

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 MEDAMERICA HEALTH SYSTEMS CORPORATION EMPLOYEES RETIREMENT PLAN	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ►</td> <td><u>001</u></td> </tr> <tr> <td>1c Effective date of plan</td> <td><u>01/01/1951</u></td> </tr> </table>	1b Three-digit plan number (PN) ►	<u>001</u>	1c Effective date of plan	<u>01/01/1951</u>		
1b Three-digit plan number (PN) ►	<u>001</u>						
1c Effective date of plan	<u>01/01/1951</u>						
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) MEDAMERICA HEALTH SYSTEMS CORP 110 N. MAIN STREET. SUITE 200 DAYTON, OH 45402	<table border="1"> <tr> <td>2b Employer Identification Number (EIN)</td> <td><u>31-1040228</u></td> </tr> <tr> <td>2c Sponsor's telephone number</td> <td><u>937-499-5437</u></td> </tr> <tr> <td>2d Business code (see instructions)</td> <td><u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN)	<u>31-1040228</u>	2c Sponsor's telephone number	<u>937-499-5437</u>	2d Business code (see instructions)	<u>622000</u>
2b Employer Identification Number (EIN)	<u>31-1040228</u>						
2c Sponsor's telephone number	<u>937-499-5437</u>						
2d Business code (see instructions)	<u>622000</u>						

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	<u>10/15/2012</u>	<u>WILLIAM LINESCH</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") WILLIAM E. LINESCH, VP HR AND ORGANIZATIONAL EFFECTIVENESS MEDAMERICA HEALTH SYSTEMS CORP. 110 N. MAIN STREET., SUITE 200 DAYTON, OH 45403	3b Administrator's EIN 31-1040228 <hr/> 3c Administrator's telephone number 937-499-5437
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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 <hr/> 4c PN
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5 Total number of participants at the beginning of the plan year	5	9974
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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	6549
b Retired or separated participants receiving benefits.....	6b	1251
c Other retired or separated participants entitled to future benefits.....	6c	2816
d Subtotal. Add lines 6a , 6b , and 6c	6d	10616
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	78
f Total. Add lines 6d and 6e	6f	10694
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	149

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>MEDAMERICA HEALTH SYSTEMS CORPORATION EMPLOYEES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MEDAMERICA HEALTH SYSTEMS CORP</u>	D Employer Identification Number (EIN) <u>31-1040228</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>241921179</u>
b Actuarial value	2b <u>224592721</u>
3 Funding target/participant count breakdown:	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>1200</u> <u>51228153</u>
b For terminated vested participants	3b <u>2668</u> <u>49039169</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>7451119</u>
(2) Vested benefits	3c(2) <u>141829026</u>
(3) Total active	3c(3) <u>6106</u> <u>149280145</u>
d Total	3d <u>9974</u> <u>249547467</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>6.37 %</u>
6 Target normal cost	6 <u>13394448</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>09/28/2012</u>
Signature of actuary	Date
<u>JASON M. BRAVO</u>	<u>11-05569</u>
Type or print name of actuary	Most recent enrollment number
<u>HEWITT ASSOCIATES LLC</u>	<u>216-573-9700</u>
Firm name	Telephone number (including area code)
<u>5005 ROCKSIDE ROAD</u> <u>INDEPENDENCE, OH 44131</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>10.45</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		3320621
b	Interest on (a) using prior year's effective rate of <u>6.73</u> % except as otherwise provided (see instructions)		223478
c	Total available at beginning of current plan year to add to prefunding balance		3544099
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	90.00 %
15	Adjusted funding target attainment percentage	15	90.00 %
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	100.08 %
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
01/31/2012	31834908				
			Totals ►	18(b)	31834908
				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 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 29776944
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: 3.78%	2nd segment: 6.31%	3rd segment: 6.57%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 64
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	0
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	13394448	
b Excess assets, if applicable, but not greater than 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	24954746	4105792	
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	17500240	
	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	17500240	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	29776944	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	12276704	
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>MEDAMERICA HEALTH SYSTEMS CORPORATION EMPLOYEES RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MEDAMERICA HEALTH SYSTEMS CORP</u>	D Employer Identification Number (EIN) <u>31-1040228</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
BLACKROCK FINANCIAL MANAGEMENT, INC

13-3806691

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
ESG CROSS BORDER EQUITY OFFSHORE FU 520 MADISON AVENUE
NEW YORK, NY 10022

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

13-3459790

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

23-2376849

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

TWEEDY BROWN COMPANY LLC

350 PARK AVENUE
NEW YORK, NY 10022

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

WALTER SCOTT AND PARTNERS LIMITED

98-0465834

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

AURORA INVESTMENT MANAGEMENT L.L.C

300 NORTH LASALLE STREET 52ND FLOOR
STREET 52ND FLOOR
CHICAGO, IL 60654

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

ALBERT COLDIRON INVESTORS

555 CALIFORNIA STREET SUITE 3325
SAN FRANCISCO, CA 94104

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

GOLDMAN SACHS

41-0417775

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

STANDARD PACIFIC CAPITAL, LLC

101 CALIFORNIA ST., 36TH FLOOR
SAN FRANCISCO, CA 94111

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

CALYPSO OVERSEAS LTD

135 E 57TH STREET FLOOR 20
NEW YORK, NY 10022-2050

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

ASCEND PARTNERS

1950 STEMMONS FREEWAY, SUITE 4006
DALLAS, TX 75207

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

GEM REALITY SECURITIES LTD

900 NORTH MICHIGAN AVENUE
SUITE 1450
CHICAGO, IL 60611

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

TREMBLANT PARTNERS LTD

767 FIFTH AVENUE
NUMBER 12A 2
NEW YORK, NY 10153

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

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

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

HEWITT ASSOCIATES LLC

36-2235791

(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 50	NONE	296032	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JEFFERY SLOCUM AND ASSOCIATES

41-1567437

(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?
17 27 50	NONE	146786	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET BANK AND TRUST

31-1040228

(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?
25 28 50 52 64	TRUSTEE	106832	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

KENNEDY CAPITAL MANAGEMENT

43-1225960

(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?
28 50 51 52	NONE	64957	Yes ☒ No ☐	Yes ☒ No ☐	19	Yes ☐ No ☒

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

ROXBURY CAPITAL MANAGEMENT

6001 SHADY OAK ROAD
SUITE 200
MINNETONKA, MN 55343

(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?
28 50 51 52	NONE	57858	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ARTIO INTERNATIONAL

20-4663328

(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?
28 50 51 52	NONE	34642	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

PLANTE AND MORAN PLLC

38-1357951

(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?
10 50	NONE	24200	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

VERITAS DOCUMENT SOLUTIONS LLC

20-0107082

(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?
38 50	NONE	10519	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 D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan 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.
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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 MEDAMERICA HEALTH SYSTEMS CORPORATION EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 MEDAMERICA HEALTH SYSTEMS CORP	D Employer Identification Number (EIN) 31-1040228

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: S&P 500 FLAGSHIP FUND

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST

c EIN-PN 04-0025081-004	d Entity code C	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 41462272
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
-----------------	----------------------	---

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2011</div> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan MEDAMERICA HEALTH SYSTEMS CORPORATION EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MEDAMERICA HEALTH SYSTEMS CORP	D Employer Identification Number (EIN) 31-1040228	

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	1579	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	18350604	31834908
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	8873	9150
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	9582676	2671651
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	11796598	11244622
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)	32547822	41462272
(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)	85367971	100591487
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	85285901	78386391

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	242942024	266200481

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	198289	225592
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	198289	225592

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	242743735	265974889
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	31834908	
(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)		31834908

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	4823	
(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)	177935	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		182758

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	110693	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2926465	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		3037158

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	21313134	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	23045070	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-1731936

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	-1683717	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-1683717
(6) Net investment gain (loss) from common/collective trusts	2b(6)		1486699
(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)		-2421512
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		30704358

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6379570	
(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)		6379570
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)	724375	
(2) Contract administrator fees	2i(2)	40858	
(3) Investment advisory and management fees	2i(3)	314051	
(4) Other	2i(4)	14350	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1093634
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7473204

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		23231154
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: PLANTE & MORAN, PLLC

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		2500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

5b(1) Name of plan(s)

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2011</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan MEDAMERICA HEALTH SYSTEMS CORPORATION EMPLOYEES RETIREMENT PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 MEDAMERICA HEALTH SYSTEMS CORP		D Employer Identification Number (EIN) 31-1040228
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1 0
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ 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 24
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)		
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☒ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☒ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2011 v.012611		

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: 60% Investment-Grade Debt: 25% High-Yield Debt: 1% Real Estate: 0% Other: 14%

- 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):

**MedAmerica Health Systems Corporation
Employees Retirement Plan**

**Financial Report
December 31, 2011**

MedAmerica Health Systems Corporation

Employees Retirement Plan

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Independent Auditor's Report

To the Plan Administrator
MedAmerica Health Systems Corporation
Employees Retirement Plan

We have audited the statement of net assets available for benefits of MedAmerica Health Systems Corporation Employees Retirement Plan (the "Plan") as of December 31, 2011 and 2010 and the related statement of changes in net assets available for benefits for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audits to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits as of December 31, 2011 and 2010 and the changes in net assets available for benefits for the years then ended in conformity with accounting principles generally accepted in the United States of America.

Our audits were conducted for the purpose of forming an opinion on the financial statements taken as a whole. The supplemental schedule of assets held at end of year and schedule of reportable transactions as of December 31, 2011 are presented for the purpose of additional analysis and are not a required part of the financial statements but are supplemental information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements taken as a whole.

To the Plan Administrator
MedAmerica Health Systems Corporation
Employees Retirement Plan

As explained in Note 7, the financial statements include investments valued at approximately \$78,000,000 (29 percent of net assets) at December 31, 2011 and \$85,000,000 (35 percent of net assets) at December 31, 2010, whose fair values have been estimated by management in the absence of readily determinable market values. Management's estimates are based on information provided by the fund managers.

Plante & Morse, PLLC

Columbus, Ohio
October 3, 2012

MedAmerica Health Systems Corporation

Employees Retirement Plan

Statement of Net Assets Available for Benefits

	December 31, 2011	December 31, 2010
Assets		
Investments at fair value:		
Money market fund	\$ 2,671,651	\$ 9,582,676
Mutual funds	100,591,487	85,367,971
Common collective trust fund	41,462,272	32,547,822
Corporate stocks	11,244,622	11,796,598
Alternative investments - Investments in limited partnerships	78,386,391	85,285,901
Total investments at fair value	234,356,423	224,580,968
Contributions receivable	31,834,908	18,350,604
Accrued interest and dividends	9,150	8,873
Cash	-	1,579
Total assets	266,200,481	242,942,024
Liabilities - Accrued liabilities	225,592	198,289
Net Assets Available for Benefits	\$ 265,974,889	\$ 242,743,735

MedAmerica Health Systems Corporation

Employees Retirement Plan

Statement of Changes in Net Assets Available for Benefits

	Year Ended	
	December 31, 2011	December 31, 2010
Additions to Net Assets		
Contributions - Employer	\$ 31,834,908	\$ 18,350,604
Investment income (loss):		
Interest and dividends	3,219,916	2,327,876
Net realized and unrealized (losses) gains on investments:		
Mutual funds	(2,421,512)	6,502,286
Common collective trust funds	1,486,699	297,162
U.S. government securities	-	158,818
Corporate stocks	(462,259)	3,081,000
Corporate bond obligations	-	179,961
Alternative investments	(2,953,394)	8,323,372
Net realized and unrealized (losses) gains	(4,350,466)	18,542,599
Total investment (loss) income	(1,130,550)	20,870,475
Total additions - Net	30,704,358	39,221,079
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	6,379,570	5,799,800
Administrative expenses	1,093,634	1,238,494
Total deductions	7,473,204	7,038,294
Net Increase	23,231,154	32,182,785
Net Assets Available for Benefits		
Beginning of year	242,743,735	210,560,950
End of year	\$ 265,974,889	\$ 242,743,735

MedAmerica Health Systems Corporation

Employees Retirement Plan

Notes to Financial Statements

December 31, 2011 and 2010

Note 1 - Plan Description

The following description of MedAmerica Health Systems Corporation Employees Retirement Plan (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a noncontributory defined benefit plan covering all full-time employees of MedAmerica Health Systems Corporation (the "Corporation") who are age 21 or older and which provides for retirement, death, and disability benefits.

Eligibility and Vesting - Employees become participants in the Plan following completion of the eligibility requirements as described in the Plan and are fully vested for normal retirement benefits after three years of service.

Funding - Contributions are made by the Corporation in actuarially determined amounts. The Corporation's policy is to make contributions necessary to satisfy Employee Retirement Income Security Act of 1974 (ERISA) funding standards. All minimum funding requirements were met during 2011 and 2010.

Payment of Benefits - Distributions are payable upon retirement, death, disability, or termination of employment in the form of various installment annuities.

Party-in-interest Transactions - Certain plan assets are in investment funds managed by State Street Bank and Trust Company or its affiliates. State Street Bank and Trust Company is the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

Note 2 - Summary of Significant Accounting Policies

Investment Valuation - The Plan's investments are stated at fair value and, if available, quoted market prices are used to value investments. Investments in the common collective trust fund are valued at the net asset value per share (or its equivalent) of the fund, which is based on the fair value of the fund's underlying assets. Money market funds, corporate stocks, and mutual funds are valued at quoted market prices. Securities traded on a national securities exchange are valued at the last reported sales price on the last business day of the plan year. U.S. government securities, bonds and notes, and mortgaged backed securities are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models and other pricing models. Investments in limited partnerships are valued as the net asset value per share, which is based in audited financial statements, with adjustments to account for partnership activity and other applicable valuation adjustments. In evaluating the fair value information, considerable judgment is required to interpret the market data used to develop the estimates.

MedAmerica Health Systems Corporation

Employees Retirement Plan

Notes to Financial Statements

December 31, 2011 and 2010

Note 2 - Summary of Significant Accounting Policies (Continued)

The use of different market assumptions or different valuation techniques may have a material effect on the estimated fair value amounts. Accordingly, the estimates of fair value represented herein may not be indicative of the amounts that could be realized in a current market exchange. See Note 7 for additional information.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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.

Benefit Payments - Benefits are recorded when paid.

Administrative Expenses - Various administrative costs are paid by the Corporation.

Actuarial Present Value of Accumulated Plan Benefits - Accumulated plan benefits are those future periodic payments that are attributable, under the Plan's provisions, to the service employees have rendered. These include benefits expected to be paid to:

- a. Retired or terminated employees or their beneficiaries
- b. Beneficiaries of employees who have died
- c. Present employees or their beneficiaries

Benefits for retired or terminated employees or their beneficiaries are based on the employee's number of years of credited service. Beginning January 1, 2008, a cash balance formula, with compensation and interest credits, is being calculated to accumulate benefits for new participants entering the Plan and existing participants electing to participate. 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 through the valuation date.

Actuarial Assumptions - The actuarial present value of accumulated plan benefits is determined by consulting actuaries from Hewitt Associates LLC and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money and probability of payment between the valuation date and the expected date of payment.

MedAmerica Health Systems Corporation

Employees Retirement Plan

Notes to Financial Statements December 31, 2011 and 2010

Note 2 - Summary of Significant Accounting Policies (Continued)

The significant actuarial assumptions used in the valuation of the Plan at January 1, 2011 and 2010 are summarized as follows:

Actuarial cost method	- Standard unit credit
Assumed rate of return	- 7.50 percent in 2011 and 7.75 percent in 2010
Mortality basis	- 2011 Static Mortality Table for Annuitants and Non-annuitants for 2011 and the 2010 Static Mortality Table for Annuitants and Non-annuitants for 2010
Salary projection	- 2.50 percent increase per annum through 2011 and 3.00 percent increase per annum for 2012 and thereafter for 2011 and 2.00 percent per annum for 2010

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

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

Risks and Uncertainties - Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risk. 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 the statement of net assets available for benefits.

MedAmerica Health Systems Corporation

Employees Retirement Plan

Notes to Financial Statements December 31, 2011 and 2010

Note 2 - Summary of Significant Accounting Policies (Continued)

New Accounting Pronouncement - In May 2011, the FASB issued ASU 2011-04, *Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRS*. The standard clarifies existing fair value measurement and disclosure requirements and changes existing principles and disclosure guidance. Clarifications were made to the relevancy of the highest and best use valuation concept and measurement of an instrument classified in an entity's stockholder's equity. Changes to existing principles and disclosures included measurement of financial instruments managed within a portfolio, the application of premiums and discounts in fair value measurement, and additional disclosures related to fair value measurements. The updated guidance and requirements are effective for financial statements issued for the first annual period beginning after December 15, 2011. The adoption of this standard is not expected to have a material effect on the Plan's financial statement.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including October 3, 2012, which is the date the financial statements were available to be issued.

Note 3 - Investments

Significant investments included in end of year net assets are as follows:

	2011	2010
Mutual funds:		
PIMCO Total Return Fund	\$ 58,732,214	\$ 51,471,703
Tweedy Brown Global Value Fund	19,948,839	20,807,373
Common collective trust fund - S&P 500 Flagship Fund	41,462,272	32,547,822
Alternative investments - Investments in limited partnerships:		
Quellos Inst Partners Ltd	15,980,055	12,483,395
Artio International Equity II	-	11,225,340
Aurora Offshore Fund	17,010,140	15,431,447

Note 4 - Benefits

The actuarial present value of accumulated plan benefits is determined by consulting actuaries from Hewitt Associates LLC. The calculations of the estimated present value of accumulated plan benefits attributable to participants in the Plan, which were made as of January 1, 2011 and 2010, the most recent actuarial valuations, are as follows:

MedAmerica Health Systems Corporation

Employees Retirement Plan

Notes to Financial Statements December 31, 2011 and 2010

Note 4 - Benefits (Continued)

	<u>2011</u>	<u>2010</u>
Actuarial Present Value of Accumulated Plan Benefits		
Vested benefits:		
Participants currently receiving benefit payments	\$ 51,926,913	\$ 46,899,394
Other vested participants	<u>211,159,381</u>	<u>187,437,061</u>
Total vested benefits	263,086,294	234,336,455
Nonvested benefits	<u>9,749,831</u>	<u>12,013,147</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 272,836,125</u>	<u>\$ 246,349,602</u>
	<u>2011</u>	<u>2010</u>
Actuarial Present Value of Accumulated Plan Benefits - Beginning of year	\$ 246,349,602	\$ 208,522,242
Increase (decrease) during the year attributable to:		
Interest accumulation	14,901,757	13,690,920
Benefits paid	(5,799,800)	(5,373,991)
Change of assumptions	4,228	17,946,471
Benefits accumulated	<u>17,380,338</u>	<u>11,563,960</u>
Net increase	<u>26,486,523</u>	<u>37,827,360</u>
Actuarial Present Value of Accumulated Plan Benefits - End of year	<u>\$ 272,836,125</u>	<u>\$ 246,349,602</u>

The assumption change in 2011 was nominal and the assumption change in 2010 was the result of a change in the mortality table from the 2009 Static Mortality Table for Annuitants and Non-Annuitants in 2009 to the 2010 Static Mortality Table for Annuitants and Non-Annuitants in 2010 and a change in the projected salary increase from 4.00 percent per annum to 2.00 percent per annum through 2011 and 4.00 percent per annum thereafter.

MedAmerica Health Systems Corporation

Employees Retirement Plan

Notes to Financial Statements

December 31, 2011 and 2010

Note 5 - Plan Termination

Should the Plan terminate at some future time, its net assets generally will not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty while other benefits may not be provided for at all.

Note 6 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC.

In accordance with guidance on accounting for uncertainty in income taxes, management evaluated the Plan's tax position and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The plan administrator believes the Plan is no longer subject to tax examinations for years prior to 2008.

Note 7 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2011 and 2010 and the valuation techniques used by the Plan to determine those fair values.

Level 1 - In general, fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2 - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals.

MedAmerica Health Systems Corporation

Employees Retirement Plan

Notes to Financial Statements December 31, 2011 and 2010

Note 7 - Fair Value Measurements (Continued)

Level 3 - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset. Significant Level 3 inputs for the alternative investments include the fair value of the underlying assets for the various partnerships.

In instances where inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Assets Measured at Fair Value on a Recurring Basis at December 31, 2011

	Level 1	Level 2	Level 3	Balance at December 31, 2011
Money market fund	\$ 2,671,651	\$ -	\$ -	\$ 2,671,651
Mutual funds:				
Equity investments	41,859,273	-	-	41,859,273
Fixed-income investments	58,732,214	-	-	58,732,214
Common collective trust fund (c)	-	41,462,272	-	41,462,272
Corporate stocks	11,244,622	-	-	11,244,622
Alternative investments - Limited partnerships:				
Quellos Inst Partners LTD. (b)	-	-	15,980,055	15,980,055
Walter Scott International (d)	-	-	7,002,781	7,002,781
Gem Realty Securities Class A (e)	-	-	4,255,540	4,255,540
Ascend Partners Fund II BPO, LTD. (f)	-	-	5,314,393	5,314,393
Tremblant Partners, LTD. (g)	-	-	3,533,318	3,533,318
Calypso Overseas, LTD. (h)	-	-	5,035,074	5,035,074
ESG Cross Border Equity Offshore Fund (i)	-	-	4,750,780	4,750,780
Standard Pacific Capital Offshore Fund (j)	-	-	5,340,691	5,340,691
Alydar Fund Limited (k)	-	-	5,476,448	5,476,448
ACI Market Neutral Fund, LTD. (l)	-	-	4,687,171	4,687,171
Aurora Offshore Fund (m)	-	-	17,010,140	17,010,140
Total	<u>\$ 114,507,760</u>	<u>\$ 41,462,272</u>	<u>\$ 78,386,391</u>	<u>\$ 234,356,423</u>

MedAmerica Health Systems Corporation

Employees Retirement Plan

Notes to Financial Statements December 31, 2011 and 2010

Note 7 - Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at December 31, 2010

	Level 1	Level 2	Level 3	Balance at December 31, 2010
Money market funds	\$ 9,582,676	\$ -	\$ -	\$ 9,582,676
Mutual funds:				
Equity investments	33,896,268	-	-	33,896,268
Fixed-income investments	51,471,703	-	-	51,471,703
Common collective trust fund (c)	-	32,547,822	-	32,547,822
Corporate stocks	11,796,598	-	-	11,796,598
Alternative investments - Limited partnerships:				
Atrio International Equity II (a)	-	-	11,225,340	11,225,340
Quellos Inst Partners LTD. (b)	-	-	12,483,395	12,483,395
Walter Scott International (d)	-	-	7,800,699	7,800,699
Gem Realty Securities Class A (e)	-	-	4,184,528	4,184,528
Ascend Partners Fund II BPO, LTD. (f)	-	-	5,496,666	5,496,666
Tremblant Partners, LTD. (g)	-	-	3,683,606	3,683,606
Calypso Overseas, LTD. (h)	-	-	5,349,575	5,349,575
ESG Cross Border Equity Offshore Fund (i)	-	-	4,349,878	4,349,878
Standard Pacific Capital Offshore Fund (j)	-	-	5,636,426	5,636,426
Alydar Fund Limited (k)	-	-	5,515,421	5,515,421
ACI Market Neutral Fund, LTD. (l)	-	-	4,128,920	4,128,920
Aurora Offshore Fund (m)	-	-	15,431,447	15,431,447
Total	\$ 106,747,245	\$ 32,547,822	\$ 85,285,901	\$ 224,580,968

- (a) The fund's investment objective is to seek long-term growth of capital by investing primarily in a wide variety of international equity securities issued throughout the world, normally excluding the United States. The investment manager manages the Plan as a core international equity product and is not constrained by a particular investment style. It may invest in "growth" or "value" securities.
- (b) The fund's investment objective is to provide its investors with capital appreciation while endeavoring to minimize corresponding risk. The Plan seeks to achieve its objectives through direct and/or indirect investments that pursue a variety of investment strategies.
- (c) The fund's investment objective is to approximate as closely as practicable, before expenses, the performance of the S&P 500 Index over the long term.
- (d) The fund's investment objective is to achieve long-term capital appreciation through investments in the equity securities of companies located outside of the United States of America.

MedAmerica Health Systems Corporation

Employees Retirement Plan

Notes to Financial Statements

December 31, 2011 and 2010

Note 7 - Fair Value Measurements (Continued)

- (e) The fund's investment objective is to achieve attractive risk-adjusted rates of return with less volatility than the broader equity markets, generally through investments in publicly traded national, international, and multi-national companies.
- (f) The fund's investment objective is to be an opportunistic U.S-focused long/short equity fund which generates superior risk-adjusted returns that maximize gains and minimize volatility over a broad range of market environments.
- (g) The fund's investment objective is to generate superior returns through investments in domestic and international equity and equity-related securities.
- (h) The fund's investment objective is to achieve capital appreciation through investment in selected global financial securities and other investments.
- (i) The fund's investment objective is to provide superior nonmarket correlated returns primarily by investing in emerging market equities and, from time to time, bond transactions.
- (j) The fund's investment objective is to achieve long-term capital appreciation by investing globally in securities and other instruments, including, but not limited to, equities, equity-related securities, bonds, other fixed-income investments, options, and futures contracts.
- (k) The fund's investment objective is to achieve capital appreciation primarily through investments in equity securities and other equity-related instruments.
- (l) The fund's investment objective is to achieve net returns of 5 to 8 percent above cash with minimal volatility per year while investing in small and micro-cap names both domestically and internationally.
- (m) The fund's investment objective is to invest and trade directly and indirectly in securities and other financial instruments through advisory accounts and investments in private investment funds. The fund's investment objective is to generate consistent long-term capital appreciation with low volatility and little correlation with the equity and bond markets through a portfolio having a diversified risk profile.

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no significant transfers between levels of the fair value hierarchy during 2011 and 2010.

MedAmerica Health Systems Corporation

Employees Retirement Plan

Notes to Financial Statements December 31, 2011 and 2010

Note 7 - Fair Value Measurements (Continued)

Changes in Level 3 assets measured at fair value on a recurring basis for the years ended December 31, 2011 and 2010 are as follows:

	<u>Alternative Investments</u>
Balance at January 1, 2011	\$ 85,285,901
Purchases	6,000,000
Sales	(9,946,116)
Net realized and unrealized losses	<u>(2,953,394)</u>
Balance at December 31, 2011	<u>\$ 78,386,391</u>

	<u>Alternative Investments</u>
Balance at January 1, 2010	\$ 77,802,308
Purchases	55,000,000
Sales	(55,839,779)
Net realized and unrealized gains	<u>8,323,372</u>
Balance at December 31, 2010	<u>\$ 85,285,901</u>

Of the Level 3 assets still held by the Plan at December 31, 2011, the unrealized gains (losses) for the year ended December 31, 2011 and 2010 was (\$2,938,239) and \$8,323,372, respectively, which is recognized in the statement of changes in net assets.

Both observable and unobservable inputs may be used to determine the fair value of positions classified as Level 3 assets and liabilities. As a result, the unrealized gains and losses for these assets and liabilities presented in the tables above may include changes in fair value that were attributable to both observable and unobservable inputs.

The Plan also holds other assets and liabilities not measured at fair value on a recurring basis, including employer contributions receivable, accrued income and accrued liabilities. The fair value of these assets and liabilities approximates the carrying amounts in the accompanying financial statements due to either the short maturity of the instruments.

Investments in Entities that Calculate Net Asset Value per Share

The Plan holds shares or interests in investment companies at year end where the fair value of the investment held is estimated based on the net asset value per share (or its equivalent) of the investment company.

MedAmerica Health Systems Corporation

Employees Retirement Plan

Notes to Financial Statements December 31, 2011 and 2010

Note 7 - Fair Value Measurements (Continued)

At year end, the fair value, unfunded commitments, and redemption rules of those investments is as follows:

Investments Held at December 31, 2011

	Fair Value	Unfunded Commitments	Redemption Frequency, if Eligible
Quellos Inst Partners LTD.	\$ 15,980,054	\$ -	Quarterly
Walter Scott International	7,002,781	-	Monthly
Gem Realty Securities Class A	4,255,540	-	Annually
Ascend Partners Fund II BPO, LTD.	5,314,393	-	Monthly
Tremblant Partners, LTD.	3,533,318	-	Quarterly
Calypso Overseas, LTD.	5,035,074	-	Quarterly
ESG Cross Border Equity Offshore Fund	4,750,780	-	Quarterly
Standard Pacific Capital Offshore Fund	5,340,691	-	Quarterly
Alydar Fund Limited	5,476,449	-	Quarterly
ACI Market Neutral Fund, LTD.	4,687,171	-	Monthly
Aurora Offshore Fund	17,010,140	-	Quarterly
Total	<u>\$ 78,386,391</u>	<u>\$ -</u>	

MedAmerica Health Systems Corporation
Employees Retirement Plan
EIN31-1040228/Plan Number 001

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

December 31, 2011

(a)(b) Identity of issue, lessor, borrower, or similar party	(c) Security Name Money market funds	Maturity Date	Shares or Rate	(d) Cost	(e) Fair Value
	Money market fund				
*State Street	STATE STREET BANK + TRUST CO		2,671,651	\$ 2,671,651	\$ 2,671,651
	Mutual funds				
*PIMCO	PIMCO TOTAL RETURN FUND		5,403,148	58,922,191	58,732,214
Vanguard	VANGUARD-SMALL CAP INDEX FUND		274,822	7,279,845	9,176,318
Tweedy, Browne	TWEEDY BROWN GLOBAL VALUE FUND		912,990	28,069,390	19,948,839
Vanguard	VANGUARD TOTAL INTERNATIONAL S		220,310	9,961,253	9,010,679
Hussman	HUSSMAN STRATEGIC GROWTH FUND		299,552	4,026,688	3,723,437
				108,259,367	100,591,487
	Common Collective Trust Fund				
State Street	S & P 500 FLAGSHIP FUND		155,818	37,609,749	41,462,272
	Alternative Investment Strategies				
Aurora Inv. Mgmt.	AURORA OFFSHORE FUND		17,500,000	17,010,140	17,010,140
*Walter Scott	WALTER SCOTT INTERNATIONAL		44,986	7,002,781	7,002,781
GEM Realty Sec. LTD.	GEM REALTY SECURITIES CLASS A		2,602	4,255,540	4,255,540
Ascend	ASCEND PARTNERS FUND II BPO, LTD.		34,439	5,314,393	5,314,393
Tremblant	TREMBLANT PARTNERS LTD		33,974	3,533,318	3,533,318
Calypso Capital Management, LP	CALYPSO OVERSEAS, LTD.		5,073	5,035,074	5,035,074
Emerging Sovereign Group	ESG CROSS BORDER EQUITY OFFSHORE FD		4,105	4,750,780	4,750,780
Standard Pacific Capital, LLC	STANDARD PACIFIC CAPITAL OFFSHORE FD		49,779	5,340,691	5,340,691
Alydar Fund, LTD.	ALYDAR FUND LIMITED		42,959	5,476,448	5,476,448
Algert Coldiron	ACI MULTI STRATEGY MKT NEUTRAL		4,010	4,687,171	4,687,171
Quello's	QUELLOS INST PARTNERS LTD		16,635	15,980,055	15,980,055
				78,386,391	78,386,391
				226,927,158	223,111,800

MedAmerica Health Systems Corporation
Employees Retirement Plan
EIN31-1040228/Plan Number 001

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

December 31, 2011

(a)(b) Identity of issue, lessor, borrower, or similar party	(c) Description of Asset	Maturity Date	Shares or Rate	(d) Cost	(e) Fair Value
Corporate stocks:					
	AAON INC		1,789	\$ 21,831	\$ 36,657
	AARON S INC		2,526	46,252	67,394
	ACACIA RESEARCH ACACIA TEC		1,695	66,319	61,884
	ACCURIDE CORP		680	4,127	4,842
	ACI WORLDWIDE INC		3,068	89,340	87,868
	ACTUANT CORP A		1,757	41,439	39,866
	AEP INDUSTRIES INC		1,346	35,716	37,890
	AEROPOSTALE INC		2,394	27,911	36,509
	AIR METHODS CORP		1,785	125,124	150,743
	ALLETE INC		1,716	68,245	72,038
	AMERICA S CAR MART INC		970	24,141	38,005
	AMERICAN EQUITY INVT LIFE HL		4,161	44,827	43,239
	AMERICAN SAFETY INS HOLDINGS		2,470	45,709	53,723
	APOGEE ENTERPRISES INC		2,695	36,134	33,010
	ARGO GROUP INTERNATIONAL		848	28,411	24,558
	ARRIS GROUP INC		4,683	57,599	50,670
	ASTEC INDUSTRIES INC		3,368	99,750	108,483
	A VISTA CORP		3,205	73,052	82,529
	BALLY TECHNOLOGIES INC		2,215	86,862	87,625
	BANCORPSOUTH INC		2,165	36,826	23,858
	BANK OF THE OZARKS		2,157	27,841	63,912
	BANKUNITED INC		1,750	50,886	38,483
	BANNER CORPORATION		1,390	19,566	23,839
	BBCN BANCORP INC		1,475	10,694	13,939
	BERRY PETROLEUM CO CLASS A		417	14,964	17,522
	BGC PARTNERS INC CL A		4,689	41,953	27,853
	BILL BARRETT CORP		1,292	50,295	44,018
	BIOMED REALTY TRUST INC		3,185	83,255	57,585
	BLACK HILLS CORP		1,667	61,844	55,978
	BRIGGS + STRATTON		1,523	22,644	23,591
	BRINKER INTERNATIONAL INC		3,220	84,488	85,761
	BROWN SHOE COMPANY INC		1,706	16,490	15,183
	BRUNSWICK CORP		1,753	32,607	31,659
	BUCKEYE TECHNOLOGIES INC		1,303	34,940	43,572
	C+J ENERGY SERVICES INC		3,530	94,485	73,883
	CABELA S INC		1,951	47,198	49,594
	CALIX NETWORKS INC		3,560	29,835	22,756
	CAMDEN NATIONAL CORP		747	22,705	24,352
	CARDINAL FINANCIAL CORP		1,392	9,913	14,950
	CARIBOU COFFEE CO INC		3,755	47,496	52,382
	CARPENTER TECHNOLOGY		764	14,534	39,331
	CARRIZO OIL + GAS INC		1,294	43,157	34,097
	CENTENE CORP		3,785	121,743	149,848
	CITIZENS REPUBLIC BANCORP IN		6,650	69,879	75,793
	CLEAN HARBORS INC		1,360	74,161	86,673
	CLEAR CHANNEL OUTDOOR CL A		2,810	31,057	35,266
	CLEARWIRE CORP CLASS A		28,980	59,173	56,221
	COBIZ FINANCIAL INC		2,120	10,120	12,232
	CODEXIS INC		7,005	71,012	37,127
	COINSTAR INC		575	26,565	26,268
	COLONIAL PROPERTIES TRUST		711	13,798	14,831
	COLUMBIA SPORTSWEAR CO		766	33,936	35,657

MedAmerica Health Systems Corporation
Employees Retirement Plan
EIN31-1040228/Plan Number 001

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

December 31, 2011

(a)(b) Identity of issue, lessor, borrower, or similar party	(c) Description of Asset	Maturity Date	Shares or Rate	(d) Cost	(e) Fair Value
Corporate stocks (continued):					
	COLUMBUS MCKINNON CORP/NY		2,442	\$ 51,500	\$ 30,989
	CONSOLIDATED GRAPHICS INC		768	42,548	37,079
	CONSTANT CONTACT INC		2,800	69,990	64,988
	COOPER COS INC/THE		1,610	81,472	113,537
	COOPER TIRE + RUBBER		5,807	109,214	81,356
	COUSINS PROPERTIES INC		294	1,887	1,878
	DAKTRONICS INC		1,811	26,994	17,331
	DANA HOLDING CORP		5,655	35,523	68,708
	DAWSON GEOPHYSICAL CO		1,409	37,367	55,717
	DELPHI FINANCIAL GROUP CL A		1,455	33,247	64,457
	DIAMONDROCK HOSPITALITY CO		5,376	49,839	51,825
	DIGITALGLOBE INC		3,090	62,836	52,870
	DIME COMMUNITY BANCSHARES		148	1,859	1,869
	DIODES INC		2,377	48,485	50,630
	DRAGONWAVE INC		8,105	38,220	27,967
	DSW INC CLASS A		2,435	115,303	107,651
	DUPONT FABROS TECHNOLOGY		1,252	26,631	30,323
	DYCOM INDUSTRIES INC		4,045	64,009	84,621
	EAST WEST BANCORP INC		3,357	39,614	66,301
	ENERSYS		7,403	203,308	192,256
	ENTROPIC COMMUNICATIONS INC		6,450	56,245	32,960
	ESCO TECHNOLOGIES INC		2,380	72,459	68,496
	ESTERLINE TECHNOLOGIES CORP		601	26,915	33,638
	EURONET WORLDWIDE INC		3,336	53,144	61,649
	EXACTECH INC		1,202	17,370	19,797
	FAIRCHILD SEMICONDUCTOR INTE		4,163	39,814	50,123
	FINISH LINE/THE CL A		4,015	88,842	77,429
	FIRST CASH FINL SVCS INC		2,795	67,248	98,077
	FIRST HORIZON NATIONAL CORP		4,259	34,145	34,072
	FIRST POTOMAC REALTY TRUST		5,002	91,448	65,276
	FOSTER (LB) CO A		621	12,201	17,568
	FRESH DEL MONTE PRODUCE INC		1,868	31,392	46,719
	GENERAC HOLDINGS INC		418	6,991	11,768

MedAmerica Health Systems Corporation
Employees Retirement Plan
EIN31-1040228/Plan Number 001

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

December 31, 2011

(a)(b) Identity of issue, lessor, borrower, or similar party	(c) Description of Asset	Maturity Date	Shares or Rate	(d) Cost	(e) Fair Value
Corporate stocks (continued):					
	GENESCO INC		528 \$	15,576 \$	32,599
	GEOYE INC		905	17,789	17,789
	GEVO INC		3,525	57,071	22,172
	GLACIER BANCORP INC		1,663	22,469	20,006
	GNC HOLDINGS INC CL A		1,200	29,700	34,740
	GOODRICH PETROLEUM CORP		4,690	91,697	64,394
	GRAND CANYON EDUCATION INC		2,975	48,143	47,481
	GREAT SOUTHERN BANCORP INC		1,337	25,731	31,540
	GREENBRIER COMPANIES INC		5,657	101,831	137,352
	GULFPORT ENERGY CORP		1,930	58,791	56,839
	H.B. FULLER CO.		3,177	69,106	73,420
	HANCOCK HOLDING CO		1,063	27,301	33,984
	HANESBRANDS INC		1,171	34,594	25,598
	HARMAN INTERNATIONAL		514	13,998	19,553
	HECKMANN CORP		16,145	95,958	107,364
	HERSHA HOSPITALITY TRUST		6,939	28,381	33,862
	HEXCEL CORP		5,420	105,347	131,218
	HI TECH PHARMACAL CO INC		1,231	28,249	47,874
	HILL ROM HOLDINGS INC		1,889	49,972	63,640
	HOME BANCSHARES INC		1,242	27,049	32,180
	HOOKE FURNITURE CORP		588	6,586	6,744
	HORACE MANN EDUCATORS		3,016	51,355	41,349
	HORNBECK OFFSHORE SERVICES		732	14,474	22,707
	HURON CONSULTING GROUP INC		1,675	49,760	64,890
	IBERIA BANK CORP		1,260	55,381	62,118
	ICF INTERNATIONAL INC		1,360	30,593	33,701
	II VI INC		1,810	26,342	33,236
	INTEGRATED DEVICE TECH INC		5,861	41,064	32,001
	INTERMOLECULAR INC		665	5,622	5,706
	INTERNAP NETWORK SERVICES		4,880	26,448	28,987
	JARDEN CORP		1,868	59,451	55,816
	KENEXA CORP		1,985	54,569	53,000
	KILROY REALTY CORP		1,263	41,871	48,082
	KIMBALL INTERNATIONAL		747	3,915	3,915
	KNOLL INC		1,696	27,303	25,186
	KODIAK OIL + GAS CORP		5,231	28,534	49,695
	KULICKE + SOFFA INDUSTRIES		7,710	65,778	71,318
	LAKELAND FINANCIAL CORP		1,324	27,221	34,252
	LEXINGTON REALTY TRUST		4,463	34,609	33,428
	LINCOLN ELECTRIC HOLDINGS		808	20,974	31,609
	LIONS GATE ENTERTAINMENT COR		9,735	68,145	80,995
	LITTELFUSE INC		364	15,582	15,645
	LSI INDUSTRIES INC		2,495	16,428	14,970
	MAIDEN HOLDINGS LTD		3,818	26,831	33,446
	MARTEN TRANSPORT LTD		2,691	48,331	48,411

MedAmerica Health Systems Corporation
Employees Retirement Plan
EIN31-1040228/Plan Number 001

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

December 31, 2011

(a)(b) Identity of issue, lessor, borrower, or similar party	(c) Description of Asset	Maturity Date	Shares or Rate	(d) Cost	(e) Fair Value
Corporate stocks (continued):					
	MASTEC INC		1,665	\$ 29,150	\$ 28,881
	MAXIMUS INC		2,010	80,448	80,220
	MAXWELL TECHNOLOGIES INC		1,125	20,916	18,270
	MEASUREMENT SPECIALTIES INC		1,352	21,239	37,802
	MEDIVATION INC		3,105	60,722	143,172
	MEDNAX INC		1,120	55,464	80,651
	MEN S WEARHOUSE INC/THE		2,183	61,483	70,751
	MERIT MEDICAL SYSTEMS INC		2,389	28,938	31,965
	METHODE ELECTRONICS INC		5,600	57,213	46,424
	METRO HEALTH NETWORKS INC		3,774	17,381	28,192
	MID AMERICA APARTMENT COMM		1,325	74,563	82,879
	MKS INSTRUMENTS INC		1,381	28,377	38,419
	MODINE MANUFACTURING CO		4,420	44,928	41,813
	MOLINA HEALTHCARE INC		1,079	26,512	24,094
	MOOG INC CLASS A		1,355	47,534	59,525
	MULTI FINELINE ELECTRONIX IN		2,442	56,952	50,183
	MWI VETERINARY SUPPLY INC		1,400	112,574	93,016
	MYERS INDUSTRIES INC		2,476	24,537	30,554
	NASH FINCH CO		383	13,165	11,214
	NATL HEALTH INVESTORS INC		783	22,397	34,436
	NATL PENN BCSHS INC		3,495	28,059	29,498
	NATURAL GAS SERVICES GROUP		798	11,064	11,562
	NCR CORPORATION		9,545	172,257	157,111
	NEENAH PAPER INC		1,110	19,997	24,775
	NETGEAR INC		1,559	36,524	52,336
	NEWSTAR FINANCIAL INC		4,878	61,273	49,609
	NORTHERN OIL AND GAS INC		1,770	40,230	42,445
	NORTHWEST BANCSHARES INC		3,885	43,210	48,329
	OCZ TECHNOLOGY GROUP INC		32,180	185,247	212,710
	OLD DOMINION FREIGHT LINE		2,115	48,605	85,721
	OLD NATIONAL BANCORP		2,195	21,847	25,572
	ORTHOFIX INTERNATIONAL NV		1,663	57,953	58,587
	OSI SYSTEMS INC		2,535	81,079	123,657
	OWENS + MINOR INC		1,972	49,697	54,802
	OXFORD INDUSTRIES INC		1,640	63,740	73,997
	PACWEST BANCORP		2,306	41,827	43,699
	PAR PHARMACEUTICAL COS INC		2,517	87,037	82,381
	PEBBLEBROOK HOTEL TRUST		3,280	49,549	62,910
	PERICOM SEMICONDUCTOR CORP		2,007	15,173	15,273
	PIPER JAFFRAY COS		2,562	88,242	51,752
	PLATINUM UNDERWRITERS HLDGS		1,006	31,023	34,315
	PLEXUS CORP		2,099	61,214	57,471
	PREMIERE GLOBAL SERVICES INC		7,430	61,005	62,932
	PRICESMART INC		700	34,472	48,713
	QUEST SOFTWARE INC		3,387	59,491	62,998
	RADWARE LTD		1,454	47,988	42,530
	RAMCO GERSHENSON PROPERTIES		3,648	42,284	35,860
	REGAL BELOIT CORP		1,185	58,174	60,399
	RF MICRO DEVICES INC		5,384	23,337	29,074
	ROFIN SINAR TECHNOLOGIES INC		977	23,291	22,324
	RUSH ENTERPRISES INC CL A		2,365	47,118	49,476
	SANDERSON FARMS INC		735	30,100	36,846
	SCANSOURCE INC		1,476	40,421	53,136

MedAmerica Health Systems Corporation
Employees Retirement Plan
EIN31-1040228/Plan Number 001

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

December 31, 2011

(a)(b) Identity of issue, lessor, borrower, or similar party	(c) Description of Asset	Maturity Date	Shares or Rate	(d) Cost	(e) Fair Value
	Corporate stocks (continued):				
	SCHNITZER STEEL INDS INC A		1,362	\$ 71,228	\$ 57,585
	SENSIENT TECHNOLOGIES CORP		2,016	55,667	76,406
	SIGNET JEWELERS LTD		1,755	59,645	77,150
	SOUTH JERSEY INDUSTRIES		1,530	50,473	86,919
	SOUTHWEST BANCORP INC/OKLA		3,101	64,450	18,482
	SPARTAN MOTORS INC		593	2,866	2,866
	STAMPS.COM INC		3,880	89,940	101,384
	STANDARD MICROSYSTEMS CORP		2,630	86,249	67,775
	STEPAN CO		686	50,586	54,990
	STIFEL FINANCIAL CORP		1,641	39,484	52,594
	STONERIDGE INC		4,172	28,627	35,170
	SUMMIT HOTEL PROPERTIES INC		3,366	32,804	31,777
	SUSQUEHANNA BANCSHARES INC		7,239	58,271	60,663
	SXC HEALTH SOLUTIONS CORP		1,585	41,257	89,521
	TEAM HEALTH HOLDINGS INC		540	13,841	11,871
	TECH DATA CORP		1,380	54,329	68,186
	TEMPUR PEDIC INTERNATIONAL		1,425	56,948	74,855
	TERADYNE INC		2,805	38,616	38,232
	TESLA MOTORS INC		2,065	48,705	58,976
	TNS INC		5,083	98,017	90,071
	TRIQUINT SEMICONDUCTOR INC		3,359	16,601	16,358
	TRIUMPH GROUP INC		1,072	52,116	62,658
	UMPQUA HOLDINGS CORP		4,695	49,346	58,171
	UNIFIRST CORP/MA		1,012	56,177	57,421
	UNITED NATURAL FOODS INC		2,285	86,088	91,423
	UNIVERSAL FOREST PRODUCTS		2,251	74,783	69,488
	VALMONT INDUSTRIES		542	35,863	49,208
	VASCO DATA SECURITY INTL		3,855	31,567	25,069
	VENOCO INC		2,771	25,883	18,760
	WASHINGTON FEDERAL INC		3,434	47,299	48,041
	WASHINGTON REIT		1,625	59,086	44,444
	WESTAR ENERGY INC		2,063	51,413	59,373
	WESTERN REFINING INC		2,485	38,998	33,025
	WINTRUST FINANCIAL CORP		1,062	31,687	29,789
	WOLVERINE WORLD WIDE INC		3,884	102,642	139,688
	ZOLL MEDICAL CORP		644	13,932	40,688
				1,815,483	1,999,080
				10,429,331	11,244,622
				\$ 237,356,488	\$ 234,356,423

MedAmerica Health Systems Corporation

Employees Retirement Plan

Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 31-1040228, Plan No. 001 Year Ended December 31, 2011

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total Plan assets:						
State Street	Money market fund	\$ 18,350,604	\$ -	\$ 18,650,304	\$ 18,650,304	\$ -
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total Plan assets						
State Street	Money market fund					
	Purchases - 263	33,109,783	-	33,109,783	33,109,783	-
	Sales - 305	-	40,020,809	40,020,809	40,020,809	-

There were no Category (ii) or (iv) reportable transactions during the year.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration 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 MEDAMERICA HEALTH SYSTEMS CORPORATION EMPLOYEES RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF MEDAMERICA HEALTH SYSTEMS CORP	D Employer Identification Number (EIN) 31-1040228	
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>1</u> Day <u>1</u> Year <u>2011</u>			
2 Assets:			
a Market value	2a	241,921,179	
b Actuarial value	2b	224,592,721	
3 Funding target/participant count breakdown:			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	1,200	51,228,153
b For terminated vested participants	3b	2,668	49,039,169
c For active participants:			
(1) Non-vested benefits.....	3c(1)		7,451,119
(2) Vested benefits	3c(2)		141,829,026
(3) Total active.....	3c(3)	6,106	149,280,145
d Total.....	3d	9,974	249,547,467
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	6.37 %
6 Target normal cost		6	13,394,448

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	<div style="text-align: center;"> Signature of actuary </div>	<div style="text-align: center;"> 09/28/2012 Date 11-05569 Most recent enrollment number (216) 573-9700 Telephone number (including area code) </div>
Jason M. Bravo Type or print name of actuary Hewitt Associates LLC Firm name 5005 Rockside Road Independence OH 44131 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>10.45</u> %.....		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		3,320,621
b Interest on (a) using prior year's effective rate of <u>6.73</u> % except as otherwise provided (see instructions).....		223,478
c Total available at beginning of current plan year to add to prefunding balance.....		3,544,099
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	90.00 %
15 Adjusted funding target attainment percentage	15	90.00 %
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	100.08 %
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
01/31/2012	31,834,908				
Totals •			18(b)	31,834,908	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 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 29,776,944
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: 3.78 %	2nd segment: 6.31 %	3rd segment: 6.57 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 64
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	0
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	13,394,448	
b Excess assets, if applicable, but not greater than 31a	31b		
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	24,954,746		4,105,792
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	17,500,240	
	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	17,500,240	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	29,776,944	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	12,276,704	
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			

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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2011

Date	Amount	Interest Rate	Interest Adjusted Contribution
January 31, 2012	\$31,834,908	6.37%	\$29,776,944
Total Contribution	\$31,834,908		\$29,776,944

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	5.00%	1.0000	2.78
56.5	5.00%	0.9500	2.68
57.5	5.00%	0.9025	2.59
58.5	5.00%	0.8574	2.51
59.5	5.00%	0.8145	2.42
60.5	10.00%	0.7738	4.68
61.5	10.00%	0.6964	4.28
62.5	10.00%	0.6268	3.92
63.5	10.00%	0.5641	3.58
64.5	10.00%	0.5077	3.27
65.5	20.00%	0.4569	5.99
66.5	20.00%	0.3655	4.86
67.5	20.00%	0.2924	3.95
68.5	20.00%	0.2339	3.20
69.5	20.00%	0.1872	2.60
70	100.00%	0.1497	10.48
Weighted Average			63.79

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

For ERISA Requirements

Interest rates	Based on segment rates with a four-month lookback (as of September 2010)
1st segment rate	3.78%
2nd segment rate	6.31%
3rd segment rate	6.57%
Salary increases	
Minimum funding target normal cost	2.50%
Maximum tax expected benefit increase	2.50% through 2011 and 3.00% for 2012 and beyond.
Cash balance interest crediting rate	4.01%
Cash balance annuity conversion rate	N/A
Social Security wage base increases	Future wage indices are based on a national wage increase of 3.50% per year.
Optional payment form election percentage	Choice One Participants: 55% life annuity. 8% 100% joint and survivor annuity. 1% 75% joint and survivor annuity. 8% 50% joint and survivor annuity. 14% level income annuity. 1% 15-year certain and life annuity. 12% 10-year certain and life annuity. 1% 5-year certain and life annuity. Choice Two Participants: 100% lump sum.
Optional payment form conversion interest rate	Same as funding interest rates above for lump sums other than cash balance accounts.

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For ERISA Requirements

Optional payment form conversion mortality	Current 417(e) table for lump sums other than cash balance accounts.
Retirement age	
Active participants	See Table 1
Terminated vested participants	Age 64
Mortality rates	
Healthy and disabled	2011 static mortality table for annuitants and non- annuitants per §1.430(h)(3)-1(e)
Withdrawal rates	See Table 2
Disability rates	See Table 3
Decrement timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving spouse benefit	It is assumed that 80% of males and 60% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation compensation	2010 Pensionable earnings rolled forward one year with the salary increase assumption.
Benefit and compensation limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$195,000 and the 401(a)(17) compensation limit of \$245,000.

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For ERISA Requirements

Valuation of plan assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected return on assets

2009 plan year

6.69%

2010 plan year

6.82%

Trust expenses included in target normal cost

\$1,200,000. The expenses included in the target normal cost reflect the current year's expected administrative expenses plus expected PBGC premiums.

Actuarial method

Standard unit credit cost method

Valuation date

January 1, 2011

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Table 1

Retirement Rates—Retirement Rates

Age	Rate
55	5.00%
56	5.00%
57	5.00%
58	5.00%
59	5.00%
60	10.00%
61	10.00%
62	10.00%
63	10.00%
64	10.00%
65	20.00%
66	20.00%
67	20.00%
68	20.00%
69	20.00%
70+	100.00%

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Withdrawal Rates—Withdrawal Rates

Age	Years of Service		
	0-1	2	3+
15	20.00%	15.00%	7.94%
16	20.00%	15.00%	7.94%
17	20.00%	15.00%	7.94%
18	20.00%	15.00%	7.94%
19	20.00%	15.00%	7.94%
20	20.00%	15.00%	7.94%
21	20.00%	15.00%	7.90%
22	20.00%	15.00%	7.86%
23	20.00%	15.00%	7.82%
24	20.00%	15.00%	7.77%
25	20.00%	15.00%	7.72%
26	20.00%	15.00%	7.67%
27	20.00%	15.00%	7.60%
28	20.00%	15.00%	7.49%
29	20.00%	15.00%	7.37%
30	20.00%	15.00%	7.22%
31	20.00%	15.00%	7.06%
32	20.00%	15.00%	6.89%
33	20.00%	15.00%	6.69%
34	20.00%	15.00%	6.49%
35	20.00%	15.00%	6.27%
36	20.00%	15.00%	6.05%
37	20.00%	15.00%	5.83%
38	20.00%	15.00%	5.61%
39	20.00%	15.00%	5.38%
40	20.00%	15.00%	5.15%
41	20.00%	15.00%	4.92%
42	20.00%	15.00%	4.68%
43	20.00%	15.00%	4.45%
44	20.00%	15.00%	4.22%

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Withdrawal Rates—Withdrawal Rates

Age	Years of Service		
	0-1	2	3+
45	20.00%	15.00%	3.97%
46	20.00%	15.00%	3.72%
47	20.00%	15.00%	3.46%
48	20.00%	15.00%	3.18%
49	20.00%	15.00%	2.88%
50	20.00%	15.00%	2.56%
51	20.00%	15.00%	2.22%
52	20.00%	15.00%	1.89%
53	20.00%	15.00%	1.55%
54	20.00%	15.00%	1.23%
55	20.00%	15.00%	0.94%
56	20.00%	15.00%	0.69%
57	20.00%	15.00%	0.47%
58	20.00%	15.00%	0.30%
59	20.00%	15.00%	0.17%
60	20.00%	15.00%	0.09%
61	20.00%	15.00%	0.03%
62+	0.00%	0.00%	0.00%

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Table 3

Disability Rates—Disability Rates

Age	Male	Female	Age	Male	Female
15	0.03%	0.03%	45	0.16%	0.24%
16	0.03%	0.03%	46	0.18%	0.27%
17	0.03%	0.03%	47	0.21%	0.30%
18	0.03%	0.03%	48	0.25%	0.33%
19	0.03%	0.03%	49	0.28%	0.36%
20	0.03%	0.03%	50	0.33%	0.40%
21	0.03%	0.03%	51	0.39%	0.44%
22	0.03%	0.03%	52	0.46%	0.49%
23	0.03%	0.03%	53	0.53%	0.54%
24	0.03%	0.03%	54	0.61%	0.59%
25	0.03%	0.03%	55	0.69%	0.64%
26	0.03%	0.03%	56	0.77%	0.69%
27	0.03%	0.03%	57	0.86%	0.74%
28	0.03%	0.04%	58	0.95%	0.80%
29	0.03%	0.04%	59	1.05%	0.85%
30	0.03%	0.04%	60	1.15%	0.90%
31	0.03%	0.05%	61	1.26%	0.96%
32	0.03%	0.05%	62	1.38%	1.01%
33	0.03%	0.06%	63	1.51%	1.05%
34	0.03%	0.06%	64	1.64%	1.09%
35	0.04%	0.07%	65+	0.00%	0.00%
36	0.04%	0.08%			
37	0.05%	0.09%			
38	0.06%	0.10%			
39	0.07%	0.12%			
40	0.08%	0.13%			
41	0.09%	0.15%			
42	0.10%	0.17%			
43	0.12%	0.19%			
44	0.14%	0.22%			

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Schedule SB, Part V—Summary of Plan Provisions

History of Plan

Miami Valley Hospital established the Miami Valley Hospital Employees Retirement Plan for the benefit of its employees on January 1, 1951. Prior to January 1, 1971, benefits were provided under Group Annuity Contract issued by the National Health and Welfare Retirement Association.

Effective January 1, 1976, the plan was amended and restated to comply with ERISA. Benefits provided by the plan to eligible employees include normal, early, vesting, and disability retirement benefits. The plan also provides a preretirement surviving spouse's benefit. The benefit formula is of the career average type with a different percentage applied to compensation above and below a given breakpoint.

Effective January 1, 1979, the plan was amended to update the benefit formula for future accrual, limit service to 30 years, change the normal form of benefit to a life annuity (from a 3-year certain and continuous), and reduce the preretirement surviving spouse's benefit to the ERISA minimum requirement.

Effective January 1, 1980, the plan was amended to grant benefit increases for retirees prior to December 31, 1979.

Effective January 1, 1984, the plan was amended to change the breakpoints and accrual percentages in the benefit formula, change participation requirement to age 25 with one year of service, increase the early retirement age for new hires to age 55 with 5 years of service, and provide preretirement surviving spouse protection on a company-paid basis for employees eligible for early retirement.

Effective January 1, 1985, the plan was amended to reduce the required participation age to age 21, and to extend preretirement surviving spouse protection to all active vested participants.

As reflected in the 1986 valuation, the plan was further amended to change the benefit formula (including a change in the breakpoint definition), and provide 10-year cliff vesting for new participants. In addition, a special retirement program was offered to a small group of participants employed in the diagnostic laboratories, and an ad hoc benefit increase was granted to all retirees who retired prior to January 1, 1985.

Effective January 1, 1988, the age 60 maximum entry age restriction was eliminated. In addition, benefit accruals are required to be granted past age 65.

Effective January 1, 1989, the plan was amended to change the benefit formula to a final 5-year average pay excess plan and to provide 5-year cliff vesting.

Effective October 13, 1995, the lump sum payouts are based on the GATT actuarial factors.

Effective January 1, 1996, an ad hoc benefit increase was granted to all current retirees. Effective for retirements after January 1, 1996, employees who retire at or after age 60 with 10 or more years of service will receive a monthly benefit equal to \$10 times years of credited service (up to 20 years),

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payable until Social Security Normal Retirement Age. In addition, Fidelity Home Health Care employees became participants of the plan as of January 1, 1996.

Effective January 1, 2003, Hipple Cancer Research Center employees became participants of the plan.

Effective January 1, 2008, the plan was amended and restated to reflect changes in the law resulting from the Economic Growth and Tax Relief Reconciliation Act of 2001 and other legislation and regulations issued since the plan's last restatement. In addition, the Plan now includes a cash balance formula applicable to post-December 31, 2007 Participants and other Participants who voluntarily chose to be covered under this cash balance formula.

Effective January 1, 2009, vested terminations who retire after Social Security Normal Retirement Age will receive an actuarial increase to their benefit.

A brief summary of the major plan provisions in effect on the valuation date can be found on the following pages.

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Effective Date	Original plan—January 1, 1951. Amended and completely restated on January 1, 2008.
Employees Covered	All active employees excluding interns, externs, residents, or students in a non-employee status, and any minister for whom the employer contributes to another pension plan.
Participation Requirements	All eligible employees who have attained age 21 and have completed one year of service. Employees who were participants in the plan on December 31, 1988, automatically participate in the plan on January 1, 1989. Effective January 1, 1996, Fidelity Home Health Care employees became participants of the plan. Effective January 1, 2003, Hipple Cancer Research Center employees became participants of the plan.
Normal Retirement Eligibility	Age 65 and five years of service. Members with at least one hour of service on or after January 1, 2008: Age 65.
Annual Benefit	<i>Choice One Participants</i> The sum of (a) and (b) below multiplied by Credited Service after January 1, 1971: (a) 0.90% x Final Average Pay up to a Breakpoint (b) 1.65% x Final Average Pay in Excess of the Breakpoint. A participant's normal retirement benefit is the accrued benefit actuarially reduced for each month commencement of benefits precedes attainment of Social Security Normal Retirement Age. OR <i>Choice Two Participants</i> Accrued Pension Account: a cash balance account equal to the sum of the Annual Cash Balance Credits and the Accrued Pension Account Interest. Plus, any Final Average Pay Pension accrued benefit as described above relating to pre-2008 plan participation.
Minimum Benefit	The accrued benefit on December 31, 1988, as determined under the terms of the plan on such date.

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Early Retirement
Eligibility

Participants prior to January 1, 1984: Age 50. (Not applicable for Choice Two Participants)

New participants after December 31, 1983: Age 55 with five or more years of service.

Members with at least one hour of service on or after January 1, 2008: Age 55 with three years of Vesting Service.

Annual Benefit

Choice One Participants

The accrued benefit determined under the normal retirement benefit formula. Benefit is reduced by 1/180 for each of the first 60 months, 1/360 for each of the next 60 months, and actuarially reduced beyond ten years by which the commencement of benefits precedes attainment of Social Security Normal Retirement Age.

OR

Choice Two Participants

Accrued Pension Account. Plus, any Final Average Pay Pension accrued benefit as described above relating to pre-2008 plan participation.

Disability Retirement
Eligibility

Participants prior to January 1, 1999: Permanent and total disability.

New participants after December 31, 1998: five years of service.

Members with at least one hour of service on or after January 1, 2008: three years of Vesting Service.

Annual Benefit

Choice One Participants

A benefit, payable at age 65, determined according to the normal retirement benefit formula and assuming pay continues at the same rate as immediately preceding disability status and assuming 1,000 hours are worked each year.

OR

Choice Two Participants

Accrued Pension Account. Plus, any Final Average Pay

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	Pension accrued benefit as described above relating to pre-2008 plan participation.
Vested Deferred Retirement Eligibility	Three years of vesting service.
Annual Benefit	<p>The accrued benefit determined under the normal retirement benefit formula payable at normal retirement age.</p> <p>All employees who were participants prior to January 1, 1976, are considered fully vested.</p> <p>Vested terminations can receive benefits prior to Social Security Normal Retirement Age under the same early retirement provisions as active employees. Vested terminations who retire after Social Security Normal Retirement Age will receive an actuarial increase to their benefit.</p>
Preretirement Spouse's Survivor Annuity Eligibility	All vested participants who have not yet begun receiving benefit payments.
Annual Benefit	<p>An annuity payable to the spouse of a participant equal to 50% of the accrued benefit that would have been payable had the participants retired immediately preceding death. This benefit protection is paid for by the Company for all active employees. Vested terminations must pay for this protection in the form of a benefit reduction for those years in which the coverage was in effect.</p> <p>Beneficiaries of married Choice Two participants may elect an immediate lump sum equal to the value of the Accrued Pension Account. Beneficiaries of single Choice Two participants will automatically be paid an immediate lump sum equal to the value of the Accrued Pension Account.</p>
Supplemental Early Retirement Benefit Eligibility	Choice One participants who are age 60 with 10 or more years of Vesting Service.
Benefit	A benefit, payable until Social Security Normal Retirement Age, equal to \$10 times years of credited service (up to 20 years).

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Normal Form of Retirement Benefits Single life annuity. For married participants, the benefit is payable, on a reduced basis, as a 50% joint and survivor annuity, unless elected otherwise.

Optional Form of Retirement Benefits 100%, 75%, and 50% contingent annuitant option; life income with a 180-month, 120-month, or 60-month payment guarantee; and level income option.

Source of Contributions 100% employer-paid since January 1, 1976.

Definitions
Actuarial Equivalence Based of the RP2000 mortality table, projected to 2015 using Scale AA, weighted 15 percent male, and a 7% interest rate.

Annual Cash Balance Credits For each calendar year beginning on or after January 1, 2008, in which a person is a Choice Two Participant and earns a year of Benefit Service, his Accrued Pension Account shall be credited with a Cash Balance Credit determined as follows:

Years of Benefit Service	Annual Cash Balance Credit
0-5	2.0% of Compensation
6-10	2.5% of Compensation
11-15	3.0% of Compensation
16-20	4.0% of Compensation
21-25	5.0% of Compensation
26+	6.0% of Compensation

Credits are to be made at the earlier of the last day of the Plan Year or severance from service.

Accrued Pension Account Interest The interest percentage earned on the Accrued Pension Account. The annual interest rate shall be the rate of interest on 10-year Treasury securities for the month of August preceding the Plan Year as of which the interest is being credited.

Compensation W-2 pay plus elective deferrals less reimbursements or other expense allowances.

Choice One Participant Participant who is covered under the "final average pay" (FAP) benefit formula.

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Choice Two Participant	Participant who is covered under the cash balance formula.
Final Average Pay	<p>Monthly average of a participant's Compensation for the period of the five consecutive calendar years during which he received the largest total amount of Compensation within the ten (fifteen, after 2007) complete calendar years preceding his termination of employment.</p> <p>For Choice Two Participants, Final Average Pay is determined immediately prior to the date on which the participant becomes a Choice Two Participant.</p>
Breakpoint	The average of the Social Security maximum taxable wage bases for the 35-year period ending with the year in which the participant attains Social Security Normal Retirement Age.
Social Security Normal Retirement Age	<p>The age used as the retirement age under Section 216(l) of the Social Security Act, except that such shall be applied:</p> <ul style="list-style-type: none">▪ without regard to the age increase factor; and▪ as if the early retirement age under Section 216(l) of the Social Security Act were 62.
Hour of Service	One hour for each hour for which an employee is paid for the performance of duties for the employer; plus one hour for each hour for which no duties are performed due to vacation holiday, illness, disability, layoff, jury duty, military duty, or leave of absence.
Vesting Service	Vesting service prior to January 1, 1976, plus one year for each year the employee has completed 1,000 hours of service. Partial year's credit can be earned in the year of hire or termination.
Credited Service	<p>Computed on the same basis as vesting service, but limited to a maximum of 30 years before December 31, 2007.</p> <p>After December 31, 2007, a Member shall not earn Credited Service during any period of time that the Member is a Choice Two Participant.</p>

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Benefit Service	<p>Service used to determine the amount of the Cash Balance Credits.</p> <p>Pre-2008 Benefit Service is equal to the years and partial years of Credited Service the Member had as of December 31, 2007.</p> <p>Post-2007 Benefit Service is granted for each plan year in which a Member completes 1,000 hours of service. Service is not granted during periods of disability.</p>
Accumulation of Employee Contributions	<p>Effective January 1, 1986, employee contributions are accumulated at a rate of 8% per year. Effective January 1, 1988, employee contributions are accumulated at 120% of Federal mid-term rate for each plan year.</p>
Member	<p>Any current or former participant who is receiving or is entitled to receive benefits under this plan.</p>
Plan Year	<p>January 1 to December 31.</p>

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Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the salary increase assumption applicable to the minimum funding target normal cost from 2.00% to 2.50%.

These changes were made to better reflect the anticipated plan experience. The funding assumption changes did not reduce the funding shortfall more than the thresholds stated in Internal Revenue Code Section 430(h)(5), so approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2011 Plan Year
MedAmerica Health Systems Corp. Employees Retirement Plan
EIN: 31-1040228 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2011

Attained Age	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25		260 \$32,082 \$813	6							
25-29	1	503 \$36,604 \$1,257	178 \$39,004 \$1,397	5						
30-34	4	324 \$44,311 \$1,606	242 \$48,943 \$1,584	92 \$48,388 \$2,203	4					
35-39	2	287 \$51,867 \$1,624	183 \$51,326 \$1,624	157 \$51,794 \$1,629	54 \$52,441 \$2,309	3				
40-44	5	225 \$47,814 \$1,652	194 \$45,763 \$863	145 \$56,870 \$945	106 \$66,577 \$754	48 \$62,664 \$721	3	1		
45-49	3	195 \$51,034 \$1,502	199 \$51,177 \$707	150 \$52,989 \$460	131 \$59,518 \$622	106 \$62,730 \$743	46 \$62,647 \$892	7		
50-54	6	190 \$53,707 \$1,745	127 \$47,143 \$478	186 \$58,929 \$321	116 \$68,153 \$208	98 \$63,370 \$564	76 \$72,546 \$0	88 \$63,631 \$257	7	
55-59	1	133 \$54,263 \$1,708	131 \$49,506 \$331	133 \$55,070 \$167	97 \$63,462 \$183	94 \$59,453 \$0	50 \$64,588 \$86	90 \$61,722 \$91	57 \$61,728 \$0	
60-64		61 \$58,462 \$1,608	66 \$47,120 \$264	82 \$52,572 \$213	43 \$65,261 \$203	57 \$57,853 \$0	32 \$55,995 \$65	38 \$63,634 \$0	64 \$57,004 \$0	
65-69	1	10	14	22 \$41,050 \$49	12	15	7	9	14	
70+		2	1	5	1	1				

N-6106

Schedule SB Attachment (Form 5500)—2011 Plan Year
MedAmerica Health Systems Corp. Employees Retirement Plan
EIN: 31-1040228 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

Type Of Base	Present Value of Installments	Valuation Date Established	Remaining Years in Amortization Period	Amortization Amount
Shortfall	\$24,954,746	January 1, 2011	7	\$4,105,792

MedAmerica Health Systems Corporation
Employees Retirement Plan
EIN31-1040228/Plan Number 001

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

December 31, 2011

(a)(b) Identity of issue, lessor, borrower, or similar party	(c) Security Name Money market funds	Maturity Date	Shares or Rate	(d) Cost	(e) Fair Value
	Money market fund				
*State Street	STATE STREET BANK + TRUST CO		2,671,651	\$ 2,671,651	\$ 2,671,651
	Mutual funds				
*PIMCO	PIMCO TOTAL RETURN FUND		5,403,148	58,922,191	58,732,214
Vanguard	VANGUARD-SMALL CAP INDEX FUND		274,822	7,279,845	9,176,318
Tweedy, Browne	TWEEDY BROWN GLOBAL VALUE FUND		912,990	28,069,390	19,948,839
Vanguard	VANGUARD TOTAL INTERNATIONAL S		220,310	9,961,253	9,010,679
Hussman	HUSSMAN STRATEGIC GROWTH FUND		299,552	4,026,688	3,723,437
				108,259,367	100,591,487
	Common Collective Trust Fund				
State Street	S & P 500 FLAGSHIP FUND		155,818	37,609,749	41,462,272
	Alternative Investment Strategies				
Aurora Inv. Mgmt.	AURORA OFFSHORE FUND		17,500,000	17,010,140	17,010,140
*Walter Scott	WALTER SCOTT INTERNATIONAL		44,986	7,002,781	7,002,781
GEM Realty Sec. LTD.	GEM REALTY SECURITIES CLASS A		2,602	4,255,540	4,255,540
Ascend	ASCEND PARTNERS FUND II BPO, LTD.		34,439	5,314,393	5,314,393
Tremblant	TREMBLANT PARTNERS LTD		33,974	3,533,318	3,533,318
Calypso Capital Management, LP	CALYPSO OVERSEAS, LTD.		5,073	5,035,074	5,035,074
Emerging Sovereign Group	ESG CROSS BORDER EQUITY OFFSHORE FD		4,105	4,750,780	4,750,780
Standard Pacific Capital, LLC	STANDARD PACIFIC CAPITAL OFFSHORE FD		49,779	5,340,691	5,340,691
Alydar Fund, LTD.	ALYDAR FUND LIMITED		42,959	5,476,448	5,476,448
Algert Coldiron	ACI MULTI STRATEGY MKT NEUTRAL		4,010	4,687,171	4,687,171
Quello's	QUELLOS INST PARTNERS LTD		16,635	15,980,055	15,980,055
				78,386,391	78,386,391
				226,927,158	223,111,800

MedAmerica Health Systems Corporation
Employees Retirement Plan
EIN31-1040228/Plan Number 001

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

December 31, 2011

(a)(b) Identity of issue, lessor, borrower, or similar party	(c) Description of Asset	Maturity Date	Shares or Rate	(d) Cost	(e) Fair Value
Corporate stocks:					
	AAON INC		1,789	\$ 21,831	\$ 36,657
	AARON S INC		2,526	46,252	67,394
	ACACIA RESEARCH ACACIA TEC		1,695	66,319	61,884
	ACCURIDE CORP		680	4,127	4,842
	ACI WORLDWIDE INC		3,068	89,340	87,868
	ACTUANT CORP A		1,757	41,439	39,866
	AEP INDUSTRIES INC		1,346	35,716	37,890
	AEROPOSTALE INC		2,394	27,911	36,509
	AIR METHODS CORP		1,785	125,124	150,743
	ALLETE INC		1,716	68,245	72,038
	AMERICA S CAR MART INC		970	24,141	38,005
	AMERICAN EQUITY INVT LIFE HL		4,161	44,827	43,239
	AMERICAN SAFETY INS HOLDINGS		2,470	45,709	53,723
	APOGEE ENTERPRISES INC		2,695	36,134	33,010
	ARGO GROUP INTERNATIONAL		848	28,411	24,558
	ARRIS GROUP INC		4,683	57,599	50,670
	ASTEC INDUSTRIES INC		3,368	99,750	108,483
	A VISTA CORP		3,205	73,052	82,529
	BALLY TECHNOLOGIES INC		2,215	86,862	87,625
	BANCORPSOUTH INC		2,165	36,826	23,858
	BANK OF THE OZARKS		2,157	27,841	63,912
	BANKUNITED INC		1,750	50,886	38,483
	BANNER CORPORATION		1,390	19,566	23,839
	BBCN BANCORP INC		1,475	10,694	13,939
	BERRY PETROLEUM CO CLASS A		417	14,964	17,522
	BGC PARTNERS INC CL A		4,689	41,953	27,853
	BILL BARRETT CORP		1,292	50,295	44,018
	BIOMED REALTY TRUST INC		3,185	83,255	57,585
	BLACK HILLS CORP		1,667	61,844	55,978
	BRIGGS + STRATTON		1,523	22,644	23,591
	BRINKER INTERNATIONAL INC		3,220	84,488	85,761
	BROWN SHOE COMPANY INC		1,706	16,490	15,183
	BRUNSWICK CORP		1,753	32,607	31,659
	BUCKEYE TECHNOLOGIES INC		1,303	34,940	43,572
	C+J ENERGY SERVICES INC		3,530	94,485	73,883
	CABELA S INC		1,951	47,198	49,594
	CALIX NETWORKS INC		3,560	29,835	22,756
	CAMDEN NATIONAL CORP		747	22,705	24,352
	CARDINAL FINANCIAL CORP		1,392	9,913	14,950
	CARIBOU COFFEE CO INC		3,755	47,496	52,382
	CARPENTER TECHNOLOGY		764	14,534	39,331
	CARRIZO OIL + GAS INC		1,294	43,157	34,097
	CENTENE CORP		3,785	121,743	149,848
	CITIZENS REPUBLIC BANCORP IN		6,650	69,879	75,793
	CLEAN HARBORS INC		1,360	74,161	86,673
	CLEAR CHANNEL OUTDOOR CL A		2,810	31,057	35,266
	CLEARWIRE CORP CLASS A		28,980	59,173	56,221
	COBIZ FINANCIAL INC		2,120	10,120	12,232
	CODEXIS INC		7,005	71,012	37,127
	COINSTAR INC		575	26,565	26,268
	COLONIAL PROPERTIES TRUST		711	13,798	14,831
	COLUMBIA SPORTSWEAR CO		766	33,936	35,657

MedAmerica Health Systems Corporation
Employees Retirement Plan
EIN31-1040228/Plan Number 001

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

December 31, 2011

(a)(b) Identity of issue, lessor, borrower, or similar party	(c) Description of Asset	Maturity Date	Shares or Rate	(d) Cost	(e) Fair Value
Corporate stocks (continued):					
	COLUMBUS MCKINNON CORP/NY		2,442	\$ 51,500	\$ 30,989
	CONSOLIDATED GRAPHICS INC		768	42,548	37,079
	CONSTANT CONTACT INC		2,800	69,990	64,988
	COOPER COS INC/THE		1,610	81,472	113,537
	COOPER TIRE + RUBBER		5,807	109,214	81,356
	COUSINS PROPERTIES INC		294	1,887	1,878
	DAKTRONICS INC		1,811	26,994	17,331
	DANA HOLDING CORP		5,655	35,523	68,708
	DAWSON GEOPHYSICAL CO		1,409	37,367	55,717
	DELPHI FINANCIAL GROUP CL A		1,455	33,247	64,457
	DIAMONDROCK HOSPITALITY CO		5,376	49,839	51,825
	DIGITALGLOBE INC		3,090	62,836	52,870
	DIME COMMUNITY BANCSHARES		148	1,859	1,869
	DIODES INC		2,377	48,485	50,630
	DRAGONWAVE INC		8,105	38,220	27,967
	DSW INC CLASS A		2,435	115,303	107,651
	DUPONT FABROS TECHNOLOGY		1,252	26,631	30,323
	DYCOM INDUSTRIES INC		4,045	64,009	84,621
	EAST WEST BANCORP INC		3,357	39,614	66,301
	ENERSYS		7,403	203,308	192,256
	ENTROPIC COMMUNICATIONS INC		6,450	56,245	32,960
	ESCO TECHNOLOGIES INC		2,380	72,459	68,496
	ESTERLINE TECHNOLOGIES CORP		601	26,915	33,638
	EURONET WORLDWIDE INC		3,336	53,144	61,649
	EXACTECH INC		1,202	17,370	19,797
	FAIRCHILD SEMICONDUCTOR INTE		4,163	39,814	50,123
	FINISH LINE/THE CL A		4,015	88,842	77,429
	FIRST CASH FINL SVCS INC		2,795	67,248	98,077
	FIRST HORIZON NATIONAL CORP		4,259	34,145	34,072
	FIRST POTOMAC REALTY TRUST		5,002	91,448	65,276
	FOSTER (LB) CO A		621	12,201	17,568
	FRESH DEL MONTE PRODUCE INC		1,868	31,392	46,719
	GENERAC HOLDINGS INC		418	6,991	11,768

MedAmerica Health Systems Corporation
Employees Retirement Plan
EIN31-1040228/Plan Number 001

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

December 31, 2011

(a)(b) Identity of issue, lessor, borrower, or similar party	(c) Description of Asset	Maturity Date	Shares or Rate	(d) Cost	(e) Fair Value
Corporate stocks (continued):					
	GENESCO INC		528 \$	15,576 \$	32,599
	GEOYE INC		905	17,789	17,789
	GEVO INC		3,525	57,071	22,172
	GLACIER BANCORP INC		1,663	22,469	20,006
	GNC HOLDINGS INC CL A		1,200	29,700	34,740
	GOODRICH PETROLEUM CORP		4,690	91,697	64,394
	GRAND CANYON EDUCATION INC		2,975	48,143	47,481
	GREAT SOUTHERN BANCORP INC		1,337	25,731	31,540
	GREENBRIER COMPANIES INC		5,657	101,831	137,352
	GULFPORT ENERGY CORP		1,930	58,791	56,839
	H.B. FULLER CO.		3,177	69,106	73,420
	HANCOCK HOLDING CO		1,063	27,301	33,984
	HANESBRANDS INC		1,171	34,594	25,598
	HARMAN INTERNATIONAL		514	13,998	19,553
	HECKMANN CORP		16,145	95,958	107,364
	HERSHA HOSPITALITY TRUST		6,939	28,381	33,862
	HEXCEL CORP		5,420	105,347	131,218
	HI TECH PHARMACAL CO INC		1,231	28,249	47,874
	HILL ROM HOLDINGS INC		1,889	49,972	63,640
	HOME BANCSHARES INC		1,242	27,049	32,180
	HOOKER FURNITURE CORP		588	6,586	6,744
	HORACE MANN EDUCATORS		3,016	51,355	41,349
	HORNBECK OFFSHORE SERVICES		732	14,474	22,707
	HURON CONSULTING GROUP INC		1,675	49,760	64,890
	IBERIA BANK CORP		1,260	55,381	62,118
	ICF INTERNATIONAL INC		1,360	30,593	33,701
	II VI INC		1,810	26,342	33,236
	INTEGRATED DEVICE TECH INC		5,861	41,064	32,001
	INTERMOLECULAR INC		665	5,622	5,706
	INTERNAP NETWORK SERVICES		4,880	26,448	28,987
	JARDEN CORP		1,868	59,451	55,816
	KENEXA CORP		1,985	54,569	53,000
	KILROY REALTY CORP		1,263	41,871	48,082
	KIMBALL INTERNATIONAL		747	3,915	3,915
	KNOLL INC		1,696	27,303	25,186
	KODIAK OIL + GAS CORP		5,231	28,534	49,695
	KULICKE + SOFFA INDUSTRIES		7,710	65,778	71,318
	LAKELAND FINANCIAL CORP		1,324	27,221	34,252
	LEXINGTON REALTY TRUST		4,463	34,609	33,428
	LINCOLN ELECTRIC HOLDINGS		808	20,974	31,609
	LIONS GATE ENTERTAINMENT COR		9,735	68,145	80,995
	LITTELFUSE INC		364	15,582	15,645
	LSI INDUSTRIES INC		2,495	16,428	14,970
	MAIDEN HOLDINGS LTD		3,818	26,831	33,446
	MARTEN TRANSPORT LTD		2,691	48,331	48,411

MedAmerica Health Systems Corporation
Employees Retirement Plan
EIN31-1040228/Plan Number 001

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

December 31, 2011

(a)(b) Identity of issue, lessor, borrower, or similar party	(c) Description of Asset	Maturity Date	Shares or Rate	(d) Cost	(e) Fair Value
	Corporate stocks (continued):				
	MASTEC INC		1,665	\$ 29,150	\$ 28,881
	MAXIMUS INC		2,010	80,448	80,220
	MAXWELL TECHNOLOGIES INC		1,125	20,916	18,270
	MEASUREMENT SPECIALTIES INC		1,352	21,239	37,802
	MEDIVATION INC		3,105	60,722	143,172
	MEDNAX INC		1,120	55,464	80,651
	MEN S WEARHOUSE INC/THE		2,183	61,483	70,751
	MERIT MEDICAL SYSTEMS INC		2,389	28,938	31,965
	METHODE ELECTRONICS INC		5,600	57,213	46,424
	METRO HEALTH NETWORKS INC		3,774	17,381	28,192
	MID AMERICA APARTMENT COMM		1,325	74,563	82,879
	MKS INSTRUMENTS INC		1,381	28,377	38,419
	MODINE MANUFACTURING CO		4,420	44,928	41,813
	MOLINA HEALTHCARE INC		1,079	26,512	24,094
	MOOG INC CLASS A		1,355	47,534	59,525
	MULTI FINELINE ELECTRONIX IN		2,442	56,952	50,183
	MWI VETERINARY SUPPLY INC		1,400	112,574	93,016
	MYERS INDUSTRIES INC		2,476	24,537	30,554
	NASH FINCH CO		383	13,165	11,214
	NATL HEALTH INVESTORS INC		783	22,397	34,436
	NATL PENN BCSHS INC		3,495	28,059	29,498
	NATURAL GAS SERVICES GROUP		798	11,064	11,562
	NCR CORPORATION		9,545	172,257	157,111
	NEENAH PAPER INC		1,110	19,997	24,775
	NETGEAR INC		1,559	36,524	52,336
	NEWSTAR FINANCIAL INC		4,878	61,273	49,609
	NORTHERN OIL AND GAS INC		1,770	40,230	42,445
	NORTHWEST BANCSHARES INC		3,885	43,210	48,329
	OCZ TECHNOLOGY GROUP INC		32,180	185,247	212,710
	OLD DOMINION FREIGHT LINE		2,115	48,605	85,721
	OLD NATIONAL BANCORP		2,195	21,847	25,572
	ORTHOFIX INTERNATIONAL NV		1,663	57,953	58,587
	OSI SYSTEMS INC		2,535	81,079	123,657
	OWENS + MINOR INC		1,972	49,697	54,802
	OXFORD INDUSTRIES INC		1,640	63,740	73,997
	PACWEST BANCORP		2,306	41,827	43,699
	PAR PHARMACEUTICAL COS INC		2,517	87,037	82,381
	PEBBLEBROOK HOTEL TRUST		3,280	49,549	62,910
	PERICOM SEMICONDUCTOR CORP		2,007	15,173	15,273
	PIPER JAFFRAY COS		2,562	88,242	51,752
	PLATINUM UNDERWRITERS HLDGS		1,006	31,023	34,315
	PLEXUS CORP		2,099	61,214	57,471
	PREMIERE GLOBAL SERVICES INC		7,430	61,005	62,932
	PRICESMART INC		700	34,472	48,713
	QUEST SOFTWARE INC		3,387	59,491	62,998
	RADWARE LTD		1,454	47,988	42,530
	RAMCO GERSHENSON PROPERTIES		3,648	42,284	35,860
	REGAL BELOIT CORP		1,185	58,174	60,399
	RF MICRO DEVICES INC		5,384	23,337	29,074
	ROFIN SINAR TECHNOLOGIES INC		977	23,291	22,324
	RUSH ENTERPRISES INC CL A		2,365	47,118	49,476
	SANDERSON FARMS INC		735	30,100	36,846
	SCANSOURCE INC		1,476	40,421	53,136

MedAmerica Health Systems Corporation
Employees Retirement Plan
EIN31-1040228/Plan Number 001

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

December 31, 2011

(a)(b) Identity of issue, lessor, borrower, or similar party	(c) Description of Asset	Maturity Date	Shares or Rate	(d) Cost	(e) Fair Value
	Corporate stocks (continued):				
	SCHNITZER STEEL INDS INC A		1,362	\$ 71,228	\$ 57,585
	SENSIENT TECHNOLOGIES CORP		2,016	55,667	76,406
	SIGNET JEWELERS LTD		1,755	59,645	77,150
	SOUTH JERSEY INDUSTRIES		1,530	50,473	86,919
	SOUTHWEST BANCORP INC/OKLA		3,101	64,450	18,482
	SPARTAN MOTORS INC		593	2,866	2,866
	STAMPS.COM INC		3,880	89,940	101,384
	STANDARD MICROSYSTEMS CORP		2,630	86,249	67,775
	STEPAN CO		686	50,586	54,990
	STIFEL FINANCIAL CORP		1,641	39,484	52,594
	STONERIDGE INC		4,172	28,627	35,170
	SUMMIT HOTEL PROPERTIES INC		3,366	32,804	31,777
	SUSQUEHANNA BANCSHARES INC		7,239	58,271	60,663
	SXC HEALTH SOLUTIONS CORP		1,585	41,257	89,521
	TEAM HEALTH HOLDINGS INC		540	13,841	11,871
	TECH DATA CORP		1,380	54,329	68,186
	TEMPUR PEDIC INTERNATIONAL		1,425	56,948	74,855
	TERADYNE INC		2,805	38,616	38,232
	TESLA MOTORS INC		2,065	48,705	58,976
	TNS INC		5,083	98,017	90,071
	TRIQUINT SEMICONDUCTOR INC		3,359	16,601	16,358
	TRIUMPH GROUP INC		1,072	52,116	62,658
	UMPQUA HOLDINGS CORP		4,695	49,346	58,171
	UNIFIRST CORP/MA		1,012	56,177	57,421
	UNITED NATURAL FOODS INC		2,285	86,088	91,423
	UNIVERSAL FOREST PRODUCTS		2,251	74,783	69,488
	VALMONT INDUSTRIES		542	35,863	49,208
	VASCO DATA SECURITY INTL		3,855	31,567	25,069
	VENOCO INC		2,771	25,883	18,760
	WASHINGTON FEDERAL INC		3,434	47,299	48,041
	WASHINGTON REIT		1,625	59,086	44,444
	WESTAR ENERGY INC		2,063	51,413	59,373
	WESTERN REFINING INC		2,485	38,998	33,025
	WINTRUST FINANCIAL CORP		1,062	31,687	29,789
	WOLVERINE WORLD WIDE INC		3,884	102,642	139,688
	ZOLL MEDICAL CORP		644	13,932	40,688
				1,815,483	1,999,080
				10,429,331	11,244,622
				\$ 237,356,488	\$ 234,356,423

MedAmerica Health Systems Corporation

Employees Retirement Plan

Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 31-1040228, Plan No. 001 Year Ended December 31, 2011

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total Plan assets:						
State Street	Money market fund	\$ 18,350,604	\$ -	\$ 18,650,304	\$ 18,650,304	\$ -
Category (iii) - A series of transactions with respect to securities of the same issue that amount in the aggregate to more than 5 percent of the beginning value of the total Plan assets						
State Street	Money market fund					
	Purchases - 263	33,109,783	-	33,109,783	33,109,783	-
	Sales - 305	-	40,020,809	40,020,809	40,020,809	-

There were no Category (ii) or (iv) reportable transactions during the year.