

<b>Form 5500</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Annual Return/Report of Employee Benefit Plan</b>  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).  <p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p>	OMB Nos. 1210-0110 1210-0089  <div style="text-align: center; font-size: 24pt; font-weight: bold;">2011</div>  <b>This Form is Open to Public Inspection</b>
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<b>Part I</b>	<b>Annual Report Identification Information</b>
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
<b>A</b> This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
<b>B</b> This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
<b>C</b> If the plan is a collectively-bargained plan, check here. . . . .	<input type="checkbox"/>
<b>D</b> Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

<b>Part II</b>	<b>Basic Plan Information</b> —enter all requested information				
<b>1a</b> Name of plan <u>COMMONWEALTH HEALTH CORPORATION RESTATED RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan <u>01/01/1961</u></td> </tr> </table>	<b>1b</b> Three-digit plan number (PN) ▶	<u>001</u>	<b>1c</b> Effective date of plan <u>01/01/1961</u>	
<b>1b</b> Three-digit plan number (PN) ▶	<u>001</u>				
<b>1c</b> Effective date of plan <u>01/01/1961</u>					
<b>2a</b> Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)  <u>COMMONWEALTH HEALTH CORPORATION</u>  <u>POST OFFICE BOX 9876</u> <u>BOWLING GREEN, KY 42102</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN) <u>31-1118087</u></td> </tr> <tr> <td><b>2c</b> Sponsor's telephone number <u>270-745-1509</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions) <u>622000</u></td> </tr> </table>	<b>2b</b> Employer Identification Number (EIN) <u>31-1118087</u>	<b>2c</b> Sponsor's telephone number <u>270-745-1509</u>	<b>2d</b> Business code (see instructions) <u>622000</u>	
<b>2b</b> Employer Identification Number (EIN) <u>31-1118087</u>					
<b>2c</b> Sponsor's telephone number <u>270-745-1509</u>					
<b>2d</b> 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.

<b>SIGN HERE</b>	Filed with authorized/valid electronic signature.	10/17/2012	COMMONWEALTH HEALTH CORPORATION
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
<b>SIGN HERE</b>			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
<b>SIGN HERE</b>			
	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.

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v.012611

<b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same") COMMONWEALTH HEALTH CORPORATION  POST OFFICE BOX 9876 BOWLING GREEN, KY 42102	<b>3b</b> Administrator's EIN 31-1118087  <b>3c</b> Administrator's telephone number 270-745-1509
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<b>4</b> 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:  <b>a</b> Sponsor's name	<b>4b</b> EIN  <b>4c</b> PN
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<b>5</b> Total number of participants at the beginning of the plan year	<b>5</b>	2247
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<b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).		
<b>a</b> Active participants.....	<b>6a</b>	2094
<b>b</b> Retired or separated participants receiving benefits.....	<b>6b</b>	92
<b>c</b> Other retired or separated participants entitled to future benefits.....	<b>6c</b>	762
<b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....	<b>6d</b>	2948
<b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	<b>6e</b>	12
<b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....	<b>6f</b>	2960
<b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	<b>6g</b>	
<b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	<b>6h</b>	0

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

1A 1G 3H

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

<b>9a</b> Plan funding arrangement (check all that apply)	<b>9b</b> Plan benefit arrangement (check all that apply)
<b>(1)</b> <input type="checkbox"/> Insurance	<b>(1)</b> <input type="checkbox"/> Insurance
<b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts	<b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts
<b>(3)</b> <input checked="" type="checkbox"/> Trust	<b>(3)</b> <input checked="" type="checkbox"/> Trust
<b>(4)</b> <input type="checkbox"/> General assets of the sponsor	<b>(4)</b> <input type="checkbox"/> General assets of the sponsor

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

**a Pension Schedules**

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

**b General Schedules**

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

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  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).  ▶ <b>File as an attachment to Form 5500 or 5500-SF.</b>	OMB No. 1210-0110  <b>2011</b>  <b>This Form is Open to Public Inspection</b>
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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.

<b>A</b> Name of plan COMMONWEALTH HEALTH CORPORATION RESTATED RETIREMENT PLAN	<b>B</b> Three-digit plan number (PN) ▶ 001
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF COMMONWEALTH HEALTH CORPORATION	<b>D</b> Employer Identification Number (EIN) 31-1118087
<b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	<b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500

<b>Part I</b>	<b>Basic Information</b>
<b>1</b> Enter the valuation date: Month 01 Day 01 Year 2011	
<b>2</b> Assets:	
<b>a</b> Market value .....	<b>2a</b> 85818434
<b>b</b> Actuarial value .....	<b>2b</b> 82798873
<b>3</b> Funding target/participant count breakdown:	
	(1) Number of participants (2) Funding Target
<b>a</b> For retired participants and beneficiaries receiving payment .....	<b>3a</b> 119 5992579
<b>b</b> For terminated vested participants .....	<b>3b</b> 697 9721948
<b>c</b> For active participants:	
(1) Non-vested benefits .....	<b>3c(1)</b> 3970954
(2) Vested benefits .....	<b>3c(2)</b> 57701329
(3) Total active .....	<b>3c(3)</b> 2247 61672283
<b>d</b> Total .....	<b>3d</b> 3063 77386810
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) .....	
<b>a</b> Funding target disregarding prescribed at-risk assumptions .....	<b>4a</b>
<b>b</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 .....	<b>4b</b>
<b>5</b> Effective interest rate .....	<b>5</b> 6.41 %
<b>6</b> Target normal cost .....	<b>6</b> 5659981

**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.

<b>SIGN HERE</b>		10/03/2012
Signature of actuary		Date
BRYAN P. ANDERSON, F.S.A., E.A.		11-07659
Type or print name of actuary		Most recent enrollment number
AON CONSULTING INC.		704-343-4100
Firm name		Telephone number (including area code)
AON CONSULTING INC. 1111 METROPOLITAN AVENUE, SUITE 400 CHARLOTTE, NC 28204		
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**

<b>Part II</b>		<b>Beginning of year carryover and prefunding balances</b>	
		(a) Carryover balance	(b) Prefunding balance
<b>7</b>	Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....	0	21057304
<b>8</b>	Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	2051251
<b>9</b>	Amount remaining (line 7 minus line 8) .....	0	19006053
<b>10</b>	Interest on line 9 using prior year's actual return of <u>9.21</u> % .....		1750457
<b>11</b>	Prior year's excess contributions to be added to prefunding balance:		
<b>a</b>	Present value of excess contributions (line 38 from prior year) .....		3203260
<b>b</b>	Interest on (a) using prior year's effective rate of <u>6.64</u> % except as otherwise provided (see instructions) .....		212696
<b>c</b>	Total available at beginning of current plan year to add to prefunding balance .....		3415956
<b>d</b>	Portion of (c) to be added to prefunding balance .....		132914
<b>12</b>	Other reductions in balances due to elections or deemed elections .....		
<b>13</b>	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....	0	20889424

<b>Part III</b>		<b>Funding percentages</b>	
<b>14</b>	Funding target attainment percentage .....	<b>14</b>	80.00 %
<b>15</b>	Adjusted funding target attainment percentage .....	<b>15</b>	106.99 %
<b>16</b>	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement .....	<b>16</b>	80.00 %
<b>17</b>	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....	<b>17</b>	%

<b>Part IV</b>		<b>Contributions and liquidity shortfalls</b>			
<b>18</b> Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/12/2012	2077953				
07/12/2012	2077953				
09/13/2012	2077953				
			<b>Totals ▶</b>	<b>18(b)</b>	6233859
				<b>18(c)</b>	0

<b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....	<b>19a</b> 0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....	<b>19b</b> 0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....	<b>19c</b> 5678350
<b>20</b> Quarterly contributions and liquidity shortfalls:	
<b>a</b> Did the plan have a "funding shortfall" for the prior year? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>b</b> If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ..... <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>c</b> 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
0	0
(3) 3rd	(4) 4th
0	0

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

<b>21</b> Discount rate:				
<b>a</b> Segment rates:	1st segment: 3.78%	2nd segment: 6.31%	3rd segment: 6.57%	<input type="checkbox"/> N/A, full yield curve used
<b>b</b> Applicable month (enter code) .....				<b>21b</b> 4
<b>22</b> Weighted average retirement age .....				<b>22</b> 63
<b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

**Part VI Miscellaneous items**

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

**Part VII Reconciliation of unpaid minimum required contributions for prior years**

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

**Part VIII Minimum required contribution for current year**

<b>31</b> Target normal cost and excess assets (see instructions):			
<b>a</b> Target normal cost (line 6) .....	<b>31a</b>	5659981	
<b>b</b> Excess assets, if applicable, but not greater than 31a .....	<b>31b</b>		
<b>32</b> Amortization installments:	Outstanding Balance	Installment	
<b>a</b> Net shortfall amortization installment .....	15477361	2651828	
<b>b</b> Waiver amortization installment .....	0	0	
<b>33</b> 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 .....	<b>33</b>		
<b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	<b>34</b>	8311809	
	Carryover balance	Prefunding balance	Total balance
<b>35</b> Balances elected for use to offset funding requirement.....	0	7228904	7228904
<b>36</b> Additional cash requirement (line 34 minus line 35) .....	<b>36</b>	1082905	
<b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) .....	<b>37</b>	5678350	
<b>38</b> Present value of excess contributions for current year (see instructions)			
<b>a</b> Total (excess, if any, of line 37 over line 36) .....	<b>38a</b>	4595445	
<b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....	<b>38b</b>	4595445	
<b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....	<b>39</b>	0	
<b>40</b> Unpaid minimum required contributions for all years.....	<b>40</b>	0	

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

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

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

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

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

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

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

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

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

BRANCH BANKING AND TRUST

56-1368984

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 28 31 51	NONE	214146	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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



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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

**Part II Service Providers Who Fail or Refuse to Provide Information**

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

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

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

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>a</b> Name:	<b>b</b> EIN:
<b>c</b> Position:	
<b>d</b> Address:	<b>e</b> Telephone:

Explanation:

<b>SCHEDULE H</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small>  <small>Department of Labor Employee Benefits Security Administration</small>  <small>Pension Benefit Guaranty Corporation</small>	<b>Financial Information</b>  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).  <b>► File as an attachment to Form 5500.</b>	OMB No. 1210-0110  <div style="font-size: 24pt; font-weight: bold;">2011</div>  <b>This Form is Open to Public Inspection</b>
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For calendar plan year 2011 or fiscal plan year beginning <span style="color: blue;">01/01/2011</span> and ending <span style="color: blue;">12/31/2011</span>		
<b>A</b> Name of plan <span style="color: blue;">COMMONWEALTH HEALTH CORPORATION RESTATED RETIREMENT PLAN</span>	<b>B</b> Three-digit plan number (PN) ►	<span style="color: blue;">001</span>
<b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 <span style="color: blue;">COMMONWEALTH HEALTH CORPORATION</span>	<b>D</b> Employer Identification Number (EIN)  <span style="color: blue;">31-1118087</span>	

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

Assets		(a) Beginning of Year	(b) End of Year
<b>a</b> Total noninterest-bearing cash .....	<b>1a</b>	0	1794
<b>b</b> Receivables (less allowance for doubtful accounts):			
(1) Employer contributions .....	<b>1b(1)</b>	5421678	6233859
(2) Participant contributions .....	<b>1b(2)</b>		
(3) Other.....	<b>1b(3)</b>	388076	463198
<b>c</b> General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit) .....	<b>1c(1)</b>	3635723	1438437
(2) U.S. Government securities.....	<b>1c(2)</b>	21831703	19157040
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred .....	<b>1c(3)(A)</b>		
(B) All other.....	<b>1c(3)(B)</b>	14261124	21881726
(4) Corporate stocks (other than employer securities):			
(A) Preferred .....	<b>1c(4)(A)</b>		
(B) Common .....	<b>1c(4)(B)</b>	0	15884505
(5) Partnership/joint venture interests .....	<b>1c(5)</b>		
(6) Real estate (other than employer real property) .....	<b>1c(6)</b>		
(7) Loans (other than to participants) .....	<b>1c(7)</b>		
(8) Participant loans .....	<b>1c(8)</b>		
(9) Value of interest in common/collective trusts.....	<b>1c(9)</b>		
(10) Value of interest in pooled separate accounts.....	<b>1c(10)</b>		
(11) Value of interest in master trust investment accounts .....	<b>1c(11)</b>		
(12) Value of interest in 103-12 investment entities .....	<b>1c(12)</b>		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	<b>1c(13)</b>	36271732	18095909
(14) Value of funds held in insurance company general account (unallocated contracts).....	<b>1c(14)</b>		
(15) Other .....	<b>1c(15)</b>	4182199	4671304

<b>1d</b> Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities .....	<b>1d(1)</b>		
(2) Employer real property .....	<b>1d(2)</b>		
<b>e</b> Buildings and other property used in plan operation .....	<b>1e</b>		
<b>f</b> Total assets (add all amounts in lines 1a through 1e) .....	<b>1f</b>	85992235	87827772

**Liabilities**

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

**Net Assets**

<b>l</b> Net assets (subtract line 1k from line 1f) .....	<b>1l</b>	85992235	87827772
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**Part II Income and Expense Statement**

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

**Income**

		(a) Amount	(b) Total
<b>a Contributions:</b>			
(1) Received or receivable in cash from: <b>(A)</b> Employers .....	<b>2a(1)(A)</b>	6233859	
<b>(B)</b> Participants .....	<b>2a(1)(B)</b>		
<b>(C)</b> Others (including rollovers) .....	<b>2a(1)(C)</b>		
(2) Noncash contributions .....	<b>2a(2)</b>		
(3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> .....	<b>2a(3)</b>		6233859
<b>b Earnings on investments:</b>			
(1) Interest:			
<b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....	<b>2b(1)(A)</b>		
<b>(B)</b> U.S. Government securities .....	<b>2b(1)(B)</b>	479065	
<b>(C)</b> Corporate debt instruments .....	<b>2b(1)(C)</b>	860984	
<b>(D)</b> Loans (other than to participants) .....	<b>2b(1)(D)</b>		
<b>(E)</b> Participant loans .....	<b>2b(1)(E)</b>		
<b>(F)</b> Other .....	<b>2b(1)(F)</b>		
(G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....	<b>2b(1)(G)</b>		1340049
(2) Dividends: <b>(A)</b> Preferred stock .....	<b>2b(2)(A)</b>		
<b>(B)</b> Common stock .....	<b>2b(2)(B)</b>	231281	
<b>(C)</b> Registered investment company shares (e.g. mutual funds) .....	<b>2b(2)(C)</b>		
(D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....	<b>2b(2)(D)</b>		231281
(3) Rents .....	<b>2b(3)</b>		
(4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....	<b>2b(4)(A)</b>	122120588	
<b>(B)</b> Aggregate carrying amount (see instructions) .....	<b>2b(4)(B)</b>	124401654	
<b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....	<b>2b(4)(C)</b>		-2281066

		(a) Amount	(b) Total
<b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	<b>2b(5)(A)</b>		
(B) Other .....	<b>2b(5)(B)</b>	1647647	
(C) Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....	<b>2b(5)(C)</b>		1647647
(6) Net investment gain (loss) from common/collective trusts .....	<b>2b(6)</b>		
(7) Net investment gain (loss) from pooled separate accounts .....	<b>2b(7)</b>		
(8) Net investment gain (loss) from master trust investment accounts .....	<b>2b(8)</b>		
(9) Net investment gain (loss) from 103-12 investment entities .....	<b>2b(9)</b>		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	<b>2b(10)</b>		309009
<b>c</b> Other income.....	<b>2c</b>		-97180
<b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....	<b>2d</b>		7383599

**Expenses**

<b>e</b> Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers .....	<b>2e(1)</b>	5331041	
(2) To insurance carriers for the provision of benefits .....	<b>2e(2)</b>		
(3) Other .....	<b>2e(3)</b>		
(4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....	<b>2e(4)</b>		5331041
<b>f</b> Corrective distributions (see instructions) .....	<b>2f</b>		
<b>g</b> Certain deemed distributions of participant loans (see instructions).....	<b>2g</b>		
<b>h</b> Interest expense.....	<b>2h</b>		
<b>i</b> Administrative expenses: (1) Professional fees .....	<b>2i(1)</b>	214146	
(2) Contract administrator fees .....	<b>2i(2)</b>		
(3) Investment advisory and management fees .....	<b>2i(3)</b>		
(4) Other .....	<b>2i(4)</b>	2875	
(5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....	<b>2i(5)</b>		217021
<b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total.....	<b>2j</b>		5548062

**Net Income and Reconciliation**

<b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> .....	<b>2k</b>		1835537
<b>l</b> Transfers of assets:			
(1) To this plan.....	<b>2l(1)</b>		
(2) From this plan .....	<b>2l(2)</b>		

**Part III Accountant's Opinion**

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

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

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

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

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

(1) Name: **BKD, LLP**

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

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

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

**Part IV Compliance Questions**

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

During the plan year:

	Yes	No	Amount
<b>a</b> 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>b</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	
<b>c</b> 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	
<b>d</b> 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	
<b>e</b> Was this plan covered by a fidelity bond?.....	X		2000000
<b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....		X	
<b>g</b> 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	
<b>h</b> 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	
<b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
<b>j</b> 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		
<b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
<b>l</b> Has the plan failed to provide any benefit when due under the plan? .....		X	
<b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
<b>n</b> 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. ....			
<b>4n</b>			

- 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)



<b>SCHEDULE R</b> <b>(Form 5500)</b>  Department of the Treasury Internal Revenue Service  Department of Labor Employee Benefits Security Administration  Pension Benefit Guaranty Corporation	<b>Retirement Plan Information</b>  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).  ▶ <b>File as an attachment to Form 5500.</b>	OMB No. 1210-0110
		<b>2011</b>
		<b>This Form is Open to Public Inspection.</b>

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

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

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

<b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	<b>1</b>
<b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>56-1368984</u>	
<b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>	
<b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	<b>3</b> <u>63</u>

<b>Part II</b>	<b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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<b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A
<b>If the plan is a defined benefit plan, go to line 8.</b>			
<b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____ <b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b>			
<b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) .....	<b>6a</b>		
<b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....	<b>6b</b>		
<b>c</b> 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).....	<b>6c</b>		
<b>If you completed line 6c, skip lines 8 and 9.</b>			
<b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>8</b> 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?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input checked="" type="checkbox"/> N/A

<b>Part III</b>	<b>Amendments</b>
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<b>9</b> 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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input checked="" type="checkbox"/> No
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<b>Part IV</b>	<b>ESOPs</b> (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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<b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>11 a</b> Does the ESOP hold any preferred stock? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) \_\_\_\_\_

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

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

<b>a</b> The current year .....	<b>14a</b>	
<b>b</b> The plan year immediately preceding the current plan year .....	<b>14b</b>	
<b>c</b> The second preceding plan year .....	<b>14c</b>	

- 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:

<b>a</b> The corresponding number for the plan year immediately preceding the current plan year .....	<b>15a</b>	
<b>b</b> The corresponding number for the second preceding plan year .....	<b>15b</b>	

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

<b>a</b> Enter the number of employers who withdrew during the preceding plan year .....	<b>16a</b>	
<b>b</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 .....	<b>16b</b>	

- 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: 37% Investment-Grade Debt: 50% High-Yield Debt: 0% Real Estate: 2% Other: 11%

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

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

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

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

**Commonwealth Health Corporation**  
**Restated Retirement Plan**

EIN 31-1118087 PN 001

Accountants' Report and Financial Statements  
December 31, 2011 and 2010  
(Modified Cash Basis)



**Commonwealth Health Corporation**  
**Restated Retirement Plan**  
**December 31, 2011 and 2010**

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## Independent Accountants' Report

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

We were engaged to audit the accompanying statements of net assets available for benefits (modified cash basis) of the Commonwealth Health Corporation Restated Retirement Plan (Plan) as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits (modified cash basis) for the year ended December 31, 2011, and the six months ended December 31, 2010, and the accompanying supplemental schedules. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974* (ERISA), the Plan administrator instructed us not to perform, and we did not perform, auditing procedures with respect to the information summarized in Note 3, which was certified by Branch Banking and Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained certifications from the trustee as of December 31, 2011 and 2010, and for the year ended December 31, 2011, and the six months ended December 31, 2010, that the information provided to the Plan administrator by the trustee is complete and accurate.

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

Because of the significance of the information that we did not audit, we are unable to and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The accompanying supplemental schedules listed in the table of contents are presented for purposes of additional analysis and are not a required part of the financial statements, but are supplementary information required by the DOL's Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974* (ERISA). Because of the significance of the matter described above, it is inappropriate to, and we do not, express an opinion on the supplementary information referred to above. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

*BKD, LLP*

Bowling Green, Kentucky  
October 9, 2012  
Federal Employer Identification Number: 44-0160260

**Commonwealth Health Corporation**  
**Restated Retirement Plan**  
**Statements of Net Assets Available for Benefits**  
**December 31, 2011 and 2010**  
**(Modified Cash Basis)**

**Assets**

	<u>2011</u>	<u>2010</u>
Investments, At Fair Value	\$ 81,128,921	\$ 80,182,481
Cash	<u>1,794</u>	<u>-</u>
Net Assets Available for Benefits	<u><u>\$ 81,130,715</u></u>	<u><u>\$ 80,182,481</u></u>

# Commonwealth Health Corporation

## Restated Retirement Plan

### Statements of Changes in Net Assets Available for Benefits Year Ended December 31, 2011 and Six Months Ended December 31, 2010 (Modified Cash Basis)

	Year Ended December 31, 2011	Six Months Ended December 31, 2010
<b>Investment Income</b>		
Net appreciation (depreciation) in fair value of investments	\$ (1,332,231)	\$ 5,993,422
Interest and dividends	2,400,468	917,216
Net investment income	1,068,237	6,910,638
<b>Contributions</b>		
Employer	5,421,678	2,198,722
Other	6,381	15,463
Total additions	5,428,059	2,214,185
<b>Deductions</b>		
Benefits paid to participants	5,331,041	1,266,346
Administrative expenses	217,021	64,069
Total deductions	5,548,062	1,330,415
<b>Net Increase</b>	948,234	7,794,408
<b>Net Assets Available for Benefits, Beginning of Period</b>	80,182,481	72,388,073
<b>Net Assets Available for Benefits, End of Period</b>	\$ 81,130,715	\$ 80,182,481



# **Commonwealth Health Corporation Restated Retirement Plan**

## **Notes to Financial Statements**

**December 31, 2011 and 2010**

**(Modified Cash Basis)**

### **Note 1: Description of the Plan**

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

#### **General**

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

During 2010, the Plan changed its fiscal year-end from June 30 to December 31.

#### **Contributions**

The Company has agreed to voluntarily contribute such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan members. The Company's present intention is to make annual contributions in amounts sufficient to fund the Plan's current year service cost and the initial past service cost, plus interest over a period of 30 years. The Plan has met the minimum funding requirements of ERISA.

#### **Pension Benefits**

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

# **Commonwealth Health Corporation Restated Retirement Plan**

## **Notes to Financial Statements**

**December 31, 2011 and 2010**

**(Modified Cash Basis)**

### ***Death Benefits***

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

### ***Vesting***

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

### ***Plan Termination***

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

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit the PBGC guarantees.

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

**Commonwealth Health Corporation**  
**Restated Retirement Plan**  
**Notes to Financial Statements**  
**December 31, 2011 and 2010**  
**(Modified Cash Basis)**

***Insurance Contract***

Benefits for retired beneficiaries who participated in the Plan prior to July 1, 1977, are provided under an allocated insurance contract. Other contributions in the statements of changes in net assets available for benefits include \$4,972 and \$13,741 for the year ended December 31, 2011, and the six months ended December 31, 2010, respectively, related to such contract. The value of the insurance contract and the related actuarial present value of accumulated Plan benefits are excluded from these financial statements.

**Note 2: Summary of Significant Accounting Policies**

***Basis of Accounting***

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

***Use of Estimates***

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

***Valuation of Investments and Income Recognition***

Quoted market prices, if available, are used to value investments. The money market fund is valued at cost, which approximates fair value. Mutual funds are valued at the net asset value (NAV) of shares held by the Plan at year-end. Domestic and international common stocks are valued at the closing price reported on the active market on which the individual securities are traded. U.S. Government and agency securities are valued utilizing trades prices of similar securities through live feeds of the current market trading. Corporate and municipal bonds are valued on the basis of yields currently available on comparable securities of issuers with similar credit ratings. Asset-backed securities and collateralized mortgage obligations are valued based on single or multi-dimensional cash flow stream models or option-adjusted spread models, as well as any available market data.

# **Commonwealth Health Corporation Restated Retirement Plan**

## **Notes to Financial Statements**

**December 31, 2011 and 2010**

**(Modified Cash Basis)**

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

### ***Payment of Benefits***

Benefit payments to participants are recorded upon distribution.

### ***Administrative Expenses***

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

### ***Accumulated Plan Benefits***

Accumulated Plan benefits (see Note 4) are those estimated future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to:

- a. Retired or terminated employees or their beneficiaries
- b. Present employees or their beneficiaries

Benefits under the Plan are based on the highest average of employees' monthly compensation as determined on any five consecutive anniversary dates coincident with or preceding a participant's retirement or termination. The accumulated Plan benefits for active employees are based on their average monthly compensation during the five years preceding the valuation date. Benefits payable under all circumstances – retirement, death, disability and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits.

### ***Plan Tax Status***

The Plan obtained its latest determination letter on November 16, 2009, in which the Internal Revenue Service stated the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code (Code) and, therefore, not subject to tax. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Code. With a few exceptions, the Plan is no longer subject to U.S. federal, state and local or non-U.S. income tax examinations by tax authorities for years before 2008.

# Commonwealth Health Corporation

## Restated Retirement Plan

### Notes to Financial Statements December 31, 2011 and 2010 (Modified Cash Basis)

#### ***Reclassifications***

Certain reclassifications have been made to the 2010 financial statement to conform to the 2011 financial statement presentation. These reclassifications had no effect on changes in net assets available for benefits.

#### **Note 3: Investments**

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

	<b>2011</b>	<b>2010</b>
Money market fund		
BB&T Insured Deposit Program	\$ 1,438,437	\$ 3,635,723
Mutual funds		
Eaton Vance Large Cap Value Fund	4,865,388	-
BB&T Equity Income Fund	-	5,244,400
Ishares S&P 500 Index Fund	*	5,225,361
Other mutual funds	13,230,521	25,801,970
Domestic common stock	10,087,249	-
International common stock	5,797,256	-
U.S. Government and agency securities	19,157,040	21,831,705
Corporate bonds	19,093,354	14,173,481
Municipal bonds	4,671,304	4,269,841
Asset-backed securities and collateralized mortgage obligations	2,788,372	-
	<u>\$ 81,128,921</u>	<u>\$ 80,182,481</u>

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

# Commonwealth Health Corporation

## Restated Retirement Plan

### Notes to Financial Statements December 31, 2011 and 2010 (Modified Cash Basis)

During the year ended December 31, 2011 and the six months ended December 31, 2010, the Plan's investments (including gains and losses on investments bought, sold and held during the year) appreciated (depreciated) in value by \$(1,332,231) and \$5,993,422, respectively, as follows:

	Year Ended December 2011	Six Months Ended December 2010
Mutual funds	\$ (518,769)	\$ 6,508,946
Domestic common stock	(369,559)	-
International common stock	(1,088,165)	-
U.S. Government and agency securities	383,862	(255,527)
Corporate bonds	(37,464)	(194,194)
Municipal bonds	223,002	(65,803)
Asset-backed securities and collateralized mortgage obligations	74,862	-
	<u>\$ (1,332,231)</u>	<u>\$ 5,993,422</u>

Interest and dividends realized on the Plan's investments for the year ended December 31, 2011, and the six months ended December 31, 2010, were \$2,400,468 and \$917,216, respectively.

#### Note 4: Accumulated Plan Benefits

An independent actuary determines the actuarial present value of accumulated Plan benefits, which is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

# Commonwealth Health Corporation

## Restated Retirement Plan

### Notes to Financial Statements December 31, 2011 and 2010 (Modified Cash Basis)

The accumulated Plan benefit information as of the beginning of each Plan year was as follows:

	<b>2011</b>	<b>2010</b>
Actuarial present value of accumulated Plan benefits		
Vested benefits		
Participants currently receiving payments	\$ 5,936,740	\$ 4,409,124
Other participants	72,746,848	65,920,617
	<u>78,683,588</u>	<u>70,329,741</u>
Nonvested benefits	<u>4,163,348</u>	<u>4,892,976</u>
 Total actuarial present value of accumulated Plan benefits at January 1, 2011, and July 1, 2010	 <u><u>\$ 82,846,936</u></u>	 <u><u>\$ 75,222,717</u></u>

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

	<b>Year Ended December 31, 2011</b>	<b>Six Months Ended December 31, 2010</b>
Actuarial present value of accumulated Plan benefits at July 1, 2010, and July 1, 2009	<u>\$ 75,222,717</u>	<u>\$ 65,813,630</u>
Increase (decrease) during the year attributable to		
Benefits accumulated and Plan experience	3,804,500	778,099
Increase for interest due to the decrease in the discount period	2,313,837	4,653,113
Benefits paid	(1,266,346)	(3,323,674)
Change in actuarial assumptions	<u>2,772,228</u>	<u>7,301,549</u>
 Net increase	 <u>7,624,219</u>	 <u>9,409,087</u>
 Actuarial present value of accumulated Plan benefits at January 1, 2011, and July 1, 2010	 <u><u>\$ 82,846,936</u></u>	 <u><u>\$ 75,222,717</u></u>

# Commonwealth Health Corporation

## Restated Retirement Plan

### Notes to Financial Statements

December 31, 2011 and 2010

(Modified Cash Basis)

Significant assumptions underlying the actuarial computations are:

- Discount rate: January 1, 2011 – 6.10 percent; July 1, 2010 – 6.30 percent
- Mortality basis: January 1, 2011 – 2011 static mortality tables for annuitants and nonannuitants; July 1, 2010 – 2010 static mortality table for annuitants and nonannuitants
- Retirement: Graded schedule beginning at age 62 through age 65

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

#### Note 5: Party-in-Interest Transactions

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

The Plan invests in certain mutual funds of the Plan trustee. Fees for trust and administrative services paid by the Plan to the trustee were \$217,021 and \$64,069 for the year ended December 31, 2011, and the six months ended December 31, 2010, respectively. The Company provides certain administrative services at no cost to the Plan.

#### Note 6: Fair Value of Plan Assets

ASC Topic 820, *Fair Value Measurements* (Topic 820), defines fair value as the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. Topic 820 also specifies a fair value hierarchy which requires a plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities



**Commonwealth Health Corporation**  
**Restated Retirement Plan**  
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**(Modified Cash Basis)**

**Level 3** Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities

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

***Investments***

Where quoted market prices are available in an active market, investments are classified within Level 1 of the valuation hierarchy. Level 1 investments include a money market fund, mutual funds and domestic and international common stocks. If quoted market prices are not available, then fair values are estimated by a third-party pricing service using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. The inputs used by the pricing service to determine fair value may include one, or a combination of, observable inputs such as benchmark yields, reported trades, broker/dealer quotes, issuer spreads, two-sided markets, benchmark securities, bids, offers and reference data market research publications and the related investments are classified within Level 2 of the valuation hierarchy. Level 2 investments include U.S. Government and agency securities and corporate and municipal bonds. In certain cases where Level 1 or Level 2 inputs are not available, investments are classified within Level 3 of the hierarchy and include asset-backed securities and collateralized mortgage obligations. Asset-backed securities and collateralized mortgage obligations are valued based on single or multi-dimensional cash flow stream models or option adjusted spread models, as well as any available market data.

# Commonwealth Health Corporation

## Restated Retirement Plan

### Notes to Financial Statements

#### December 31, 2011 and 2010

#### (Modified Cash Basis)

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

	December 31, 2011				
	Fair Value Measurements Using				
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Money market fund	\$ 1,438,437	\$ 1,438,437	\$ -	\$ -	
Mutual funds					
Large cap U.S. equities	7,679,877	7,679,877	-	-	
Mid cap U.S. equities	2,635,944	2,635,944	-	-	
International equities	3,907,642	3,907,642	-	-	
Fixed income	2,094,861	2,094,861	-	-	
Multi-asset	1,777,585	1,777,585	-	-	
Domestic common stock	10,087,249	10,087,249	-	-	
International common stock	5,797,256	5,797,256	-	-	
U.S. Government and					
agency securities	19,157,040	-	19,157,040	-	
Corporate bonds	19,093,354	-	19,093,354	-	
Municipal bonds	4,671,304	-	4,671,304	-	
Asset-backed securities and collateralized mortgage obligations	2,788,372	-	-	2,788,372	
	\$ 81,128,921	\$ 35,418,851	\$ 42,921,698	\$ 2,788,372	

# Commonwealth Health Corporation

## Restated Retirement Plan

### Notes to Financial Statements December 31, 2011 and 2010 (Modified Cash Basis)

December 31, 2010				
Fair Value Measurements Using				
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market fund	\$ 3,635,723	\$ 3,635,723	\$ -	\$ -
Mutual funds				
Large cap U.S. equities	13,865,126	13,865,126	-	-
Mid cap U.S. equities	6,088,131	6,088,131	-	-
Small cap U.S. equities	1,869,627	1,869,627	-	-
International equities	9,409,413	9,409,413	-	-
Fixed income	1,809,442	1,809,442	-	-
Multi-asset	3,229,992	3,229,992	-	-
U.S. Government and agency securities	21,831,705	-	21,831,705	-
Corporate bonds	14,173,481	-	14,173,481	-
Municipal bonds	4,269,841	-	4,269,841	-
	<u>\$ 80,182,481</u>	<u>\$ 39,907,454</u>	<u>\$ 40,275,027</u>	<u>\$ -</u>

# Commonwealth Health Corporation

## Restated Retirement Plan

### Notes to Financial Statements

#### December 31, 2011 and 2010

#### (Modified Cash Basis)

	<b>Asset-Backed Securities and Collateralized Mortgage Obligations</b>
Balance, January 1, 2011	\$ -
Total realized and unrealized gains and losses included in net increase in net assets available for benefits	74,862
Purchases	3,347,263
Sales	(633,753)
Balance, December 31, 2011	<u>\$ 2,788,372</u>
Total gains or losses for the period included in net increase in net assets available for benefits attributable to the change in unrealized gains or losses related to assets still held at the reporting date	
Year ended December 31, 2011	<u>\$ 60,805</u>

For the year ended December 31, 2011, realized and unrealized gains and losses included in net increase in net assets available for benefits for the period from January 1, 2011, through December 31, 2011, are reported in net depreciation in fair value of investments in the statements of changes in net assets available for benefits.

# Commonwealth Health Corporation Restated Retirement Plan

## Notes to Financial Statements December 31, 2011 and 2010 (Modified Cash Basis)

### Note 7: Differences Between Financial Statements and Form 5500 Information

The following is a reconciliation of net assets available for Plan benefits per the financial statements to the Form 5500 as of December 31:

	<u>2011</u>	<u>2010</u>
Net assets available for benefits per the financial statements	\$ 81,130,715	\$ 80,182,481
Employer contributions receivable not recorded on the financial statements	6,233,859	5,421,678
Interest receivable not recorded on the financial statements	<u>463,198</u>	<u>388,076</u>
Net assets available for benefits per Form 5500	<u><u>\$ 87,827,772</u></u>	<u><u>\$ 85,992,235</u></u>

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

	<u>Year Ended December 31, 2011</u>	<u>Six Months Ended December 31, 2010</u>
Net increase in net assets available for benefits per the financial statements	\$ 948,234	\$ 7,794,408
Change in employer contributions not recorded on the financial statements	812,181	3,222,956
Change in interest receivable not reflected on the financial statements	<u>75,122</u>	<u>246,993</u>
Net (decrease) increase in net assets available for benefits per Form 5500	<u><u>\$ 1,835,537</u></u>	<u><u>\$ 11,264,357</u></u>

### Note 8: Plan Amendment

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

**Commonwealth Health Corporation**  
**Restated Retirement Plan**  
**Notes to Financial Statements**  
**December 31, 2011 and 2010**  
**(Modified Cash Basis)**

**Note 9: Significant Estimates and Concentrations**

***Current Economic Conditions***

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

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

**Note 10: Risks and Uncertainties**

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

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

**Note 11: Subsequent Events**

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

## **Supplemental Schedules**

# Commonwealth Health Corporation

## Restated Retirement Plan

EIN 31-1118087 PN 001

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

December 31, 2011

(Modified Cash Basis)

Identity of Issuer	Description of Investment	Cost	Current Value
<b>Money Market Fund</b>			
*BB&T Insured Deposit Program	1,438,437 shares	\$ 1,438,437	\$ 1,438,437
<b>Mutual Funds</b>			
Alger Capital Appreciation Fund	46,326 shares	920,496	914,002
Artisan Mid Cap Value Fund	133,804 shares	2,658,691	2,635,944
Eaton Vance Large Cap Value Fund	283,366 shares	4,932,673	4,865,388
Federated Strategic Value Fund	189,402 shares	920,496	920,496
Oppenheimer Developing Markets Fund	51,491 shares	1,723,380	1,491,703
Aberdeen Equity Fund	19,567 shares	226,182	218,373
Highland Equity Fund	33,222 shares	376,362	364,778
Schooner Fund Institutional Fund	20,881 shares	285,218	292,750
Turner Spectrum Fund	33,141 shares	386,142	362,899
The Merger Fund	33,246 shares	531,508	518,308
Wasatch 1st Source Fund	16,899 shares	200,256	217,157
Ishares S&P 500 Index Fund	750 shares	32,645	26,153
Forward International Small Companies Fund	80,186 shares	976,163	927,748
Lazard Emerging Markets Portfolio	88,583 shares	1,633,615	1,488,191
Credit Suisse Commodity Return Strategy Fund	196,735 shares	1,615,556	1,609,295
Driehaus Active Income Fund	48,508 shares	535,264	485,566
Managers AMG Global Alternative Fund	49,214 shares	507,870	447,356
AQR Managed Futures Strategy Fund	32,372 shares	312,694	309,802
		<u>18,775,211</u>	<u>18,095,909</u>
<b>Common Stocks</b>			
Acacia Research	230 shares	8,082	8,397
Acme Packet Inc.	320 shares	13,644	9,891
Adtran Inc.	1,060 shares	32,309	31,970
Aerovironment Inc.	1,410 shares	44,929	44,373
Alexandria Real Estate	470 shares	34,319	32,416
Allegheny Technologies Inc.	1,280 shares	55,052	61,184
Allscripts Healthcare Solutions	420 shares	8,477	7,955
American Assets Trust Inc.	720 shares	15,146	14,767
American Campus Communities	490 shares	19,546	20,560
American Tower Corporation	1,250 shares	67,546	75,013
American Water Works Co. Inc.	930 shares	27,958	29,630
Ameriprise Financial Inc.	570 shares	29,907	28,295
Ametex Inc.	1,960 shares	78,583	82,516
Anadarko Pete Corporation	1,290 shares	99,597	98,466



# Commonwealth Health Corporation

## Restated Retirement Plan

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

December 31, 2011

(Modified Cash Basis)

Identity of Issuer	Description of Investment	Cost	Current Value
<b>Common Stocks (continued)</b>			
ANSYS Inc.	190 shares	\$ 10,161	\$ 10,883
Apple Computer Corporation	1,010 shares	390,158	409,050
ARES Capital Corporation	2,564 shares	41,955	39,614
Aruba Networks Inc.	2,100 shares	58,319	38,892
Athenahealth Inc.	1,040 shares	49,654	51,085
Atlas Air Worldwide Holdings	130 shares	7,694	4,996
Atwood Oceanics Inc.	90 shares	3,689	3,581
Avalonbay Communities Inc.	610 shares	71,402	79,666
Badger Meter Inc.	470 shares	15,787	13,832
Balchem Corporation	410 shares	14,166	16,621
Bally Technologies Inc.	300 shares	10,686	11,868
Bed Bath & Beyond Inc.	920 shares	53,256	53,332
Biomarin Pharmaceutical	250 shares	6,234	8,595
Biomed Realty Trust Inc.	1,470 shares	25,853	26,578
BorgWarner Automotive Inc.	1,560 shares	112,233	99,434
Boston Properties Inc.	820 shares	76,450	81,672
Brigham Exploration Company	1,040 shares	34,816	37,939
Broadsoft Inc.	190 shares	6,360	5,738
Bruker Biosciences Corporation	720 shares	11,743	8,942
CF Industries Holdings Inc.	320 shares	41,479	46,394
C.H. Robinson Worldwide Inc.	840 shares	62,532	58,615
Cabot Microelectronics	380 shares	16,876	17,955
Camden Property Trust	530 shares	31,804	32,987
Campus Crest Communities Inc.	720 shares	8,268	7,243
Carbo Ceramics Inc.	610 shares	76,268	75,231
Carefusion Corporation	1,620 shares	40,997	41,164
CarMax Inc.	2,200 shares	73,721	67,056
Cash American Investment, Inc.	450 shares	20,602	20,984
Catalyst Health Solutions Inc.	160 shares	8,374	8,320
Cavium Inc.	1,840 shares	61,262	52,311
Celgene Corporation	1,950 shares	117,055	131,820
Centene Corporation	390 shares	12,338	15,440
Cloud Peak Energy, Inc.	420 shares	8,762	8,114
Coach Inc.	760 shares	46,364	46,390
Cognex	240 shares	7,040	8,590
Coherent Inc.	340 shares	18,191	17,772
Concho Resources Inc.	190 shares	17,813	17,813
Concur Technologies	90 shares	3,504	4,571

# Commonwealth Health Corporation

## Restated Retirement Plan

EIN 31-1118087 PN 001

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

December 31, 2011

(Modified Cash Basis)

Identity of Issuer	Description of Investment	Cost	Current Value
<b>Common Stocks (continued)</b>			
Corsite Realty Corporation	550 shares	\$ 8,454	\$ 9,801
Corporate Executive BRD Company	430 shares	12,878	16,383
Costco Wholesale Corporation	1,170 shares	96,611	97,484
Cubsmart	1,160 shares	12,388	12,342
Cubist Pharmaceuticals	240 shares	9,556	9,509
Cymer	90 shares	3,521	4,478
DDR Corporation	2,410 shares	32,949	29,330
Digital Theater Systems Inc.	410 shares	16,375	11,168
Dendreon Corporation	3,970 shares	68,038	30,172
Dicks Sporting Goods Inc.	2,650 shares	93,728	97,732
Discover Financial Services	2,150 shares	49,933	51,600
Dover Corporation	1,070 shares	55,858	62,114
Duff & Phelps Corporation	380 shares	5,356	5,510
DuPont Fabros Technology Inc.	1,320 shares	30,021	31,970
EMC Corporation	5,960 shares	147,082	128,378
EOG Resources Inc.	830 shares	79,444	81,763
Ecolab Inc.	1,160 shares	63,199	67,060
Edwards Lifesciences Corporation	470 shares	38,337	33,229
Entertainment Properties	1,190 shares	55,005	52,015
Equifax Inc.	1,170 shares	43,027	45,326
Equity Lifestyles Properties	360 shares	21,852	24,008
Equity Residential Communities	1,970 shares	106,946	112,349
Essex Property Inc.	80 shares	9,618	11,241
Expedia Inc.	505 shares	13,909	14,655
Expeditors International Inc.	820 shares	39,357	33,587
Express Scripts	2,130 shares	101,196	95,190
Extra Space Storage Inc.	1,170 shares	24,518	28,349
FMC Technologies Inc.	1,450 shares	63,997	75,734
FTI Consulting Inc.	410 shares	15,406	17,392
Federal Realty Investors	480 shares	39,637	43,560
Federated Investors Inc.	1,640 shares	38,874	24,846
F5 Networks Inc.	620 shares	61,571	65,794
First Cash Financial Services	1,150 shares	39,666	40,354
First Potomac Realty Trust	1,480 shares	22,232	19,314
Forest City Enterprises	900 shares	10,265	10,638
Fortinet Inc.	210 shares	4,500	4,580
Fossil Inc.	670 shares	59,497	53,171
Freeport McMoran CPR & Gold	1,250 shares	56,295	45,988

# Commonwealth Health Corporation

## Restated Retirement Plan

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

December 31, 2011

(Modified Cash Basis)

Identity of Issuer	Description of Investment	Cost	Current Value
<b>Common Stocks (continued)</b>			
Fresh Market Inc.	390 shares	\$ 16,135	\$ 15,561
The Geo Group Inc.	690 shares	15,391	11,558
GNC Acquisition Holdings Inc.	580 shares	16,681	16,791
Genesco	580 shares	26,578	35,809
Gilead Sciences Inc.	1,430 shares	58,203	58,530
Google Inc.	115 shares	66,172	74,279
Graco Inc.	780 shares	32,118	31,894
Graftech International LTD.	630 shares	11,935	8,600
Green Dot Corporation	1,560 shares	64,732	48,703
Green Mountain Coffee Roasters Inc.	1,400 shares	68,097	62,790
Gulfport Energy Corporation	140 shares	4,334	4,123
HCP, Inc.	1,720 shares	63,936	71,260
Halliburton Company	1,150 shares	47,091	39,687
Health Care REIT Inc.	230 shares	12,156	12,542
Jack Henry & Associates Inc.	1,390 shares	44,998	46,718
Hexcel Corporation	370 shares	9,128	8,958
Hillenbrand Inc.	1,920 shares	41,614	42,854
Host Marriott Corporation	3,420 shares	60,162	50,513
Human Genome Sciences Inc.	6,190 shares	93,733	45,744
Huntsman Corporation	1,400 shares	19,392	14,000
IPG Photonics Corporation	110 shares	3,898	3,726
IHS Inc.	830 shares	71,655	71,513
Impax Laboratories	210 shares	4,045	4,236
Informatica Corporation	440 shares	19,357	16,249
Intel	2,960 shares	65,648	71,780
International Business Machines	500 shares	86,182	91,940
Intuitive Surgical Inc.	195 shares	67,959	90,287
Intrepid Potash Inc.	290 shares	9,067	6,563
Ironwood Pharmaceuticals, Inc.	1,330 shares	16,023	15,920
JetBlue Airways Corporation	1,300 shares	6,837	6,760
Kellogg Company	1,260 shares	67,226	63,718
Kilroy Realty Corporation	1,090 shares	41,930	41,496
Kite Realty Group Trust	2,900 shares	14,359	13,079
Kraft Foods Inc.	1,670 shares	59,178	62,391
Krafton Performance Polymers Inc.	270 shares	6,893	5,481
Landstar System Inc.	1,160 shares	51,898	55,587
Liberty Properties	920 shares	29,659	28,410
Limited Brands, Inc.	2,530 shares	94,237	102,086

# Commonwealth Health Corporation

## Restated Retirement Plan

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

December 31, 2011

(Modified Cash Basis)

Identity of Issuer	Description of Investment	Cost	Current Value
<b>Common Stocks (continued)</b>			
Lincoln Electronic Holdings	1,100 shares	\$ 40,384	\$ 43,032
LinkedIn Corporation	420 shares	26,941	26,464
Lufkin Industries Inc.	1,590 shares	99,159	107,023
MWI Veterinary Supply Inc.	70 shares	4,712	4,651
Macerich Company	1,210 shares	56,914	61,226
Steven Madden LTD.	305 shares	9,607	10,523
McDonalds Corporation	670 shares	56,988	67,221
McKesson Corporation	1,020 shares	79,343	79,468
Medassets Inc.	610 shares	8,282	5,643
Medidata Solutions, Inc.	650 shares	14,007	14,138
Meritor Inc.	1,030 shares	14,215	5,480
Microsoft Corporation	4,620 shares	121,517	119,935
Monster Worldwide Inc.	910 shares	10,131	7,216
The Mosaic Company	1,070 shares	68,518	53,960
MyLan Laboratories	3,120 shares	66,539	66,955
National-Oilwell Inc.	390 shares	28,445	26,516
National Retail Properties Inc.	490 shares	12,522	12,926
Navistar International Inc.	1,030 shares	53,439	39,016
Nike Inc.	1,190 shares	105,253	114,680
Nordstrom Inc.	880 shares	40,669	43,745
Norfolk Southern Corporation	1,420 shares	96,649	103,461
Northwest Pipe Company	200 shares	4,598	4,572
OYO Geospace Corporation	215 shares	16,922	16,626
Oasis Petroleum, Inc.	320 shares	9,291	9,309
Occidental Petroleum Company	800 shares	73,543	74,960
Oceaneering International Inc.	1,780 shares	74,683	82,111
Oil States International, Inc.	550 shares	36,862	42,004
Omega Healthcare Services	1,450 shares	30,697	28,058
Onyx Pharmaceuticals Inc.	200 shares	8,722	8,790
Opnet Technologies	140 shares	5,178	5,134
Oracle Corporation	5,560 shares	173,993	142,614
Owens & Minor Inc.	1,250 shares	37,721	34,738
Parexel International	320 shares	6,976	6,637
Parker Hannifin Corporation	1,180 shares	94,627	89,975
Pebblebrook Hotel Trust	940 shares	18,576	18,029
PepsiCo Inc.	1,750 shares	111,877	116,113
Piedmont Office Realty Trust Inc.	630 shares	11,849	10,735
Pinnacle Entertainment Inc.	480 shares	5,457	4,877

# Commonwealth Health Corporation

## Restated Retirement Plan

EIN 31-1118087 PN 001

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

December 31, 2011

(Modified Cash Basis)

Identity of Issuer	Description of Investment	Cost	Current Value
<b>Common Stocks (continued)</b>			
Plains Exploration & Production	1,210 shares	\$ 37,736	\$ 44,431
Plantronics Inc.	240 shares	8,312	8,554
Polypore International, Inc.	170 shares	7,808	7,478
T Rowe Price Group Inc.	2,700 shares	160,791	153,765
Prologics Inc.	2,610 shares	79,857	74,620
Public Storage Inc.	610 shares	71,839	82,021
Quaker Chemical Corporation	120 shares	4,363	4,667
Qlik Technologies Inc.	3,010 shares	73,723	72,842
Qualcomm Inc.	3,440 shares	186,113	188,168
Quality Systems Inc.	260 shares	10,456	9,617
RLI Corporation	590 shares	36,020	42,987
RLJ Lodging Trust	1,000 shares	15,658	16,830
RTI International Metals Inc.	170 shares	4,123	3,946
Ramco-Gershenson Properties	960 shares	9,603	9,437
Redwood Trust Inc.	400 shares	6,388	4,072
Regal Beloit Corporation	230 shares	15,494	11,723
Regency Centers Corporation	960 shares	41,844	36,115
Resources Connections Inc.	3,780 shares	64,893	40,030
Retail Opportunity Investments Corporation	1,380 shares	15,418	16,339
Riverbed Technology Inc.	450 shares	14,697	10,575
Robert Half International	2,640 shares	75,354	75,134
Rockwell Automation Inc.	920 shares	68,771	67,500
Roper INDS Inc.	920 shares	74,292	79,920
Rovi Corporation	270 shares	14,089	6,637
Rue21 Inc.	2,300 shares	51,024	49,680
SPX Corporation	670 shares	42,226	40,381
St. Jude Medical Inc.	1,380 shares	54,735	47,334
Salesforce.com Inc.	730 shares	92,717	74,066
Salix Pharmaceuticals LTD.	240 shares	7,878	11,484
Sapient Corporation	1,090 shares	12,241	13,734
Schlumberger LTD.	2,390 shares	189,305	163,261
Seattle Genetics	430 shares	6,495	7,187
Shuffle Master Inc.	1,070 shares	10,397	12,540
Simon Properties Group Inc.	1,470 shares	155,812	189,542
Sirona Dental Systems Inc.	290 shares	14,407	12,772
Skyworks Solutions, Inc.	2,440 shares	57,953	39,577
Solera Holdings Inc.	550 shares	28,652	24,497
Sotheby's Holdings	430 shares	17,896	12,268

# Commonwealth Health Corporation

## Restated Retirement Plan

EIN 31-1118087 PN 001

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

December 31, 2011

(Modified Cash Basis)

Identity of Issuer	Description of Investment	Cost	Current Value
<b>Common Stocks (continued)</b>			
Starwood Hotels & Resorts Worldwide Inc.	2,020 shares	\$ 101,585	\$ 96,899
Stericycle Inc.	530 shares	45,712	41,298
Stifel Financial Corporation	150 shares	4,161	4,808
Successfactors, Inc.	1,820 shares	53,222	72,563
Syntel Inc.	710 shares	37,083	33,207
Tempur-pedic International Inc.	680 shares	32,972	35,720
Tenneco Automotive Inc.	220 shares	8,502	6,552
Teradyne Inc.	540 shares	8,856	7,360
Thermo Fisher Scientific Inc.	860 shares	48,279	38,674
Thoratec Corporation	330 shares	9,909	11,075
Tibco Software	530 shares	13,017	12,672
Titanium Metals Corporation	830 shares	14,138	12,433
Transdigm Group Inc.	540 shares	46,152	51,667
Triumph Group	300 shares	14,248	17,535
Tripadvisor Inc.	505 shares	13,909	12,731
Two Harbors Investment Corporation	710 shares	6,520	6,560
UMB Financial Corporation	140 shares	5,250	5,215
United Technologies	1,500 shares	119,320	109,635
United Therapeutics Corporation	210 shares	9,774	9,923
Universal Display Corporation	410 shares	11,766	15,043
Universal Electronics Inc.	530 shares	12,911	8,941
Veco Instruments Inc.	300 shares	10,678	6,240
Ventas Inc.	1,264 shares	63,449	69,684
Verifone Holdings Inc.	870 shares	39,229	30,902
Vertex Pharmaceuticals Inc.	1,350 shares	61,987	44,834
Vitamin Shoppe, Inc.	470 shares	18,443	18,744
VMWare Inc.	650 shares	56,142	54,074
Volcano Corporation	1,790 shares	47,992	42,584
Vornado Realty LP Trust	850 shares	74,996	65,331
WD-40 Company	1,110 shares	46,168	44,855
Wabco Holdings Inc.	190 shares	9,990	8,246
Wal-Mart Stores	1,190 shares	70,789	71,114
Walter Energy Inc.	340 shares	25,254	20,590
Waste Connections	500 shares	14,754	16,570
Whole Foods Market Inc.	1,160 shares	79,322	80,713
John Wiley & Sons Inc.	860 shares	41,650	38,184
Wolverine World Wide Inc.	500 shares	18,188	17,820

# Commonwealth Health Corporation

## Restated Retirement Plan

EIN 31-1118087 PN 001

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

December 31, 2011

(Modified Cash Basis)

Identity of Issuer	Description of Investment	Cost	Current Value
<b>Common Stocks (continued)</b>			
World Fuel Service Corporation	1,220 shares	\$ 47,963	\$ 51,216
Wynn Resorts LTD.	280 shares	32,879	30,937
Young Innovations Inc.	440 shares	13,776	13,037
		10,314,815	10,087,249
<b>Foreign Stocks</b>			
ABB LTD.	2,380 shares	54,134	44,815
Adidas	1,020 shares	33,647	33,274
L' Air Liquide	4,450 shares	115,334	110,440
Allianz	5,950 shares	79,535	57,090
America Movil	2,470 shares	68,669	55,822
Arcelormittal	1,210 shares	39,920	22,010
ARM Holdings Plc.	6,290 shares	174,362	174,044
Asahi Glass Company Ltd.	4,110 shares	46,731	34,508
Atlas Copco	2,300 shares	55,978	49,655
BG Group Plc.	630 shares	72,418	67,385
BP PLC	670 shares	29,378	28,636
BNP Paribas	1,670 shares	53,256	32,897
Baidu.com Inc.	480 shares	58,242	55,906
Banco Bradesco	2,170 shares	41,359	36,196
Banco Santander Cent Hispano	3,230 shares	36,051	24,290
Bank of Nova Scotia	910 shares	51,884	45,327
The Bank of Yokohama Ltd.	1,430 shares	27,567	27,061
Barclays PLC	3,300 shares	56,929	36,267
Bayer	590 shares	42,989	37,836
Belle International Holdings Ltd.	360 shares	33,313	31,380
BHP Billiton Ltd.	910 shares	82,472	64,273
Brookfield Properties Corporation	1,100 shares	19,104	17,204
CSL Ltd.	2,070 shares	35,266	33,954
Canadian National	1,410 shares	104,541	110,770
Canon Inc.	2,610 shares	119,638	114,944
Carnival Corporation	910 shares	35,121	29,702
Cochlear Limited	1,330 shares	50,355	42,269
Compagnie Financiere Richemont	5,380 shares	27,206	27,336
Companhia Energetica de Minas Gerais	1,970 shares	34,987	35,046
Credit Suisse Group	1,070 shares	45,089	25,124
CTRIIP.com International Ltd.	1,730 shares	64,969	40,482

# Commonwealth Health Corporation

## Restated Retirement Plan

EIN 31-1118087 PN 001

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

December 31, 2011

(Modified Cash Basis)

Identity of Issuer	Description of Investment	Cost	Current Value
<b>Foreign Stocks (continued)</b>			
DBS Group Holdings Ltd.	2,180 shares	\$ 97,011	\$ 77,473
Dassault Systems	1,510 shares	118,804	121,395
ENI Spa	830 shares	40,098	34,254
Erste Bank der Oester	4,040 shares	79,739	35,625
Fanuc Ltd.	6,000 shares	154,880	153,108
Fresenius USA Inc.	1,160 shares	80,992	78,857
GDF Suez	830 shares	31,432	22,756
Gafisa S.A.	4,390 shares	48,502	20,194
Gazprom	5,440 shares	79,472	58,018
Gildan Activewear Inc.	2,150 shares	60,621	40,399
Glaxosmithkline Plc.	1,210 shares	49,960	55,212
HSBC Holdings Plc.	1,800 shares	94,817	68,580
Hoya Corporation	2,380 shares	54,433	51,287
ICAP PLC	2,040 shares	34,430	21,995
Icici Bank Ltd.	2,720 shares	113,001	71,890
Imperial Oil Ltd.	1,180 shares	57,329	52,486
Industrial and Commercial Bank of China	3,230 shares	46,889	38,343
Infosys Technologies	710 shares	35,931	36,480
Itau Unibanco	2,090 shares	43,316	38,790
JGC Corporation	660 shares	37,678	31,704
Mining and Metallurgical Company	2,280 shares	56,541	35,190
Jupiter Telecommunications Ltd.	560 shares	39,111	37,848
KB Financial Group Inc.	820 shares	41,383	25,699
KingFisher Plc.	6,430 shares	51,376	50,103
Li & Fung Ltd.	23,200 shares	101,157	85,910
L'Oreal	2,930 shares	65,279	61,389
Lonza Group	6,520 shares	45,756	38,696
Mitsui & Company Ltd.	160 shares	57,381	49,784
Mtn. Group Ltd.	6,420 shares	125,384	114,295
Nestle	3,080 shares	172,690	177,864
Nidec Corporation	2,050 shares	44,635	44,239
Nintendo Ltd.	1,670 shares	57,393	28,759
Rovartis	1,319 shares	73,296	75,407
Lukoil	690 shares	47,961	36,569
Petrochina Company Ltd.	220 shares	30,680	27,348
Petroleo Brasileir	1,750 shares	55,233	41,108
Petroleo Brasileiro	1,380 shares	49,987	34,293
Ping an Insurance Group Company of China Ltd.	2,840 shares	52,290	37,445
Potash Corporation of Saskatchewan	240 shares	10,222	9,907
Prudential PLC	1,070 shares	20,881	21,122



# Commonwealth Health Corporation

## Restated Retirement Plan

EIN 31-1118087 PN 001

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

December 31, 2011

(Modified Cash Basis)

Identity of Issuer	Description of Investment	Cost	Current Value
<b>Foreign Stocks (continued)</b>			
Roche Holdings Ltd.	2,950 shares	\$ 106,024	\$ 125,558
Sandvik	3,520 shares	61,257	43,363
Sanofi Synthelabo	1,080 shares	39,156	39,463
Sap Aktiengesellschaft	2,540 shares	148,020	134,493
Sasol Ltd.	650 shares	33,776	30,810
Sberbank of Russia	2,820 shares	34,223	27,692
Schneider Electric	5,240 shares	78,427	55,345
Siemens	560 shares	71,250	53,542
Sonova Holdings	2,670 shares	51,891	56,107
Subsea 7	1,430 shares	35,346	26,597
Sumitomo Corporation	3,980 shares	58,113	53,901
Sumitomo Mitsui Trust Holdings Inc.	10,422 shares	36,202	30,609
Suncor Energy, Inc.	1,410 shares	52,801	40,650
Swatch Group	2,640 shares	54,903	49,619
Taiwan Semiconductor Manufacturing Co. Ltd.	5,980 shares	74,442	77,202
Teck Corporation	1,280 shares	62,292	45,043
Tesco PLC	5,920 shares	114,799	111,355
Total	640 shares	37,666	32,710
Turkiye Garanti Bankasi	14,590 shares	65,535	45,579
Unicharm Corporation	1,490 shares	61,666	73,493
Unilever PLC	1,070 shares	33,234	35,866
Unilever N V NY	2,240 shares	69,271	76,989
Vale	2,430 shares	69,423	50,058
Vodafone Group PLC	1,890 shares	54,559	52,977
Volkswagan	960 shares	26,543	25,835
WPP PLC	1,220 shares	77,238	63,721
Wal-Mart de Mexico	2,230 shares	63,987	61,202
Westpac Banking	660 shares	77,238	67,584
Youku.com Inc.	2,200 shares	68,539	34,474
Arcos Dorados Holdings, Inc.	2,310 shares	49,635	47,424
Accenture PLC	1,970 shares	108,647	104,863
Bunge Ltd.	480 shares	32,211	27,456
Herbalife Ltd.	170 shares	8,216	8,784
Sina.com	390 shares	26,278	20,280
Ace Ltd.	1,150 shares	73,904	80,638
Checkpoint Software Technology	1,050 shares	56,676	55,167
Ezchip Semiconductor Ltd.	130 shares	3,875	3,683
Core Laboratories N.V.	960 shares	97,811	109,392
Qiagen N.V.	2,170 shares	40,566	29,968
		6,664,055	5,797,256

# Commonwealth Health Corporation

## Restated Retirement Plan

EIN 31-1118087 PN 001

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

December 31, 2011

(Modified Cash Basis)

Identity of Issuer	Description of Investment	Cost	Current Value
<b>U.S. Government and Agency Securities</b>			
Federal Home Loan Mortgage Corporation, 5.25%, due 6/18/14	500,000 units	\$ 514,673	\$ 556,495
Federal Home Loan Mortgage Corporation, 4.50%, due 1/15/14	850,000 units	929,160	917,975
Federal Home Loan Mortgage Corporation, 3.50%, due 12/1/25	1,373,861 units	1,378,369	1,447,418
Federal National Mortgage Association, 0.40%, due 2/1/13	500,000 units	500,094	500,595
Federal National Mortgage Association, 3.625%, due 2/12/13	1,500,000 units	1,602,548	1,555,575
Federal National Mortgage Association, 4.75%, due 2/21/13	615,000 units	600,029	645,941
Federal National Mortgage Association, 5.00%, due 2/16/17	225,000 units	266,150	265,577
Federal National Mortgage Association, 5.375%, due 6/12/17	2,000,000 units	2,343,358	2,416,460
Federal National Mortgage Association, 4.00%, due 12/1/25	1,006,178 units	1,048,312	1,061,487
Federal National Mortgage Association, 4.50%, due 10/1/24	881,462 units	922,505	939,973
Federal National Mortgage Association, 3.75%, due 3/27/19	910,000 units	992,276	1,038,792
Government National Mortgage Association, 5.50%, due 8/20/39	436,290 units	456,001	477,817
Government National Mortgage Association, 5.50%, due 8/20/38	368,439 units	395,094	413,540
Federal Farm Credit Bank, 1.75%, due 2/21/2013	1,300,000 units	1,331,610	1,319,916
U.S. Treasury Note, 3.75%, due 11/15/18	2,000,000 units	2,166,016	2,326,720
U.S. Treasury Note, 2.00%, due 11/15/21	750,000 units	747,539	758,558
U.S. Treasury Bond, 4.25%, due 11/15/14	925,000 units	902,452	1,027,037
U.S. Treasury Bond, 2.125%, due 8/15/21	1,450,000 units	1,475,906	1,487,164
		18,572,092	19,157,040
<b>Corporate and Municipal Bonds</b>			
Abbey National Treasury, 4.00%, due 4/27/16	250,000 units	245,003	224,288
Aflac Inc., 8.50%, due 5/15/19	230,000 units	282,985	281,877
American Express Credit Company, 5.875%, due 5/2/13	400,000 units	437,688	420,460
Barclays, 2.50%, due 1/23/13	500,000 units	508,760	497,870
Berkshire Hathaway Inc., 2.20%, due 8/15/16	240,000 units	240,451	247,049
Buckeye Partners, LP, 4.875%, due 2/1/21	70,000 units	69,734	73,679
CBS Corp, 8.875%, due 5/15/19	330,000 units	431,125	423,849
Chevron Corp, 4.95%, due 3/3/19	650,000 units	716,067	767,715
Citigroup, Inc., 5.00%, due 9/15/14	248,000 units	256,291	245,448
Citigroup, Inc., 6.00%, due 12/13/13	152,000 units	166,850	157,284
Comcast Corp, 6.50%, due 1/15/15	395,000 units	458,785	447,788
Credit Suisse New York, 5.40%, due 1/14/20	400,000 units	405,340	377,264
John Deere Capital, 1.85%, due 9/15/16	460,000 units	459,756	463,970
Walt Disney Company, 1.35%, due 8/16/16	400,000 units	396,824	401,108
Dow Chemical Co, 5.90%, due 2/15/15	500,000 units	573,165	556,360

# Commonwealth Health Corporation

## Restated Retirement Plan

EIN 31-1118087 PN 001

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

December 31, 2011

(Modified Cash Basis)

Identity of Issuer	Description of Investment	Cost	Current Value
<b>Corporate and Municipal Bonds (continued)</b>			
Exelon Generation Co., 6.20%, due 10/1/17	575,000 units	\$ 655,655	\$ 660,301
Fifth Third Bancorp, 6.25%, due 5/1/13	650,000 units	705,517	683,280
General Dynamics Corp, 5.375%, due 8/15/15	150,000 units	139,973	171,464
General Electric, 5.875%, due 2/15/12	500,000 units	535,258	503,030
Goldman Sachs Group, 5.95%, due 1/18/18	300,000 units	288,963	307,266
HSBC Finance Corp, 5.50%, due 1/19/16	650,000 units	705,692	665,132
Health Care REIT, Inc., 4.95%, due 1/15/21	275,000 units	273,210	262,966
IBM Corp, 7.625%, due 10/15/18	150,000 units	149,441	201,294
JP Morgan Chase & Co., 4.65%, due 6/1/14	300,000 units	297,021	316,767
JP Morgan Chase & Co., 4.35%, due 8/15/21	485,000 units	485,118	489,806
Jefferies Group, 8.50%, due 7/15/19	280,000 units	331,341	284,200
Kellogg Co., 4.45%, due 5/30/16	575,000 units	630,017	638,273
Keycorp, 3.75%, due 8/13/15	400,000 units	405,972	414,788
Kraft Foods, Inc., 6.50%, due 8/11/17	360,000 units	434,833	428,245
Merck & Co., 4.00%, due 6/30/15	650,000 units	704,205	715,800
Merrill Lynch & Co., 6.05%, due 8/15/12	500,000 units	533,895	507,220
MetLife, Inc., 6.75%, due 6/1/16	191,000 units	229,893	220,040
Morgan Stanley Corp, 5.625%, due 1/9/12	500,000 units	523,490	500,075
Pseg Power, 2.75%, due 9/15/16	125,000 units	124,683	125,613
PepsiCo, Inc., 7.90%, due 11/1/18	650,000 units	839,868	877,546
Prudential Financial, Inc., 5.10%, due 9/20/14	300,000 units	328,776	322,668
Raymond James Financial, 4.25%, due 4/15/16	249,000 units	248,500	254,383
State Street Corp, 4.956%, due 3/15/18	400,000 units	413,352	415,768
Thermo Fisher Scientific, 3.20%, due 3/1/16	415,000 units	414,747	438,377
Time Warner Cable, Inc., 5.875%, 11/15/16	370,000 units	434,251	427,065
US Bank, 3.778%, due 4/29/20	590,000 units	613,158	607,558
Union Bank, 3.00%, due 6/6/16	340,000 units	339,092	345,814
Wachovia Corp, 5.625%, due 10/15/16	500,000 units	542,480	544,350
Wal-Mart Stores, Inc., 5.375%, due 4/5/17	650,000 units	743,181	767,098
Xerox Corp, 6.35%, due 5/15/18	365,000 units	431,160	411,158
		19,151,566	19,093,354

# Commonwealth Health Corporation

## Restated Retirement Plan

EIN 31-1118087 PN 001

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

December 31, 2011

(Modified Cash Basis)

Identity of Issuer	Description of Investment	Cost	Current Value
<b>Municipal Bonds</b>			
Bamberg County School District, 5.75%, due 6/1/27	850,000 units	\$ 854,471	\$ 949,008
California State, 5.75%, due 3/1/17	700,000 units	752,983	784,896
Illinois State Building America, 4.50%, due 7/1/15	300,000 units	300,000	311,370
Maricopa County Arizona School District, 5.75%, due 7/1/24-20	275,000 units	278,812	297,748
Marshall County Board of Education, 4.50%, due 5/1/15	510,000 units	564,014	563,591
New York, New York, 5.00%, due 8/1/15	575,000 units	650,538	653,338
North Texas Highway Authority, 5.75%, due 1/1/38	500,000 units	519,709	566,200
Robbinsdale Independent School District, 5.00%, due 2/1/18	450,000 units	526,748	545,153
		4,447,275	4,671,304
<b>Asset-Backed Securities and Collateralized Mortgage Obligations</b>			
Bear Stearns Mortgage Securities, 4.674%, due 6/11/41	430,000 units	449,955	462,536
Federal Home Loan Mortgage Corporation, 3.88%, due 11/25/17	500,000 units	504,994	546,248
Federal Home Loan Mortgage Corporation, 4.50%, due 2/15/29	663,205 units	694,604	699,807
Merrill Lynch Mortgage Trust, 5.263%, due 9/12/42	225,000 units	230,941	222,315
Morgan Stanley Capital I, 4.989%, due 8/13/42	345,000 units	367,964	375,508
Wachovia Bank Mortgage Trust, 5.215%, due 1/15/41	450,000 units	479,109	481,958
		2,727,567	2,788,372
		\$ 82,091,018	\$ 81,128,921

\*Party-in-interest

# Commonwealth Health Corporation Restated Retirement Plan

EIN 31-1118087 PN 001

## Schedule H, Line 4j – Schedule of Reportable Transactions Year Ended December 31, 2011 (Modified Cash Basis)

Identity	Description	Purchase Price	Selling Price	Lease Rental	Expenses Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<b>Single Transactions</b>								
Issuer	BB&T Insured Deposit Program Purchase	\$ 6,147,196	\$ -	\$ -	\$ -	\$ 6,147,196	\$ 6,147,196	\$ -
Issuer	BB&T Insured Deposit Program Sale	\$ -	\$ 5,218,223	\$ -	\$ -	\$ 5,218,223	\$ 5,218,223	\$ -
Issuer	Eaton Vance Large Cap Value Fund Purchase	\$ 4,897,426	\$ -	\$ -	\$ -	\$ 4,897,426	\$ 4,897,426	\$ -
Issuer	Sterling Capital Equity Income Fund Institutional Sale	\$ -	\$ 5,149,378	\$ -	\$ -	\$ 4,367,092	\$ 5,149,378	\$ 782,286
<b>Series of Transactions (continued)</b>								
Issuer	BB&T Insured Deposit Program Purchases	\$ 57,167,094	\$ -	\$ -	\$ -	\$ 57,167,094	\$ 57,167,094	\$ -
	Sales	\$ -	\$ 59,364,380	\$ -	\$ -	\$ 59,364,380	\$ 59,364,380	\$ -
Issuer	U.S. Treasury Note, 3.75%, due 11/15/18 Sales	\$ -	\$ 4,217,344	\$ -	\$ -	\$ 4,332,031	\$ 4,217,344	\$ (114,687)
Issuer	Eaton Vance Large Cap Value Fund Purchases	\$ 4,932,673	\$ -	\$ -	\$ -	\$ 4,932,673	\$ 4,932,673	\$ -
Issuer	Sterling Capital Equity Income Fund Institutional Purchases	\$ 155,078	\$ -	\$ -	\$ -	\$ 155,078	\$ 155,078	\$ -
	Sales	\$ -	\$ 5,747,656	\$ -	\$ -	\$ 4,898,769	\$ 5,747,656	\$ 848,887

# Commonwealth Health Corporation Restated Retirement Plan

EIN 31-1118087 PN 001

## Schedule H, Line 4j – Schedule of Reportable Transactions (Continued) Year Ended December 31, 2011 (Modified Cash Basis)

Identity	Description	Purchase Price	Selling Price	Lease Rental	Expenses Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<b>Series of Transactions (continued)</b>								
Issuer	Sterling Capital Equity Mid Cap Value Fund Institutional							
	Purchases	\$ 473,302	\$ -	\$ -	\$ -	\$ 473,302	\$ 473,302	\$ -
	Sales	\$ -	\$ 4,009,843	\$ -	\$ -	\$ 4,088,566	\$ 4,009,843	\$ (78,723)
Issuer	Ishares S&P 500 Index Fund							
	Sales	\$ -	\$ 5,329,630	\$ -	\$ -	\$ 5,064,796	\$ 5,329,630	\$ 264,834

Schedule SB Attachment (Form 5500)—2011 Plan Year  
Commonwealth Health Corp Restated Retirement Plan  
EIN: 31-1118087 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2011

<b>Date</b>	<b>Amount</b>	<b>Interest Rate</b>	<b>Interest Adjusted Contribution</b>
April 12, 2012	\$ 2,077,953	6.41%	\$ 1,919,168
July 12, 2012	2,077,953	6.41%	1,889,669
September 13, 2012	<u>2,077,953</u>	6.41%	<u>1,869,513</u>
Total Contribution	\$ 6,233,859		\$ 5,678,350

Schedule SB Attachment (Form 5500)—2011 Plan Year  
Commonwealth Health Corp Restated Retirement Plan  
EIN: 31-1118087 PN: 001

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

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	4.00%
Maximum tax expected benefit increase	4.00%
Retirement age	
Active participants	See Table 1
Terminated vested participants	65
Mortality rates	
Healthy and disabled	2011 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) with lump sums based on the 2011 Applicable Mortality table per §1.417(e)
Withdrawal rates	See Table 2
Disability rates	None
Decrement timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving spouse benefit	It is assumed that 75% of males and 75% of females have an eligible spouse, and that males are 3 years older than females.
Valuation compensation	2010 Pensionable earnings rolled forward one year with 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.



Schedule SB Attachment (Form 5500)—2011 Plan Year  
Commonwealth Health Corp Restated Retirement Plan  
EIN: 31-1118087 PN: 001

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 calendar year	6.56%
2010 calendar year	6.82%

Trust expenses included in target normal cost	\$0
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Actuarial method	Standard unit credit cost method
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Valuation date	January 1, 2011
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Changes in ERISA Methods/Assumptions since the Prior Year

**Method Changes**

The funding valuation date was changed from July 1 to January 1.

**Assumption Changes**

The funding valuation reflects the following assumption changes:

- A change in the mortality assumption from the 2010 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) to the 2011 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e).
- A change in the interest rate assumption from segment rates with a four month look back for the July 1, 2010 valuation of 4.44%, 6.62%, and 6.74% to segment rates with a four month look back for the January 1, 2011 valuation of 3.78%, 6.31%, and 6.57%.

Schedule SB Attachment (Form 5500)—2011 Plan Year  
Commonwealth Health Corp Restated Retirement Plan  
EIN: 31-1118087 PN: 001

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Table 1

**Retirement Rates**

<b><u>Age</u></b>	<b><u>Rate</u></b>
62	50.00%
63	20.00%
64	20.00%
65+	100.00%

Schedule SB Attachment (Form 5500)—2011 Plan Year  
Commonwealth Health Corp Restated Retirement Plan  
EIN: 31-1118087 PN: 001

Table 2—Page 1 of 2

**Withdrawal Rates**

Age	Years of Service					
	0	1	2	3	4	5+
20	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	9.9384%
21	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	9.8899%
22	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	9.8398%
23	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	9.7877%
24	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	9.7330%
25	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	9.6742%
26	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	9.6114%
27	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	9.5438%
28	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	9.4704%
29	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	9.3906%
30	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	9.3031%
31	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	9.2065%
32	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	9.1000%
33	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	8.9820%
34	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	8.8511%
35	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	8.7062%
36	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	8.5466%
37	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	8.3717%
38	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	8.1815%
39	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	7.9756%
40	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	7.7543%
41	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	7.5151%
42	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	7.2556%
43	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	6.9760%
44	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	6.6758%
45	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	6.3540%
46	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	6.0053%
47	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	5.6227%
48	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	5.1999%
49	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	4.7337%

Schedule SB Attachment (Form 5500)—2011 Plan Year  
Commonwealth Health Corp Restated Retirement Plan  
EIN: 31-1118087 PN: 001

Table 2—Page 2 of 2

**Withdrawal Rates**

<b>Age</b>	<b>Years of Service</b>					
	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5+</b>
50	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	4.2247%
51	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	3.6822%
52	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	3.1228%
53	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	2.5662%
54	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	2.0247%
55	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	1.5488%
56	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	1.1247%
57	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	0.7718%
58	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	0.4939%
59	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	0.2879%
60	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	0.1465%
61	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	0.0594%
62+	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	0.0153%

# Schedule SB Attachment (Form 5500)—2011 Plan Year Commonwealth Health Corp Restated Retirement Plan EIN: 31-1118087 PN: 001

## Discussion of Actuarial Assumptions and Methods

For the funding valuation, the allowable interest rates and mortality tables available to measure plan liabilities are prescribed by IRC section 412. Aon Hewitt provided guidance with respect to the alternative interest rate and mortality table options, and it is our belief that the options prescribed by Commonwealth Health Corporation are appropriate for funding purposes. It is our belief that all other actuarial assumptions used for the funding valuation represent reasonable expectations of anticipated plan experience. The actuarial cost method used is prescribed by IRC section 412. While the method used to value assets is prescribed by Commonwealth Health Corporation, Aon Hewitt provided guidance with respect to the use of this method, and it is our belief that the method is appropriate for funding purposes.

For the Commonwealth Health Corporation financial accounting valuation and the plan reporting valuation, Commonwealth Health Corporation selected the economic and demographic assumptions and prescribed them for use for purposes of compliance with ASC 715 and ASC 960. Aon Hewitt provided guidance with respect to these assumptions, and it is our belief that the assumptions represent reasonable expectations of anticipated plan experience. The actuarial cost method used is prescribed by ASC 715 and ASC 960. While the method used to value assets is prescribed by Commonwealth Health Corporation, Aon Hewitt provided guidance with respect to the use of this method, and it is our belief that the method is appropriate for financial accounting purposes.

## Calculation of Normal Costs and Liabilities

The method used to calculate the service cost and projected benefit obligation for determining pension expense is the projected unit credit cost method. Under this method, benefits are estimated at each decrement age by crediting future accruals based on projected pay as applicable. The liability is determined as the present value of the projected benefit based on service at the valuation date. The service cost is the amount of the present value of projected benefits attributable to the valuation year.

The method used to calculate the ERISA target normal cost and funding target, and ASC 960 liabilities is the unit credit cost method. The funding target under IRC section 430 is calculated as the present value of all benefits that have been accrued or earned under the plan as of the first day of the plan year, based on current service and current pay. The target normal cost is the present value of all benefits expected to accrue or be earned under the plan during the plan year, including any increase in benefits earned in prior plan years attributable to compensation increases in the current plan year.

Under this method, benefits are estimated at each decrement age using service and earnings as of the valuation date. The present value of these estimated benefits using the applicable ERISA or ASC 960 assumptions is the ERISA funding target or ASC 960 actuarial present value of accumulated plan benefits. The target normal cost is the present value of the benefits earned during the year.

For calculating the actuarial present value of vested benefits, benefits at each decrement age are determined in the same manner, but are then multiplied by each participant's vesting percentage as of the valuation date. The present value of these estimated vested benefits is determined without recognition of any benefit for which a participant will become entitled only through the advancement in service or age while actively employed. In addition, certain ancillary benefits have been treated as vested consistent with PBGC premium regulations.

Schedule SB Attachment (Form 5500)—2011 Plan Year  
Commonwealth Health Corp Restated Retirement Plan  
EIN: 31-1118087 PN: 001

The ERISA funding target for lump sum benefits is determined by valuing the annuity that corresponds to the distribution using special actuarial assumptions, as described under Treasury regulations section 1.430(d). Under these special assumptions, for the period beginning with the annuity starting date, the current IRC section 417(e) applicable mortality table is substituted for the mortality table otherwise used.

# Schedule SB Attachment (Form 5500)—2011 Plan Year Commonwealth Health Corp Restated Retirement Plan EIN: 31-1118087 PN: 001

## Schedule SB, Part V—Summary of Plan Provisions

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

### General Information

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

### Eligibility

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

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

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

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

### Service

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

# Schedule SB Attachment (Form 5500)—2011 Plan Year

## Commonwealth Health Corp Restated Retirement Plan

EIN: 31-1118087 PN: 001

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

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

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

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

### Normal Retirement Date

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

### Normal Retirement Benefit

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

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

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

### Delayed Retirement

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

### Average Compensation

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

### Accrued Benefit

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



Schedule SB Attachment (Form 5500)—2011 Plan Year  
Commonwealth Health Corp Restated Retirement Plan  
EIN: 31-1118087 PN: 001

### Early Retirement Benefit

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

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

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

### Death Benefit

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

### Optional Methods of Settlement

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

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

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

Schedule SB Attachment (Form 5500)—2011 Plan Year  
Commonwealth Health Corp Restated Retirement Plan  
EIN: 31-1118087 PN: 001

### Vesting

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

### Re-employment

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

### Covered Compensation

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

### Amendment or Termination of Plan

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

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

### Additional Information

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

### Plan Changes since the Prior Year

The funding valuation reflects the following plan change in that the Valuation date has been changed from 7/1 to 1/1 this year.

### 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.

There has been a change in the Enrolled Actuary for the Plan from Fred S. Peterson (11-04431) to Bryan P. Anderson (11-07659).

Schedule SB Attachment (Form 5500)—2011 Plan Year  
Commonwealth Health Corp Restated Retirement Plan  
EIN: 31-1118087 PN: 001

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 beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
62	50.00%	1.0000	31.00
63	20.00%	0.5000	6.30
64	20.00%	0.4000	5.12
65	100.00%	0.3200	20.80
Weighted Average			63.22

Schedule SB Attachment (Form 5500)—2011 Plan Year  
Commonwealth Health Corp Restated Retirement Plan  
EIN: 31-1118087 PN: 001

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

Number of Participants and Average Compensation

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	6	94 \$26,484	3							
25-29		197 \$35,526	106 \$39,580							
30-34	2	126 \$36,911	116 \$42,101	46 \$49,144	1					
35-39	1	86 \$39,659	96 \$45,555	88 \$57,106	25 \$51,659					
40-44		76 \$43,297	91 \$54,907	83 \$61,862	34 \$58,780	30 \$58,145	1			
45-49	1	57 \$45,832	83 \$51,790	48 \$60,362	28 \$55,886	43 \$51,604	28 \$64,703	2		
50-54		44 \$41,475	52 \$50,873	49 \$68,142	24 \$61,984	26 \$75,573	16	20 \$50,953	4	
55-59		35 \$47,222	42 \$51,400	42 \$54,021	26 \$59,512	27 \$46,642	20 \$86,599	24 \$74,534	22 \$72,443	1
60-64	2	20 \$36,009	24 \$50,310	23 \$65,590	16	11	13	10	5	3
65-69	1	7	9	4	4	2		4	2	1
70+	2	5	2	3	2					

N-2,247

Schedule SB Attachment (Form 5500)—2011 Plan Year  
Commonwealth Health Corp Restated Retirement Plan  
EIN: 31-1118087 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

<b>Type Of Base</b>	<b>Present Value of Installments</b>	<b>Valuation Date Established</b>	<b>Remaining Years in Amortization Period</b>	<b>Amortization Amount</b>
Shortfall	\$10,595,466	July 1, 2010	6.5	\$1,848,612
Shortfall	\$4,881,895	January 1, 2011	7	\$803,216

<b>SCHEDULE SB</b> <b>(Form 5500)</b>  <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	<b>Single-Employer Defined Benefit Plan</b> <b>Actuarial Information</b>  <small>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).</small>  <b>File as an attachment to Form 5500 or 5500-SF.</b>	<small>OMB No. 1210-0110</small>  <b>2011</b>  <small>This Form is Open to Public Inspection</small>
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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.

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

<b>Part I Basic Information</b>			
<b>1</b> Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2011</u>			
<b>2</b> Assets:			
a Market value .....	<b>2a</b>	85,818,434	
b Actuarial value .....	<b>2b</b>	82,798,873	
<b>3</b> Funding target/participant count breakdown:			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	<b>3a</b>	119	5,992,579
b For terminated vested participants.....	<b>3b</b>	697	9,721,948
c For active participants:			
(1) Non-vested benefits.....	<b>3c(1)</b>		3,970,954
(2) Vested benefits.....	<b>3c(2)</b>		57,701,329
(3) Total active.....	<b>3c(3)</b>	2,247	61,672,283
d Total.....	<b>3d</b>	3,063	77,386,810
<b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b) <input type="checkbox"/>			
a Funding target disregarding prescribed at-risk assumptions.....	<b>4a</b>		
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.....	<b>4b</b>		
<b>5</b> Effective interest rate .....	<b>5</b>	6.41 %	
<b>6</b> Target normal cost.....	<b>6</b>	5,659,981	

**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.

<b>SIGN HERE</b>	 Signature of actuary Bryan P. Anderson, F.S.A., E.A. Type or print name of actuary Aon Consulting Inc. Firm name 1111 Metropolitan Avenue, Suite 400 Charlotte NC 28204 Address of the firm	<u>10/3/2012</u> Date 11-07659 Most recent enrollment number (704) 343-4100 Telephone number (including area code)
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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
<b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	0	21,057,304
<b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....	0	2,051,251
<b>9</b> Amount remaining (line 7 minus line 8).....	0	19,006,053
<b>10</b> Interest on line 9 using prior year's actual return of <u>9.21</u> %.....		1,750,457
<b>11</b> Prior year's excess contributions to be added to prefunding balance:		
<b>a</b> Present value of excess contributions (line 38 from prior year) .....		3,203,260
<b>b</b> Interest on (a) using prior year's effective rate of <u>6.64</u> % except as otherwise provided (see instructions).....		265,413
<b>c</b> Total available at beginning of current plan year to add to prefunding balance.....		3,468,673
<b>d</b> Portion of (c) to be added to prefunding balance.....		132,914
<b>12</b> Other reductions in balances due to elections or deemed elections.....		
<b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d - line 12).....	0	20,889,424

**Part III Funding percentages**

<b>14</b> Funding target attainment percentage .....	<b>14</b>	80.00 %
<b>15</b> Adjusted funding target attainment percentage .....	<b>15</b>	106.99 %
<b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	<b>16</b>	80.00 %
<b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	<b>17</b>	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/12/2012	2,077,953				
07/12/2012	2,077,953				
09/13/2012	2,077,953				
<b>Totals *</b>			<b>18(b)</b>	6,233,859	<b>18(c)</b> 0

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

<b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years. ....	<b>19a</b>	0
<b>b</b> Contributions made to avoid restrictions adjusted to valuation date.....	<b>19b</b>	0
<b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	<b>19c</b>	5,678,350

**20** Quarterly contributions and liquidity shortfalls:

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

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

**Part V Assumptions used to determine funding target and target normal cost****21** Discount rate:**a** Segment rates:1st segment:  
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**

63

**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**

5,659,981

**b** Excess assets, if applicable, but not greater than 31a .....**31b****32** Amortization installments:

Outstanding Balance

Installment

**a** Net shortfall amortization installment.....

15,477,361

2,651,828

**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**

8,311,809

Carryover balance

Prefunding balance

Total balance

**35** Balances elected for use to offset funding requirement .....

0

7,228,904

7,228,904

**36** Additional cash requirement (line 34 minus line 35).....**36**

1,082,905

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

5,678,350

**38** Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36) .....**38a**

4,595,445

**b** Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....**38b**

4,595,445

**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**



To Whom it May Concern:

We are attaching this letter of reasonable cause in regards to the Form 5500 submission delays that we experienced starting on the filing day of Monday, October 15, 2012, which lasted through the October 16, 2012 extension date. Aon Hewitt uses a third party software to publish Form 5500 filings to our clients, to be able to track the status and actions taken with the filings, and the eventual receipt of the filings by the Department of Labor (DOL). In using our third party software, we started experiencing long delays in clients receiving their filings for electronic submission. At 2:00pm CST, on October 15, 2012, the Aon Hewitt Form 5500 management decided to use the DOL site directly to publish the remaining filings that were not in "submitted" status with our software provider. After deciding this, we found that, for a brief period of time, the DOL site was unavailable as well. Aon Hewitt was required to handle client calls and concerns, and in effect, we did our best to submit all of the remaining filings to the DOL before the filing deadline.

We are asking that, due to conditions outside of our control, this letter of reasonable cause is accepted by the DOL and that the DOL will receive this Form 5500 filing without penalties.

**Morgan Services, Inc. Retirement Plan**

EIN 36-2904675

Plan Number 030

Schedule of Reportable Transactions

Form 5500 Schedule H, Line 4j

December 31, 2011

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of Assets	Purchase Price	Selling Price	Lease Rental	Expense Incurred with Transactions	Cost of Assets	Current Value of Assets on Transaction Date	Net Gain or (Loss)
JPMorgan Chase Bank	JPMorgan Chase Diversified Plus Fund	1,200,000	N/A	N/A	N/A	\$ 1,200,000	\$ 1,200,000	-
JPMorgan Chase Bank	JPMorgan Prime Money Market Fund Capital	1,200,000	N/A	N/A	N/A	\$ 1,200,000	\$ 1,200,000	-
JPMorgan Chase Bank	JPMorgan Prime Money Market Fund Capital	N/A	\$ 1,200,000	N/A	N/A	\$ 1,200,000	\$ 1,200,000	-

# Commonwealth Health Corporation Restated Retirement Plan

EIN 31-1118087 PN 001

## Schedule H, Line 4j – Schedule of Reportable Transactions Year Ended December 31, 2011 (Modified Cash Basis)

Identity	Description	Purchase Price	Selling Price	Lease Rental	Expenses Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<b>Single Transactions</b>								
Issuer	BB&T Insured Deposit Program Purchase	\$ 6,147,196	\$ -	\$ -	\$ -	\$ 6,147,196	\$ 6,147,196	\$ -
Issuer	BB&T Insured Deposit Program Sale	\$ -	\$ 5,218,223	\$ -	\$ -	\$ 5,218,223	\$ 5,218,223	\$ -
Issuer	Eaton Vance Large Cap Value Fund Purchase	\$ 4,897,426	\$ -	\$ -	\$ -	\$ 4,897,426	\$ 4,897,426	\$ -
Issuer	Sterling Capital Equity Income Fund Institutional Sale	\$ -	\$ 5,149,378	\$ -	\$ -	\$ 4,367,092	\$ 5,149,378	\$ 782,286
<b>Series of Transactions (continued)</b>								
Issuer	BB&T Insured Deposit Program Purchases	\$ 57,167,094	\$ -	\$ -	\$ -	\$ 57,167,094	\$ 57,167,094	\$ -
	Sales	\$ -	\$ 59,364,380	\$ -	\$ -	\$ 59,364,380	\$ 59,364,380	\$ -
Issuer	U.S. Treasury Note, 3.75%, due 11/15/18 Sales	\$ -	\$ 4,217,344	\$ -	\$ -	\$ 4,332,031	\$ 4,217,344	\$ (114,687)
Issuer	Eaton Vance Large Cap Value Fund Purchases	\$ 4,932,673	\$ -	\$ -	\$ -	\$ 4,932,673	\$ 4,932,673	\$ -
Issuer	Sterling Capital Equity Income Fund Institutional Purchases	\$ 155,078	\$ -	\$ -	\$ -	\$ 155,078	\$ 155,078	\$ -
	Sales	\$ -	\$ 5,747,656	\$ -	\$ -	\$ 4,898,769	\$ 5,747,656	\$ 848,887

# Commonwealth Health Corporation Restated Retirement Plan

EIN 31-1118087 PN 001

## Schedule H, Line 4j – Schedule of Reportable Transactions (Continued) Year Ended December 31, 2011 (Modified Cash Basis)

Identity	Description	Purchase Price	Selling Price	Lease Rental	Expenses Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
<b>Series of Transactions (continued)</b>								
Issuer	Sterling Capital Equity Mid Cap Value Fund Institutional							
	Purchases	\$ 473,302	\$ -	\$ -	\$ -	\$ 473,302	\$ 473,302	\$ -
	Sales	\$ -	\$ 4,009,843	\$ -	\$ -	\$ 4,088,566	\$ 4,009,843	\$ (78,723)
Issuer	Ishares S&P 500 Index Fund							
	Sales	\$ -	\$ 5,329,630	\$ -	\$ -	\$ 5,064,796	\$ 5,329,630	\$ 264,834

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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2011

Date	Amount	Interest Rate	Interest Adjusted Contribution
April 12, 2012	\$ 2,077,953	6.41%	\$ 1,919,168
July 12, 2012	2,077,953	6.41%	1,889,669
September 13, 2012	2,077,953	6.41%	1,869,513
Total Contribution	\$ 6,233,859		\$ 5,678,350

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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 beginning of year.

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
62	50.00%	1.0000	31.00
63	20.00%	0.5000	6.30
64	20.00%	0.4000	5.12
65	100.00%	0.3200	20.80
Weighted Average			63.22

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

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	4.00%
Maximum tax expected benefit increase	4.00%
Retirement age	
Active participants	See Table 1
Terminated vested participants	65
Mortality rates	
Healthy and disabled	2011 static mortality table for annuitants and non- annuitants per §1.430(h)(3)-1(e) with lump sums based on the 2011 Applicable Mortality table per §1.417(e)
Withdrawal rates	See Table 2
Disability rates	None
Decrement timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving spouse benefit	It is assumed that 75% of males and 75% of females have an eligible spouse, and that males are 3 years older than females.
Valuation compensation	2010 Pensionable earnings rolled forward one year with 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 calendar year	6.56%
2010 calendar year	6.82%

Trust expenses included in target normal cost \$0

Actuarial method Standard unit credit cost method

Valuation date January 1, 2011

Changes in ERISA Methods/Assumptions since the Prior Year

**Method Changes**

The funding valuation date was changed from July 1 to January 1.

**Assumption Changes**

The funding valuation reflects the following assumption changes:

- A change in the mortality assumption from the 2010 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) to the 2011 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e).
- A change in the interest rate assumption from segment rates with a four month look back for the July 1, 2010 valuation of 4.44%, 6.62%, and 6.74% to segment rates with a four month look back for the January 1, 2011 valuation of 3.78%, 6.31%, and 6.57%.



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Table 1

**Retirement Rates**

<b><u>Age</u></b>	<b><u>Rate</u></b>
62	50.00%
63	20.00%
64	20.00%
65+	100.00%

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Withdrawal Rates

Age	Years of Service					
	0	1	2	3	4	5+
20	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	9.9384%
21	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	9.8899%
22	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	9.8398%
23	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	9.7877%
24	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	9.7330%
25	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	9.6742%
26	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	9.6114%
27	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	9.5438%
28	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	9.4704%
29	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	9.3906%
30	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	9.3031%
31	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	9.2065%
32	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	9.1000%
33	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	8.9820%
34	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	8.8511%
35	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	8.7062%
36	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	8.5466%
37	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	8.3717%
38	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	8.1815%
39	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	7.9756%
40	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	7.7543%
41	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	7.5151%
42	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	7.2556%
43	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	6.9760%
44	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	6.6758%
45	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	6.3540%
46	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	6.0053%
47	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	5.6227%
48	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	5.1999%
49	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	4.7337%

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**Withdrawal Rates**

Age	Years of Service					
	0	1	2	3	4	5+
50	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	4.2247%
51	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	3.6822%
52	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	3.1228%
53	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	2.5662%
54	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	2.0247%
55	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	1.5488%
56	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	1.1247%
57	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	0.7718%
58	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	0.4939%
59	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	0.2879%
60	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	0.1465%
61	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	0.0594%
62+	0.0000%	40.0000%	25.0000%	15.0000%	10.0000%	0.0153%

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**Discussion of Actuarial Assumptions and Methods**

For the funding valuation, the allowable interest rates and mortality tables available to measure plan liabilities are prescribed by IRC section 412. Aon Hewitt provided guidance with respect to the alternative interest rate and mortality table options, and it is our belief that the options prescribed by Commonwealth Health Corporation are appropriate for funding purposes. It is our belief that all other actuarial assumptions used for the funding valuation represent reasonable expectations of anticipated plan experience. The actuarial cost method used is prescribed by IRC section 412. While the method used to value assets is prescribed by Commonwealth Health Corporation, Aon Hewitt provided guidance with respect to the use of this method, and it is our belief that the method is appropriate for funding purposes.

For the Commonwealth Health Corporation financial accounting valuation and the plan reporting valuation, Commonwealth Health Corporation selected the economic and demographic assumptions and prescribed them for use for purposes of compliance with ASC 715 and ASC 960. Aon Hewitt provided guidance with respect to these assumptions, and it is our belief that the assumptions represent reasonable expectations of anticipated plan experience. The actuarial cost method used is prescribed by ASC 715 and ASC 960. While the method used to value assets is prescribed by Commonwealth Health Corporation, Aon Hewitt provided guidance with respect to the use of this method, and it is our belief that the method is appropriate for financial accounting purposes.

**Calculation of Normal Costs and Liabilities**

The method used to calculate the service cost and projected benefit obligation for determining pension expense is the projected unit credit cost method. Under this method, benefits are estimated at each decrement age by crediting future accruals based on projected pay as applicable. The liability is determined as the present value of the projected benefit based on service at the valuation date. The service cost is the amount of the present value of projected benefits attributable to the valuation year.

The method used to calculate the ERISA target normal cost and funding target, and ASC 960 liabilities is the unit credit cost method. The funding target under IRC section 430 is calculated as the present value of all benefits that have been accrued or earned under the plan as of the first day of the plan year, based on current service and current pay. The target normal cost is the present value of all benefits expected to accrue or be earned under the plan during the plan year, including any increase in benefits earned in prior plan years attributable to compensation increases in the current plan year.

Under this method, benefits are estimated at each decrement age using service and earnings as of the valuation date. The present value of these estimated benefits using the applicable ERISA or ASC 960 assumptions is the ERISA funding target or ASC 960 actuarial present value of accumulated plan benefits. The target normal cost is the present value of the benefits earned during the year.

For calculating the actuarial present value of vested benefits, benefits at each decrement age are determined in the same manner, but are then multiplied by each participant's vesting percentage as of the valuation date. The present value of these estimated vested benefits is determined without recognition of any benefit for which a participant will become entitled only through the advancement in service or age while actively employed. In addition, certain ancillary benefits have been treated as vested consistent with PBGC premium regulations.

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The ERISA funding target for lump sum benefits is determined by valuing the annuity that corresponds to the distribution using special actuarial assumptions, as described under Treasury regulations section 1.430(d). Under these special assumptions, for the period beginning with the annuity starting date, the current IRC section 417(e) applicable mortality table is substituted for the mortality table otherwise used.

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Schedule SB, Part V—Summary of Plan Provisions

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

General Information

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

Eligibility

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

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

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

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

Service

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

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

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

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

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

### Normal Retirement Date

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

### Normal Retirement Benefit

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

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

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

### Delayed Retirement

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

### Average Compensation

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

### Accrued Benefit

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

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**Early Retirement Benefit**

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

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

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

**Death Benefit**

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

**Optional Methods of Settlement**

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

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

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



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### Vesting

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

### Re-employment

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

### Covered Compensation

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

### Amendment or Termination of Plan

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

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

### Additional Information

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

### Plan Changes since the Prior Year

The funding valuation reflects the following plan change in that the Valuation date has been changed from 7/1 to 1/1 this year.

### 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.

There has been a change in the Enrolled Actuary for the Plan from Fred S. Peterson (11-04431) to Bryan P. Anderson (11-07659).

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

Attained Age	Number of Participants and Average Compensation									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25	6	94 \$26,464	3							
25-29		197 \$35,526	106 \$39,580							
30-34	2	126 \$36,911	116 \$42,101	46 \$49,144	1					
35-39	1	86 \$38,659	96 \$45,555	88 \$57,106	25 \$51,659					
40-44		76 \$43,297	91 \$54,907	83 \$61,862	34 \$58,780	30 \$58,145	1			
45-49	1	57 \$45,832	83 \$51,790	48 \$60,362	28 \$55,886	43 \$51,604	28 \$64,703	2		
50-54		44 \$41,475	52 \$50,873	49 \$68,142	24 \$61,984	26 \$75,573	16	20 \$50,953	4	
55-59		35 \$47,222	42 \$51,400	42 \$54,021	26 \$59,512	27 \$46,642	20 \$86,599	24 \$74,534	22 \$72,443	1
60-64	2	20 \$38,009	24 \$50,310	23 \$65,590	16	11	13	10	5	3
65-69	1	7	9	4	4	2		4	2	1
70+	2	6	2	3	2					

N-2,247

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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	\$10,595,466	July 1, 2010	6.5	\$1,848,612
Shortfall	\$4,881,895	January 1, 2011	7	\$803,216

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Schedule SB, Copy of Signed SB, SB Actuary Signature