$ 3,895,196	\$ 4,024,633

See independent auditors' report.

Camden Clark Medical Center Cash PLUS Plan
EIN: 31-1524546

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

PN001
Year Ended December 31, 2011

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of asset	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
SINGLE TRANSACTIONS							
PIMCO	PIMCO All Assets Fund	\$ -	\$ 1,737,075	\$ 7	\$ 1,737,082	\$ 1,737,075	\$ (7)
Schwab Investments	Schwab US Large Index	-	1,322,206	7	1,322,213	1,322,206	(7)
SERIES IN SAME SECURITY							
Federated Funds	Federated Prime Obligation Institutional Shares Fund # 10	6,818,674	-	-	6,818,674	6,818,674	-
Federated Funds	Federated Prime Obligation Institutional Shares Fund # 10	-	17,286,432	-	17,286,432	17,286,432	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	5,787,416	-	7	5,787,423	5,787,423	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	145,196	-	7	145,203	145,203	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	180,634	-	7	180,641	180,641	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	35,336	-	7	35,343	35,343	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	-	88,156	7	83,099	83,202	4,947
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	140,920	-	7	140,927	140,927	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	20,002	-	-	20,002	20,002	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	2,372,044	-	7	2,372,051	2,372,051	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	32,176	-	-	32,176	32,176	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	-	356,998	7	399,286	405,899	(48,908)
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	713,995	-	7	714,002	714,002	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	29,943	-	-	29,943	29,943	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	383,330	-	-	383,330	383,330	-

See independent auditors' report.

Camden Clark Medical Center Cash PLUS Plan
EIN: 31-1524546

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (Continued)

PN001
Year Ended December 31, 2011

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of asset	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
SERIES IN SAME SECURITY							
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	4,629,933	-	7	4,629,940	4,629,940	-
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	116,157	-	7	116,164	116,164	-
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	144,507	-	7	144,514	144,514	-
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	232,369	-	7	232,376	232,376	-
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	-	70,525	7	70,318	70,325	193
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	14,478	-	-	14,478	14,478	-
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	112,736	-	7	112,743	112,743	-
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	15,866	-	-	15,866	15,866	-
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	15,719	-	-	15,719	15,719	-
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	15,415	-	-	15,415	15,415	-
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	-	4,452,692	7	4,392,352	4,393,331	59,354
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	15,125	-	-	15,125	15,125	-
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	2,588	-	-	2,588	2,588	-
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	2,594	-	-	2,594	2,594	-
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	2,577	-	-	2,577	2,577	-
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	2,756	-	-	2,756	2,756	-
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	2,699	-	-	2,699	2,699	-
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	17,441	-	-	17,441	17,441	-
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	578,742	-	7	578,749	578,749	-
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	14,519	-	7	14,526	14,526	-
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	18,063	-	7	18,070	18,070	-
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	14,813	-	7	14,820	14,820	-

See independent auditors' report.

Camden Clark Medical Center Cash PLUS Plan
 EIN: 31-1524546

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (Continued)

PN001
 Year Ended December 31, 2011

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of asset	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
SERIES IN SAME SECURITY							
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	-	8,816	7	8,594	8,602	207
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	3,780	-	-	3,780	3,780	-
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	14,092	-	7	14,099	14,099	-
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	4,316	-	-	4,316	4,316	-
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	4,024	-	-	4,024	4,024	-
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	4,277	-	-	4,277	4,277	-
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	1,034,574	-	7	1,034,581	1,034,581	-
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	4,126	-	-	4,126	4,126	-
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	10,708	-	-	10,708	10,708	-
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	10,985	-	-	10,985	10,985	-
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	10,299	-	-	10,299	10,299	-
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	11,546	-	-	11,546	11,546	-
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	10,812	-	-	10,812	10,812	-
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	2,520	-	-	2,520	2,520	-
SEI Funds	SEI Funds SIIT Small Cap Funds Class A	2,893,708	-	7	2,893,715	2,893,715	-
SEI Funds	SEI Funds SIIT Small Cap Funds Class A	72,598	-	7	72,605	72,605	-
SEI Funds	SEI Funds SIIT Small Cap Funds Class A	90,317	-	7	90,324	90,324	-
SEI Funds	SEI Funds SIIT Small Cap Funds Class A	63,702	-	7	63,709	63,709	-
SEI Funds	SEI Funds SIIT Small Cap Funds Class A	-	44,078	7	41,830	41,881	2,190
SEI Funds	SEI Funds SIIT Small Cap Funds Class A	70,460	-	7	70,467	70,467	-
SEI Funds	SEI Funds SIIT Small Cap Funds Class A	6,878	-	-	6,878	6,878	-
SEI Funds	SEI Funds SIIT Small Cap Funds Class A	-	757,451	7	717,738	719,513	37,931

See independent auditors' report.

Camden Clark Medical Center Cash PLUS Plan
EIN: 31-1524546

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (Continued)

PN001

Year Ended December 31, 2011

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of asset	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
SERIES IN SAME SECURITY							
SEI Funds	SEI Funds SIIT Small Cap Funds Class A	1,208	-	-	1,208	1,208	-
SEI Funds	SEI Funds SIIT Small Cap Funds Class A	-	76,527	7	93,743	93,978	(17,458)
SEI Funds	SEI Funds SIIT Small Cap Funds Class A	153,055	-	7	153,062	153,062	-
SEI Funds	SEI Funds SIIT Small Cap Funds Class A	4,514	-	-	4,514	4,514	-
SEI Funds	SEI Funds SIIT Emerging Markets Debt Fund Class A	578,742	-	7	578,749	578,749	-
SEI Funds	SEI Funds SIIT Emerging Markets Debt Fund Class A	14,519	-	7	14,526	14,526	-
SEI Funds	SEI Funds SIIT Emerging Markets Debt Fund Class A	18,063	-	7	18,070	18,070	-
SEI Funds	SEI Funds SIIT Emerging Markets Debt Fund Class A	31,413	-	7	31,420	31,420	-
SEI Funds	SEI Funds SIIT Emerging Markets Debt Fund Class A	-	8,816	7	8,800	8,802	7
SEI Funds	SEI Funds SIIT Emerging Markets Debt Fund Class A	14,092	-	7	14,099	14,099	-
SEI Funds	SEI Funds SIIT Emerging Markets Debt Fund Class A	9,490	-	-	9,490	9,490	-
SEI Funds	SEI Funds SIIT Emerging Markets Debt Fund Class A	586,683	-	7	586,690	586,690	-
SEI Funds	SEI Funds SIIT Emerging Markets Debt Fund Class A	21,592	-	-	21,592	21,592	-
SEI Funds	SEI Funds SIIT Emerging Markets Debt Fund Class A	20,569	-	-	20,569	20,569	-
SEI Funds	SEI Funds SIIT Emerging Markets Debt Fund Class A	13,073	-	-	13,073	13,073	-
SEI Funds	SEI Funds SIIT World Equity Ex-Us Funds Class A	2,893,708	-	7	2,893,715	2,893,715	-
SEI Funds	SEI Funds SIIT World Equity Ex-Us Funds Class A	72,598	-	7	72,605	72,605	-
SEI Funds	SEI Funds SIIT World Equity Ex-Us Funds Class A	90,317	-	7	90,324	90,324	-
SEI Funds	SEI Funds SIIT World Equity Ex-Us Funds Class A	102,663	-	7	102,670	102,670	-
SEI Funds	SEI Funds SIIT World Equity Ex-Us Funds Class A	-	44,078	7	42,721	42,762	1,309
SEI Funds	SEI Funds SIIT World Equity Ex-Us Funds Class A	70,460	-	7	70,467	70,467	-

See independent auditors' report.

Camden Clark Medical Center Cash PLUS Plan
EIN: 31-1524546

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (Continued)

PN001
Year Ended December 31, 2011

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of asset	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
SERIES IN SAME SECURITY							
SEI Funds	SEI Funds SIIT World Equity Ex-Us Funds Class A	2,630,134	-	7	2,630,141	2,630,141	-
SEI Funds	SEI Funds SIIT World Equity Ex-Us Funds Class A	-	622,724	7	754,943	770,363	(147,646)
SEI Funds	SEI Funds SIIT World Equity Ex-Us Funds Class A	1,245,448	-	7	1,245,455	1,245,455	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	2,314,966	-	7	2,314,973	2,314,973	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	58,078	-	7	58,085	58,085	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	232,298	-	7	232,305	232,305	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	9,474	-	-	9,474	9,474	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	56,368	-	7	56,375	56,375	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	11,460	-	-	11,460	11,460	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	11,171	-	-	11,171	11,171	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	11,223	-	-	11,223	11,223	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	2,360,085	-	7	2,360,092	2,360,092	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	198,600	-	7	198,607	198,607	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	11,187	-	-	11,187	11,187	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	22,708	-	-	22,708	22,708	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	22,486	-	-	22,486	22,486	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	-	1,056,249	7	934,419	936,240	120,002
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	22,285	-	-	22,285	22,285	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	19,413	-	-	19,413	19,413	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	18,516	-	-	18,516	18,516	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	192,367	-	-	192,367	192,367	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	112,450	-	-	112,450	112,450	-

See independent auditors' report.

Camden Clark Medical Center Cash PLUS Plan
EIN: 31-1524546

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

PN001
December 31, 2011

(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Cost	Current Value	
<i>Mutual funds - Equities</i>				
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	\$ 9,358,656	\$ 8,888,607	
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	1,743,642	1,679,164	
SEI Funds	SEI Funds SIIT Small Cap Funds Class A	2,503,171	2,386,214	
SEI Funds	SEI Funds SIIT Emerging Markets Debt Fund Class A	1,299,478	1,241,228	
SEI Funds	SEI Funds SIIT World Equity Ex-Us Funds Class A	6,307,713	5,528,365	
	Total mutual funds - equities	21,212,660	19,723,578	
<i>Mutual funds - Fixed income</i>				
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	4,750,758	5,085,573	
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	880,325	897,179	
	Total mutual funds - fixed income	5,631,083	5,982,752	
<i>Short Term Investments</i>				
Federated Funds	Federated Prime Obligation Institutional Shares Fund # 10	898,750	898,750	
	Pending Holdback	70,248	70,248	
	Total short term investments	968,998	968,998	
Total investments		<u>\$ 27,812,741</u>	<u>\$ 26,675,328</u>	

See independent auditors' report.

Camden Clark Medical Center Cash PLUS Plan
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**SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (ACQUIRED AND DISPOSED OF
WITHIN YEAR)**

PN001

Year Ended December 31, 2011

(a)	(b)	(c)	(d)
Identity of issue, borrower, lessor, or similar party	Description of investment, including maturity date, rate of interest, collateral, par or maturity value	Costs of acquisition	Proceeds from disposition
SEI Funds	SEI Funds SIIT Real Return Fund	\$ 3,895,196	\$ 4,024,633

See independent auditors' report.

Camden Clark Medical Center Cash PLUS Plan
EIN: 31-1524546

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

PN001
Year Ended December 31, 2011

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of asset	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
SINGLE TRANSACTIONS							
PIMCO	PIMCO All Assets Fund	\$ -	\$ 1,737,075	\$ 7	\$ 1,737,082	\$ 1,737,075	\$ (7)
Schwab Investments	Schwab US Large Index	-	1,322,206	7	1,322,213	1,322,206	(7)
SERIES IN SAME SECURITY							
Federated Funds	Federated Prime Obligation Institutional Shares Fund # 10	6,818,674	-	-	6,818,674	6,818,674	-
Federated Funds	Federated Prime Obligation Institutional Shares Fund # 10	-	17,286,432	-	17,286,432	17,286,432	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	5,787,416	-	7	5,787,423	5,787,423	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	145,196	-	7	145,203	145,203	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	180,634	-	7	180,641	180,641	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	35,336	-	7	35,343	35,343	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	-	88,156	7	83,099	83,202	4,947
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	140,920	-	7	140,927	140,927	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	20,002	-	-	20,002	20,002	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	2,372,044	-	7	2,372,051	2,372,051	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	32,176	-	-	32,176	32,176	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	-	356,998	7	399,286	405,899	(48,908)
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	713,995	-	7	714,002	714,002	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	29,943	-	-	29,943	29,943	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	383,330	-	-	383,330	383,330	-

See independent auditors' report.

Camden Clark Medical Center Cash PLUS Plan
EIN: 31-1524546

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (Continued)

PN001
Year Ended December 31, 2011

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of asset	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
SERIES IN SAME SECURITY							
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	4,629,933	-	7	4,629,940	4,629,940	-
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	116,157	-	7	116,164	116,164	-
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	144,507	-	7	144,514	144,514	-
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	232,369	-	7	232,376	232,376	-
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	-	70,525	7	70,318	70,325	193
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	14,478	-	-	14,478	14,478	-
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	112,736	-	7	112,743	112,743	-
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	15,866	-	-	15,866	15,866	-
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	15,719	-	-	15,719	15,719	-
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	15,415	-	-	15,415	15,415	-
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	-	4,452,692	7	4,392,352	4,393,331	59,354
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	15,125	-	-	15,125	15,125	-
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	2,588	-	-	2,588	2,588	-
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	2,594	-	-	2,594	2,594	-
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	2,577	-	-	2,577	2,577	-
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	2,756	-	-	2,756	2,756	-
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	2,699	-	-	2,699	2,699	-
SEI Funds	SET Funds SIIT Core Fixed Income Fund Class A	17,441	-	-	17,441	17,441	-
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	578,742	-	7	578,749	578,749	-
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	14,519	-	7	14,526	14,526	-
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	18,063	-	7	18,070	18,070	-
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	14,813	-	7	14,820	14,820	-

See independent auditors' report.

Camden Clark Medical Center Cash PLUS Plan
EIN: 31-1524546

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (Continued)

PN001
Year Ended December 31, 2011

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of asset	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
SERIES IN SAME SECURITY							
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	-	8,816	7	8,594	8,602	207
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	3,780	-	-	3,780	3,780	-
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	14,092	-	7	14,099	14,099	-
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	4,316	-	-	4,316	4,316	-
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	4,024	-	-	4,024	4,024	-
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	4,277	-	-	4,277	4,277	-
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	1,034,574	-	7	1,034,581	1,034,581	-
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	4,126	-	-	4,126	4,126	-
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	10,708	-	-	10,708	10,708	-
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	10,985	-	-	10,985	10,985	-
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	10,299	-	-	10,299	10,299	-
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	11,546	-	-	11,546	11,546	-
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	10,812	-	-	10,812	10,812	-
SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	2,520	-	-	2,520	2,520	-
SEI Funds	SEI Funds SIIT Small Cap Funds Class A	2,893,708	-	7	2,893,715	2,893,715	-
SEI Funds	SEI Funds SIIT Small Cap Funds Class A	72,598	-	7	72,605	72,605	-
SEI Funds	SEI Funds SIIT Small Cap Funds Class A	90,317	-	7	90,324	90,324	-
SEI Funds	SEI Funds SIIT Small Cap Funds Class A	63,702	-	7	63,709	63,709	-
SEI Funds	SEI Funds SIIT Small Cap Funds Class A	-	44,078	7	41,830	41,881	2,190
SEI Funds	SEI Funds SIIT Small Cap Funds Class A	70,460	-	7	70,467	70,467	-
SEI Funds	SEI Funds SIIT Small Cap Funds Class A	6,878	-	-	6,878	6,878	-
SEI Funds	SEI Funds SIIT Small Cap Funds Class A	-	757,451	7	717,738	719,513	37,931

See independent auditors' report.

Camden Clark Medical Center Cash PLUS Plan
EIN: 31-1524546

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (Continued)

PN001

Year Ended December 31, 2011

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of asset	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
SERIES IN SAME SECURITY							
SEI Funds	SEI Funds SIIT Small Cap Funds Class A	1,208	-	-	1,208	1,208	-
SEI Funds	SEI Funds SIIT Small Cap Funds Class A	-	76,527	7	93,743	93,978	(17,458)
SEI Funds	SEI Funds SIIT Small Cap Funds Class A	153,055	-	7	153,062	153,062	-
SEI Funds	SEI Funds SIIT Small Cap Funds Class A	4,514	-	-	4,514	4,514	-
SEI Funds	SEI Funds SIIT Emerging Markets Debt Fund Class A	578,742	-	7	578,749	578,749	-
SEI Funds	SEI Funds SIIT Emerging Markets Debt Fund Class A	14,519	-	7	14,526	14,526	-
SEI Funds	SEI Funds SIIT Emerging Markets Debt Fund Class A	18,063	-	7	18,070	18,070	-
SEI Funds	SEI Funds SIIT Emerging Markets Debt Fund Class A	31,413	-	7	31,420	31,420	-
SEI Funds	SEI Funds SIIT Emerging Markets Debt Fund Class A	-	8,816	7	8,800	8,802	7
SEI Funds	SEI Funds SIIT Emerging Markets Debt Fund Class A	14,092	-	7	14,099	14,099	-
SEI Funds	SEI Funds SIIT Emerging Markets Debt Fund Class A	9,490	-	-	9,490	9,490	-
SEI Funds	SEI Funds SIIT Emerging Markets Debt Fund Class A	586,683	-	7	586,690	586,690	-
SEI Funds	SEI Funds SIIT Emerging Markets Debt Fund Class A	21,592	-	-	21,592	21,592	-
SEI Funds	SEI Funds SIIT Emerging Markets Debt Fund Class A	20,569	-	-	20,569	20,569	-
SEI Funds	SEI Funds SIIT Emerging Markets Debt Fund Class A	13,073	-	-	13,073	13,073	-
SEI Funds	SEI Funds SIIT World Equity Ex-Us Funds Class A	2,893,708	-	7	2,893,715	2,893,715	-
SEI Funds	SEI Funds SIIT World Equity Ex-Us Funds Class A	72,598	-	7	72,605	72,605	-
SEI Funds	SEI Funds SIIT World Equity Ex-Us Funds Class A	90,317	-	7	90,324	90,324	-
SEI Funds	SEI Funds SIIT World Equity Ex-Us Funds Class A	102,663	-	7	102,670	102,670	-
SEI Funds	SEI Funds SIIT World Equity Ex-Us Funds Class A	-	44,078	7	42,721	42,762	1,309
SEI Funds	SEI Funds SIIT World Equity Ex-Us Funds Class A	70,460	-	7	70,467	70,467	-

See independent auditors' report.

Camden Clark Medical Center Cash PLUS Plan
EIN: 31-1524546

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (Continued)

PN001

Year Ended December 31, 2011

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of asset	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
SERIES IN SAME SECURITY							
SEI Funds	SEI Funds SIIT World Equity Ex-Us Funds Class A	2,630,134	-	7	2,630,141	2,630,141	-
SEI Funds	SEI Funds SIIT World Equity Ex-Us Funds Class A	-	622,724	7	754,943	770,363	(147,646)
SEI Funds	SEI Funds SIIT World Equity Ex-Us Funds Class A	1,245,448	-	7	1,245,455	1,245,455	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	2,314,966	-	7	2,314,973	2,314,973	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	58,078	-	7	58,085	58,085	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	232,298	-	7	232,305	232,305	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	9,474	-	-	9,474	9,474	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	56,368	-	7	56,375	56,375	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	11,460	-	-	11,460	11,460	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	11,171	-	-	11,171	11,171	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	11,223	-	-	11,223	11,223	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	2,360,085	-	7	2,360,092	2,360,092	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	198,600	-	7	198,607	198,607	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	11,187	-	-	11,187	11,187	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	22,708	-	-	22,708	22,708	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	22,486	-	-	22,486	22,486	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	-	1,056,249	7	934,419	936,240	120,002
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	22,285	-	-	22,285	22,285	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	19,413	-	-	19,413	19,413	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	18,516	-	-	18,516	18,516	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	192,367	-	-	192,367	192,367	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	112,450	-	-	112,450	112,450	-

See independent auditors' report.

Schedule SB, line 19 - Discounted Employer Contributions

PN: 001

[illegible]

Attachment to 2011 Form 5500		
Schedule SB, line 32 - Schedule of Amortization Bases		
Plan Name	Camden Clark Medical Center Cash PLUS Plan	EIN: 31-1524546
Plan Sponsor's Name	Camden Clark Medical Center	PN: 001

EIN: 31-1524546

PN: 001

[illegible]