

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2011</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>10/01/2011</u> and ending <u>09/30/2012</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1968</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1968</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1968</u>					
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>WESTCARE HEALTH SYSTEM</u> <u>68 HOSPITAL ROAD</u> <u>SYLVA, NC 28779</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>56-0714394</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>828-586-7000</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>56-0714394</u>	2c Sponsor's telephone number <u>828-586-7000</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>56-0714394</u>					
2c Sponsor's telephone number <u>828-586-7000</u>					
2d Business code (see instructions) <u>622000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	07/15/2013	JOANN PALMER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") WESTCARE HEALTH SYSTEM 68 HOSPITAL ROAD SYLVA, NC 28779	3b Administrator's EIN 56-0714394 3c Administrator's telephone number 828-586-7000
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	813
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	280
b Retired or separated participants receiving benefits.....	6b	183
c Other retired or separated participants entitled to future benefits.....	6c	328
d Subtotal. Add lines 6a , 6b , and 6c	6d	791
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	13
f Total. Add lines 6d and 6e	6f	804
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	1

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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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 1I

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

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

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

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

A Name of plan <u>WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>WESTCARE HEALTH SYSTEM</u>	D Employer Identification Number (EIN) <u>56-0714394</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2011</u>	
2 Assets:	
a Market value	2a <u>11280114</u>
b Actuarial value	2b <u>11752863</u>
3 Funding target/participant count breakdown:	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>178</u> <u>7900678</u>
b For terminated vested participants	3b <u>317</u> <u>5805117</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>32760</u>
(2) Vested benefits	3c(2) <u>5056893</u>
(3) Total active	3c(3) <u>318</u> <u>5089653</u>
d Total	3d <u>813</u> <u>18795448</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)	☒
a Funding target disregarding prescribed at-risk assumptions	4a <u>18671010</u>
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b <u>19293201</u>
5 Effective interest rate	5 <u>5.66 %</u>
6 Target normal cost	6 <u>81209</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>07/08/2013</u>
Signature of actuary	Date
<u>PAUL B. BURDULIS</u>	<u>11-03785</u>
Type or print name of actuary	Most recent enrollment number
<u>STANLEY, HUNT, DUPREE AND RHINE</u>	<u>864-527-0630</u>
Firm name	Telephone number (including area code)
<u>THREE INDEPENDENCE POINTE</u> <u>SUITE 102</u> <u>GREENVILLE, SC 29615</u>	
Address of the firm	

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

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

Schedule SB (Form 5500) 2011
v.012611

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	28821	327710
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	28821	327710
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>0.85</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		6
b	Interest on (a) using prior year's effective rate of <u>6.46</u> % except as otherwise provided (see instructions)		0
c	Total available at beginning of current plan year to add to prefunding balance		6
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III		Funding percentages	
14	Funding target attainment percentage	14	62.94 %
15	Adjusted funding target attainment percentage	15	63.79 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	71.30 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	62.53 %

Part IV		Contributions and liquidity shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/10/2012	172696		07/31/2012	145098	
02/29/2012	86348		08/31/2012	145098	
03/30/2012	86348		09/27/2012	145098	
04/30/2012	24909				
05/31/2012	24909				
07/02/2012	145098				
			Totals ▶	18(b)	975602
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contributions from prior years	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 939877
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
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 2.18%	2nd segment: 5.36%	3rd segment: 6.33 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 3
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
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	81209	
b Excess assets, if applicable, but not greater than 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	7042585	858631	
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	939840	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	939840	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	939877	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	37	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☒ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☒ 2010 ☒ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

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

For calendar plan year 2011 or fiscal plan year beginning **10/01/2011** and ending **09/30/2012**

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

Part I 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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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)

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 52 60 62 71	BROKERAGE	57524	Yes ☒ No ☐	Yes ☒ No ☐	1758	Yes ☒ No ☐

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

BANK OF AMERICA

94-1687665

(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	TRUSTEE	7096	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012		
A Name of plan WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 WESTCARE HEALTH SYSTEM	D Employer Identification Number (EIN) 56-0714394	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		1972
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	367772	
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	1	23842
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	873250	893284
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		2260843
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		8337880
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	10050607	1810231
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	11291630	13328052

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	11291630	13328052
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	975602	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		975602

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	719	
(B) U.S. Government securities	2b(1)(B)	3649	
(C) Corporate debt instruments	2b(1)(C)	7971	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		12339
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	101258	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	130034	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		231292
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	21385344	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	20278174	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		1107170

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	614482	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		614482
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		92978
c Other income.....	2c		0
d Total income. Add all income amounts in column (b) and enter total.....	2d		3033863

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	839520	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		839520
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	4187	
(3) Investment advisory and management fees	2i(3)	57932	
(4) Other	2i(4)	95802	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		157921
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		997441

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2036422
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: **PYA, PC**

(2) EIN: **62-1511779**

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

5b(1) Name of plan(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>22-3513863</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>4</u>

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☒ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

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

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

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

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

**Audited Financial Statements
and Supplemental Schedules**

Years Ended September 30, 2012 and 2011



INDEPENDENT AUDITOR'S REPORT

To the Midwest Retirement
Committee:

We were engaged to audit the accompanying statements of net assets available for benefits and supplemental schedules of the Westcare Health System Retirement Income Plan (the Plan) as of September 30, 2012 and 2011, and the related statement of changes in net assets available for benefits for the year ended September 30, 2012 and the statements of accumulated plan benefits as of October 1, 2011 and 2010, and the related statement of changes in accumulated plan benefits for the year ended October 1, 2011. These financial statements and the supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by the Branch Banking and Trust Company (BB&T), the former trustee of the Plan, and Bank of America, N.A. (BOA), the current trustee for the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustees hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained a certification from BB&T and BOA as of and for the year ended September 30, 2012, and a certification from BB&T as of and for the year ended September 30, 2011, that the information provided to the Plan administrator by BB&T and BOA is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by BB&T and BOA, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Pershing Yoakley & Associates PC

Knoxville, Tennessee
July 15, 2013

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Statements of Net Assets Available for Benefits

	<i>September 30,</i>	
	<i>2012</i>	<i>2011</i>
ASSETS		
Investments, at fair value:		
Cash and cash equivalents	\$ 895,256	\$ 873,250
Mutual funds	1,810,231	10,050,607
Common stocks	8,337,880	-
Corporate securities	741,889	-
Government securities	1,518,954	-
	13,304,210	10,923,857
Receivables:		
Plan sponsor contributions receivable	-	367,773
Accrued income	23,842	-
	13,328,052	11,291,630
TOTAL ASSETS	13,328,052	11,291,630
NET ASSETS AVAILABLE FOR BENEFITS	\$ 13,328,052	\$ 11,291,630

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Statement of Changes in Net Assets Available for Benefits

	<i>Year Ended September 30, 2012</i>
<hr/>	
Additions to net assets attributed to:	
Investment income:	
Net appreciation in fair value of investments	\$ 1,814,631
Interest and dividends	243,630
Less investment expenses	<u>(62,119)</u>
Total investment income	<u>1,996,142</u>
Contributions:	
Employer	<u>975,602</u>
TOTAL ADDITIONS	<u>2,971,744</u>
Deductions from net assets attributed to:	
Net depreciation in fair value of investments	-
Benefits paid to participants	839,520
Administrative expenses	<u>95,802</u>
TOTAL DEDUCTIONS	<u>935,322</u>
NET INCREASE	2,036,422
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>11,291,630</u>
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u><u>\$ 13,328,052</u></u>

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Statements of Accumulated Plan Benefits

	<i>October 1,</i>	
	<i>2011</i>	<i>2010</i>
Actuarial present value of accumulated Plan benefits:		
Vested benefits:		
Retired participants and beneficiaries receiving payments	\$ 8,469,474	\$ 7,585,334
Terminated vested participants	7,169,759	6,378,577
Other participants	6,343,114	6,291,058
Total vested benefits	21,982,347	20,254,969
Nonvested benefits	8,243	58,498
Total actuarial present value of accumulated Plan benefits	\$ 21,990,590	\$ 20,313,467

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Statement of Changes in Accumulated Plan Benefits

	<i>Year Ended October 1, 2011</i>
Actuarial present value of accumulated Plan benefits, beginning of year	\$ 20,313,467
Benefits paid	(752,782)
Change in assumptions, including change in discount rate	1,432,822
Increase for interest due to the decrease in the discount period	997,083
Actuarial present value of accumulated Plan benefits, end of year	<u>\$ 21,990,590</u>

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Notes to Financial Statements

Years Ended September 30, 2012 and 2011

NOTE A--DESCRIPTION OF PLAN

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

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

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

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

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

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

Death Benefits: If a participant has been married for at least one year, actively employed, eligible for early retirement, and dies before the normal retirement date, the employee's spouse will receive 50% of the amount the participant would have received had he or she retired on the

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Notes to Financial Statements - Continued

Years Ended September 30, 2012 and 2011

NOTE A--DESCRIPTION OF PLAN - Continued

date of death. If a participant is not married or not eligible for early retirement and dies before the normal retirement date, no death benefit is paid. If a participant works subsequent to the normal retirement date and dies before actual retirement, the date of death is considered to be the date of retirement, and any benefits are paid to the participant's spouse under the payment plan designated by the participant.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

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

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

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

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Notes to Financial Statements - Continued

Years Ended September 30, 2012 and 2011

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES - Continued

The actuarial present value of accumulated plan benefits is determined by an actuary from Stanley, Hunt, Dupree and Rhine, a subsidiary of Branch Banking and Trust Company, and is that amount that results from applying the actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of October 1, 2011 and 2010, were (a) life expectancy of participants (the 2011 Static Mortality Table, updated annually as prescribed by the IRS), (b) retirement age assumptions (the assumed retirement age was 65 or the completion of five years of service, if later), and (c) investment return (8.50% per annum, compounded annually for 2011 and 2010, respectively). For the actuarial computation as of October 1, 2012, management elected to change the expected rate of investment return to 8.00%. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

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

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

Subsequent Events: Plan management has evaluated subsequent events through July 15, 2013, the date the financial statements were available to be issued. During this period, management did not note any material recognizable subsequent events that required recognition or disclosure in the September 30, 2012 financial statements.

NOTE C--CERTIFIED INVESTMENT INFORMATION

The Plan's investments as of September 30, 2012 are held exclusively by Bank of America, N.A., the Plan's trustee. The Plan's investments as of September 30, 2011 were held by Branch Banking and Trust Company. The Plan's administrator has instructed the independent auditor not to examine the information certified as complete and accurate by the trustees. All investment related information in the accompanying financial statements and supplemental schedules was obtained or derived from information certified to as complete and accurate by BB&T and BOA.

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

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Notes to Financial Statements - Continued

Years Ended September 30, 2012 and 2011

NOTE C--CERTIFIED INVESTMENT INFORMATION - Continued

	2012	2011
Investments, at fair value:		
BIF Money Fund	\$ 893,284	\$ -
Legg Mason Western Asset Smash Series M Fund	767,837	-
Vanguard Growth ETF	-	2,523,621
Vanguard Value Vipers	-	2,492,003
Ishares Barclays Short Treasury Bond Fund	-	596,563
Ishares Lehman MBS Fixed Rate Bond Fund	-	-
Vanguard Short Term Bond Fund	-	1,304,185
Ishares Barclays MBS Bond Fund	-	784,378
Federated U.S. Treasury Cash Reserves Money Market Fund	-	873,250
Other	11,643,089	2,349,857
	<u>\$ 13,304,210</u>	<u>\$ 10,923,857</u>

During 2012 and 2011, the Plan's investments in shares of mutual funds, common stocks, corporate bonds and government securities, including investments bought, sold, and held at year end, appreciated (depreciated) in value by \$1,814,631 and (\$75,201), respectively.

NOTE D--FAIR VALUE MEASUREMENTS

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

- Level 1 - inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 - inputs to the valuation methodology include:
 - Quoted prices for similar assets and liabilities in active markets,
 - Quoted prices for identical or similar assets and liabilities in inactive markets,
 - Inputs other than quoted prices that are observable for the asset or liability, and
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Notes to Financial Statements - Continued

Years Ended September 30, 2012 and 2011

NOTE D--FAIR VALUE MEASUREMENTS - Continued

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

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

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

Money Market Funds and Mutual Funds: Valued at the net asset value (NAV) of shares held by the Plan at year end based on the reported amounts in the active market.

Common Stocks, Corporate Bonds, and U.S. Government Securities: Valued at the closing price reported on the active market on which the individual securities are traded.

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

The following table sets forth by level within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2012 and 2011:

	<i>Carrying Value</i>	<i>Quoted Prices in Active Markets (Level 1)</i>	<i>Significant Other Observable Inputs (Level 2)</i>	<i>Significant Unobservable Inputs (Level 3)</i>
September 30, 2012				
Cash and Money market funds	\$ 895,256	\$ 895,256	\$ -	\$ -
Common stocks	8,337,880	8,337,880	-	-
U.S Government securities	1,518,954	1,088,243	430,711	-
Corporate bonds	741,889	-	741,889	-
Mutual funds:				

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Notes to Financial Statements - Continued

Years Ended September 30, 2012 and 2011

NOTE D--FAIR VALUE MEASUREMENTS - Continued

	<i>Carrying Value</i>	<i>Quoted Prices in Active Markets (Level 1)</i>	<i>Significant Other Observable Inputs (Level 2)</i>	<i>Significant Unobservable Inputs (Level 3)</i>
Equity funds	1,599,373	1,599,373	-	-
Bond funds	210,858	210,858	-	-
Total Assets	\$ 13,304,210	\$ 12,131,610	\$ 1,172,600	\$ -
September 30, 2011				
Cash and Money market funds	\$ 873,250	\$ 873,250	\$ -	\$ -
Mutual funds:				
Equity funds	5,934,587	5,934,587	-	-
Bond funds	3,562,810	3,562,810	-	-
Other funds	553,210	553,210	-	-
Total Assets	\$ 10,923,857	\$ 10,923,857	\$ -	\$ -

NOTE E--FUNDING POLICY

Westcare's funding policy is to make annual contributions to the Plan in amounts based upon the minimum/maximum contributions, as determined annually by the Plan's actuaries, such that all employees' benefits will be fully provided by the time they retire. For the plan years 2012 and 2011, Westcare's contributions met or exceeded the minimum funding requirements of ERISA.

NOTE F--PLAN TERMINATION

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

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

- A. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Notes to Financial Statements - Continued

Years Ended September 30, 2012 and 2011

NOTE F--PLAN TERMINATION - Continued

- B. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations, discussed below.
- C. All other vested benefits (that is, vested benefits not insured by the PBGC).

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations occurring during 2012, that ceiling was \$4,653 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

NOTE G--RISKS AND UNCERTAINTIES

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

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

NOTE H--INCOME TAX STATUS

Westcare adopted a non-standardized prototype plan. The prototype plan has received from the Internal Revenue Service a favorable opinion letter dated June 30, 2000, as to the acceptability of

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Notes to Financial Statements - Continued

Years Ended September 30, 2012 and 2011

NOTE H--INCOME TAX STATUS - Continued

the form of the prototype plan. The prototype plan has been amended since receiving the opinion letter; however, the plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code, and the Plan and related trust continue to be tax-exempt. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to September 30, 2010.

NOTE I --RELATED-PARTY TRANSACTIONS

Fees paid by the Plan to Merrill Lynch for the investment management services amounted to \$57,932 and \$78,916 for the years ended September 30, 2012 and 2011, respectively. Fees paid to Branch Banking and Trust Company by the Plan for administrative services were \$4,187 and \$9,061 for the years ended September 30, 2012 and 2011, respectively.

Additional Information for Plans in At-Risk Status

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

Description of Weighted Average Retirement Age

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

Summary of Plan Provisions

General Information

Valuation Date	October 1, 2011
Original Effective Date	January 1, 1968
Effective Date of Last Amendment	September 27, 2011
Plan Year	October 1 to September 30
Employer Fiscal Year	October 1 to September 30
Employer ID Number	56-0714394
Plan Administrator's ID Number	56-0714394
Plan Number	001
Plan Administrator	MedWest Health System

Eligibility Requirements

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

Plan Entry Dates

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

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

Service Definitions

Years of Service

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

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

Benefit Service

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

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

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

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

Annual Accrual

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

Compensation

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

Summary of Plan Provisions (Continued)

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

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

Vesting

All Participants shall be vested according to the following schedule:

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

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

Vested Benefit

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

Normal Retirement

Eligibility

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

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

Benefit

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

(A) For Plan Years prior to October 1, 1997:

The retirement benefit is computed as either (1) or (2):

- 1) Participants in the Harris Regional Hospital Plan on September 30, 1997 earn 1.35% of FAC, multiplied by Years of Benefit Service earned as of September 30, 1997.
- 2) For Participation in the Swain County Hospital Plan on September 30, 1997, the Frozen Accrued Benefit as of December 31, 1994 under the Swain County Hospital Plan actuarially adjusted to reflect the change in the Normal Form from a 10-year certain and life annuity to a life only annuity.

(B) For Plan Years after September 30, 1997:

The retirement benefit is computed as the sum of (1) and (2) below:

- 1) 0.85% of FAC, multiplied by Years of Benefit Service after September 30, 1997.
- 2) 0.65% of FAC in excess of Covered Compensation, multiplied by Years of Benefit Service after September 30, 1997, not to exceed 35 years.

Summary of Plan Provisions (Continued)

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

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

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

Accrued Benefit

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

Delayed Retirement

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

Early Retirement

Eligibility

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

Benefit

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

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

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

Disability Retirement

Eligibility

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

Benefit

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

Payments

Payments commence on the Participant's Normal Retirement Date.

Summary of Plan Provisions (continued)

Death Benefit

Eligibility

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

Benefit Definition

Benefit: 50% of the benefit computed assuming the Participant had terminated on the date of death and had elected a 50% J&S Option.

Type of Payment: Monthly benefit payable for the life of the surviving spouse. The benefit shall be paid in a lump sum if the Actuarial Equivalent Present Value of the survivor's benefit is less than \$5,000.00.

Date of Payment: At what would have been the Participant's Earliest Retirement Age, or the first of the month following the date of death, if later.

Post-retirement Death Benefits

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

Methods of Payments

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

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

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

Contributions

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

Amendments

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the Minimum Funding Standards, or is unable to pay benefits when due. If the Plan is terminated, the Plan Assets will be distributed among the Plan Participants based upon a priority allocation procedure and the Employer shall be liable for any unfunded Vested Benefits to the extent required by law.

Changes Since Prior Valuation - None

Schedule of Amortization Bases

Type	Date Established	Years Remaining	PV of Remaining Installments	Amortization Installment
1. Shortfall/ Waiver	10/01/2009	5	1,756,816	366,679
2. Shortfall/ Waiver	10/01/2010	14	2,191,205	209,326
3. Shortfall/ Waiver	10/01/2011	15	3,094,564	282,626
Total Amortizations			\$7,042,585	\$858,631

Schedule of Active Participant Data

Age Group	Completed Years of Service									
	< 1 Yr.		1-4 Yrs.		5-9 Yrs.		10-14 Yrs.		15-19 Yrs.	
	No.	Acc. Ben.	No.	Acc. Ben.	No.	Acc. Ben.	No.	Acc. Ben.	No.	Acc. Ben.
0-24	0		0		0		0		0	
25-29	3		2		0		0		0	
30-34	6		12		1		0		0	
35-39	4		11		15		7		0	
40-44	6		16		20		10		1	
45-49	2		18		19		7		1	
50-54	3		11		15		8		6	
55-59	5		16		22		7		3	
60-64	1		13		9		6		3	
65-69	0		3		4		1		0	
70+	1		1		1		0		0	

Age Group	Completed Years of Service									
	20-24 Yrs.		25-29 Yrs.		30-34 Yrs		35-39 Yrs		40 Yrs. +	
	No.	Acc. Ben.	No.	Acc. Ben.	No.	Acc. Ben.	No.	Acc. Ben.	No.	Acc. Ben.
0-24	0		0		0		0		0	
25-29	0		0		0		0		0	
30-34	0		0		0		0		0	
35-39	0		0		0		0		0	
40-44	0		0		0		0		0	
45-49	1		0		0		0		0	
50-54	3		0		0		0		0	
55-59	7		0		0		0		0	
60-64	0		1		1		0		0	
65-69	1		0		0		0		0	
70+	0		0		0		0		0	

Statement of Actuarial Assumptions

Prescribed Interest Rates

Applicable Month	Current Year July	Prior Year July
First Segment (0-5 years)	2.18%	4.05%
Second Segment (6-20 years)	5.36%	6.47%
Third Segment (over 20 years)	6.33%	6.65%
Effective Interest Rate:	5.66%	6.46%
PBGC Variable Premium Rate:	Same as Prescribed Interest Rates	Same as Prescribed Interest Rates

Disability

None assumed.

Prescribed Mortality

IRS 2011 Static Mortality Table. (updated annually as prescribed by IRS)

Termination

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

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

Assumed Retirement

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

Marriage

Male spouses are assumed to be 3 years older than their wives.

It is assumed that 90 percent of male and 60 percent of female Participants are married.

Expenses

Assumed expenses are based on expenses paid from the trust during the prior year, excluding investment expenses.

Statement of Actuarial Assumptions (Continued)

Salary Scale

None.

Covered Compensation

Covered Compensation is based on the 2003 Covered Compensation Table (\$12 rounding).

The Social Security Taxable Wage Base is not assumed to increase, as benefits under the Plan are frozen.

IRS Limits

The IRS maximum Benefit Limit for the 2011 Plan Year is \$200,000.

The IRS maximum Compensation Limit for the 2011 Plan Year is \$250,000.

Form of Payment

Active Participants are assumed to elect the following forms:

Payment Form	Probability of Election
Life Annuity	70%
Joint & 100% Survivor	15%
Joint & 50% Survivor	15%

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

Census Data

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

Changes in Non-prescribed Assumptions Since the Prior Valuation

None.

Statement of Actuarial Funding Method

Actuarial Cost Method

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

When the Adjusted Plan Assets (Actuarial Value of Assets, reduced by any retained credit balances), are less than the Funding Target, a Shortfall Amortization Base must be established unless the exemption is met. The Shortfall Amortization Base is amortized over a 7-year period using the funding segment rates of the prescribed corporate bond yield curve. For the 2010-11 and 2011-12 Plan Years the Plan sponsor has elected these shortfall bases to be amortized over a 15-year period as allowed under pension relief. New Shortfall Amortization Bases are established each year based on the plan's funded status each year, and all bases are maintained until either fully amortized or until the Adjusted Plan Assets exceed the Funding Target.

Actuarial Value of Assets

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

Valuation Date

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

Changes Since the Prior Valuation

The Plan Sponsor has elected to use the 15-year shortfall amortization period for the October 1, 2011 valuation, pursuant to the 2010 Pension Relief Act. The 15-year shortfall amortization funding relief was also elected for the October 1, 2010 valuation.

Explanation of 2010 Credit Balance Discrepancy

The amount reported on Line 35 of the 2010 Schedule SB of \$327,564 does not include \$146 of late interest that was applied to the late application of the 10/15/2011 quarterly due for the October 1, 2010 Plan Year. The application of 107,475 of credit balance toward the 10/15/2011 quarterly was signed 11/10/2011. The 11.46% effective interest applies to the time between the date the Credit Balance Election was due, and when it was actually applied. 6.46% applies for the remaining period.

Change in Funding Method

The Plan Sponsor has elected to use the 15-year shortfall amortization period for the October 1, 2011 valuation, pursuant to the 2010 Pension Relief Act. The 15-year shortfall amortization funding relief was also elected for the October 1, 2010 valuation. The changes will receive automatic IRS approval.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2011**This Form is Open to Public
Inspection**For calendar plan year 2011 or fiscal plan year beginning 10/01/2011 and ending 09/30/2012▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan WestCare Health System Retirement Income Plan	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WestCare Health System	D Employer Identification Number (EIN) 56-0714394
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>10</u> Day <u>1</u> Year <u>2011</u>	
2 Assets:	
a Market value	2a 11,280,114
b Actuarial value	2b 11,752,863
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a (1) Number of participants 178 (2) Funding Target 7,900,678
b For terminated vested participants	3b 317 5,805,117
c For active participants:	
(1) Non-vested benefits.....	3c(1) 32,760
(2) Vested benefits	3c(2) 5,056,893
(3) Total active.....	3c(3) 318 5,089,653
d Total.....	3d 813 18,795,448
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☒	
a Funding target disregarding prescribed at-risk assumptions	4a 18,671,010
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b 19,293,201
5 Effective interest rate	5 5.66 %
6 Target normal cost	6 81,209

Statement by Enrolled Actuary

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

SIGN HERE	<u>Paul B. Burdulis</u> Signature of actuary	<u>7/8/2013</u> Date
PAUL B. BURDULIS Type or print name of actuary		11-03785 Most recent enrollment number
STANLEY, HUNT, DUPREE AND RHINE Firm name		(864) 527-0630 Telephone number (including area code)
THREE INDEPENDENCE POINTE SUITE 102 GREENVILLE SC 29615 Address of the firm		

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

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

Schedule SB (Form 5500) 2011
v.012611

Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year).....	28,821	327,710
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	28,821	327,710
9 Amount remaining (line 7 minus line 8).....	0	0
10 Interest on line 9 using prior year's actual return of <u>0.85</u> %.....		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		6
b Interest on (a) using prior year's effective rate of <u>6.46</u> % except as otherwise provided (see instructions).....		0
c Total available at beginning of current plan year to add to prefunding balance.....		6
d Portion of (c) to be added to prefunding balance.....		0
12 Other reductions in balances due to elections or deemed elections.....	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	0

Part III Funding percentages

14 Funding target attainment percentage	14	62.94 %
15 Adjusted funding target attainment percentage	15	63.79 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	71.30 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	62.53 %

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/10/2012	172,696		07/31/2012	145,098	
02/29/2012	86,348		08/31/2012	145,098	
03/30/2012	86,348		09/27/2012	145,098	
04/30/2012	24,909				
05/31/2012	24,909				
07/02/2012	145,098				
Totals •			18(b)	975,602	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	
b Contributions made to avoid restrictions adjusted to valuation date.....	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	939,877

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year

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

Part V Assumptions used to determine funding target and target normal cost**21** Discount rate:

a Segment rates:

1st segment: 2.18 %	2nd segment: 5.36 %	3rd segment: 6.33 %
------------------------	------------------------	------------------------

☐ N/A, full yield curve used

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

22 Weighted average retirement age **22** 65

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

Part VI Miscellaneous items

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

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

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

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

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

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** 81,209

b Excess assets, if applicable, but not greater than 31a **31b**

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment.....	7,042,585	858,631
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** 939,840

	Carryover balance	Prefunding balance	Total balance
--	-------------------	--------------------	---------------

35 Balances elected for use to offset funding requirement	0	0	0
--	---	---	---

36 Additional cash requirement (line 34 minus line 35) **36** 939,840

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)..... **37** 939,877

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36) **38a** 37

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0

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

40 Unpaid minimum required contributions for all years..... **40** 0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)**41** If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:

a Schedule elected ☐ 2 plus 7 years ☒ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☒ 2010 ☒ 2011

42 Amount of acceleration adjustment **42** 0

43 Excess installment acceleration amount to be carried over to future plan years **43** 0

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

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

EIN: 56-0714394

PN: 001

September 30, 2012

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Historical Cost Value	(e) Current Value
	CASH	Cash	\$ 1,972	\$ 1,972
	BIF MONEY FUND	Money Market Funds	893,284	893,284
	SECOM CO LTD	Common Stock, 1,000 Shares	11,660	12,970
	CATERPILLAR INC DEL	Common Stock, 1,005 Shares	79,701	86,470
	ROSS STORES INC COM	Common Stock, 1,022 Shares	69,487	66,011
	APOLLO GROUP INC CL A	Common Stock, 1,026 Shares	29,341	29,805
	CONOCOPHILLIPS	Common Stock, 1,034 Shares	55,719	59,124
	GILEAD SCIENCES INC	Common Stock, 1,118 Shares	56,733	74,157
	KINROSS GOLD CORP	Common Stock, 1,124 Shares	8,762	11,476
	TESCO PLC SPNRD ADR	Common Stock, 1,185 Shares	17,369	19,173
	VALUECLICK INC DEL	Common Stock, 1,190 Shares	18,609	20,420
	TELECOM ITALIA SPA ADR	Common Stock, 1,200 Shares	8,709	10,380
	KT CORP	Common Stock, 1,232 Shares	17,390	19,268
	MARATHON PETROLEUM CORP	Common Stock, 1,266 Shares	54,571	69,111
	ELI LILLY & CO	Common Stock, 1,293 Shares	56,966	61,301
	HERBALIFE LTD	Common Stock, 1,363 shares	64,202	64,606
	COMPASS GROUP PLC ADR	Common Stock, 1,371 Shares	13,925	15,150
	CLIFFS NATURAL RESOURCES	Common Stock, 1,392 Shares	62,266	54,469
	YUM BRANDS INC	Common Stock, 1,399 Shares	87,700	92,810
	MICREL INC	Common Stock, 1,486 Shares	13,765	15,484
	SCHNEIDER ELEC SA ADR	Common Stock, 1,567 Shares	16,247	18,538
	MICROSOFT CORP	Common Stock, 1,666 Shares	50,333	49,580
	KRONOS WORLDWIDE INC	Common Stock, 1,676 Shares	28,866	25,039
	SEGA SAMMY HOLDINGS INC	Common Stock, 1,687 Shares	8,806	7,963
	MBIA INC	Common Stock, 1,689 Shares	17,304	17,110
	QUALCOMM INC	Common Stock, 1,689 Shares	90,742	105,512
	DANAHER CORP DEL	Common Stock, 1,695 Shares	84,349	93,479
	WSTN DIGITAL CORP DEL	Common Stock, 1,708 Shares	53,454	66,151
	AFLAC INC	Common Stock, 1,759 Shares	74,604	84,221
	HOLLYFRONTIER CORP	Common Stock, 1,760 Shares	62,634	72,635
	DISCOVER FINL SVCS	Common Stock, 1,774 Shares	61,428	70,481
	WADDELL & REED FINL	Common Stock, 1,790 Shares	50,031	58,658
	SERVICE CORP INTL	Common Stock, 1,798 Share	22,576	24,201
	COACH INC	Common Stock, 1,828 Shares	100,852	102,405
	ENDO HEALTH SOLU INC	Common Stock, 1,873 Shares	55,345	59,412
	NEWFIELD EXPL CO	Common Stock, 1,883 Shares	54,119	58,976
	ERICSSON AMERICAN	Common Stock, 1,960 Shares	16,813	17,875
	SUMITOMO MITSUI TR HLDGS	Common Stock, 1,977 Shares	5,832	5,753
	STORA ENSO OYJ SPD ADR	Common Stock, 1,994 Shares	11,705	12,263
	TIJ COS INC NEW	Common Stock, 1,997 Shares	87,826	89,446
	CENOVUS ENERGY INC	Common Stock, 101 Shares	3,193	3,520
	HACHIJUNI BANK LTD ADR	Common Stock, 110 Shares	5,792	6,075
	MARTIN MARIETTA MATLS	Common Stock, 112 Shares	9,041	9,281
	BUNZL PLC	Common Stock, 119 Shares	9,951	10,672
	PRICELINE COM INC	Common Stock, 124 Shares	78,884	76,765
	GOOGLE INC	Common Stock, 136 Shares	77,321	102,612
	BRITISH SKY BDCT SPD ADR	Common Stock, 138 Shares	5,998	6,596
	SMITH-NPHW PLC SPADR NEW	Common Stock, 140 Shares	7,112	7,717
	WPP PLC ADR	Common Stock, 148 Shares	8,999	10,083
	GALAXY ENTMT GROUP LTD	Common Stock, 150 Shares	3,698	4,968
	MAGNA INTL INC CL A VTG	Common Stock, 150 Shares	5,812	6,489
	OAO GAZPROM SPON ADR	Common Stock, 150 Shares	4,913	5,307
	ENERGIZER HLDGS INC	Common Stock, 151 Shares	11,183	11,266
	SYNGENTA AG ADR	Common Stock, 157 Shares	10,196	11,751
	NESTLE S A REP RG SH ADR	Common Stock, 165 Shares	9,855	10,430
	BLACKROCK INC	Common Stock, 167 Shares	28,899	29,776
	CIELO S A SPONSORED ADR	Common Stock, 168 Shares	4,998	4,247
	INTERCONTINENTALEXCHANGE	Common Stock, 175 Shares	23,562	23,347
	IMPERIAL TOB GRP SPS ADR	Common Stock, 194 Shares	15,186	14,364
	CBOE HOLDINGS INC	Common Stock, 2,047 Shares	59,136	60,182
	EXPRESS SCRIPTS HLDG CO	Common Stock, 2,053 Shares	114,816	128,579
	EXXON MOBIL CORP	Common Stock, 2,053 Shares	73,294	79,836
	E M C CORPORATION MASS	Common Stock, 2,144 Shares	50,189	58,467
	APARTMENT INVT & MGMT CO	Common Stock, 2,150 Shares	59,316	55,879
	AMERICAN CAP AGY CORP	Common Stock, 2,266 Shares	78,211	78,404
	HALLIBURTON COMPANY	Common Stock, 2,295 Shares	64,541	77,319
	ALTRIA GROUP INC	Common Stock, 2,368 Shares	83,106	79,068

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

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

EIN: 56-0714394

PN: 001

September 30, 2012

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Historical Cost Value	(e) Current Value
	SUPERIOR ENERGY SVCS INC	Common Stock, 2,618 Shares	61,455	53,721
	TENET HEALTHCARE CORP	Common Stock, 2,710 Shares	13,158	16,992
	ALCATEL LUCENT	Common Stock, 2,714 Shares	4,016	2,985
	TRANSCANADA CORP	Common Stock, 202 Shares	8,502	9,191
	POTASH CORP SASKATCHEWAN	Common Stock, 211 Shares	9,068	9,162
	COCA COLA HELLENICS	Common Stock, 212 Shares	3,749	3,943
	SIEMENS AG	Common Stock, 214 Shares	17,426	21,432
	SAP AG SHS	Common Stock, 221 Shares	12,977	15,764
	CANON INC	Common Stock, 222 Shares	8,296	7,106
	L OREAL CO	Common Stock, 224 Shares	4,964	5,533
	DEUTSCHE BK AG REG SHS	Common Stock, 228 Shares	7,280	9,040
	RALPH LAUREN CORP	Common Stock, 233 Shares	33,688	35,237
	STURM RUGER&CO INC	Common Stock, 234 Shares	9,424	11,581
	O'REILLY AUTOMOTIVE INC	Common Stock, 240 Shares	21,967	20,069
	ROCHE HLDG LTD SPN ADR	Common Stock, 247 Shares	10,711	11,607
	PEARSON SPONSORED ADR	Common Stock, 248 Shares	4,814	4,846
	CGI GROUP INC	Common Stock, 252 Shares	5,702	6,769
	AMAZON COM INC	Common Stock, 254 Shares	54,802	64,597
	COLUMBIA SPORTSWEAR CO	Common Stock, 256 Shares	12,872	13,257
	NEWMARKET CORP	Common Stock, 256 Shares	58,709	63,099
	ASTRAZENECA PLC SPND ADR	Common Stock, 258 Shares	11,619	12,348
	AMADEUS IT HOLDING	Common Stock, 264 Shares	5,862	6,924
	CAP GEMINI	Common Stock, 264 Shares	4,248	5,570
	FANUC LTD-UNSP	Common Stock, 264 Shares	6,764	7,057
	MAKITA CORP SPOND ADR	Common Stock, 266 Shares	9,994	10,270
	PRECISION CASTPARTS	Common Stock, 266 Shares	41,972	43,448
	ULTA SALON COSMETICS	Common Stock, 266 Shares	24,080	25,617
	ADIDAS AG SPONSORED ADR	Common Stock, 269 Shares	9,313	11,067
	KOMATSU NEW NEW SPNSDADR	Common Stock, 269 Shares	5,891	5,243
	CITRIX SYSTEMS INC	Common Stock, 271 Shares	20,445	20,739
	VOLKSWAGEN A G ADR	Common Stock, 271 Shares	8,862	9,935
	SEVEN AND I HOLDINGS CO	Common Stock, 273 Shares	17,458	16,694
	UNILEVER NV NY REG SHS	Common Stock, 285 Shares	9,208	10,112
	BP PLC	Common Stock, 288 Shares	11,573	12,200
	COCA COLA AMATIL SPD ADR	Common Stock, 297 Shares	8,016	8,372
	EATON VANCE CORP NVT	Common Stock, 3,021 Shares	79,109	87,488
	HOME RETAIL GROUP PLC	Common Stock, 3,561 Shares	17,663	20,120
	PATTERSON UTI ENERGY INC	Common Stock, 3,563 Shares	61,198	56,367
	LLOYDS BANKING GROUP PLC	Common Stock, 3,968 Shares	7,259	9,880
	ALLEGHANY CORP DEL	Common Stock, 30 Shares	10,251	10,348
	SHIRE PLC-ADR	Common Stock, 300 Shares	26,025	26,610
	BHP BILLITON LTD	Common Stock, 308 Shares	18,969	21,132
	BELGACOM SA DE DROIT	Common Stock, 3195 Shares	17,700	19,266
	WHITE MTNS INS GRP LTD	Common Stock, 32 Shares	17,165	16,427
	COSTCO WHOLESALE CRP	Common Stock, 325 Shares	30,586	32,552
	CF INDS HLDGS INC	Common Stock, 327 Shares	62,427	72,672
	WORLD FUEL SERVICES CRP	Common Stock, 340 Shares	18,058	16,808
	WORLEY PARSONS LTD	Common Stock, 340 Shares	8,374	9,996
	BIOGEN IDEC INC	Common Stock, 348 Shares	49,502	51,925
	CENTRICA PLC	Common Stock, 353 Shares	7,025	7,445
	TEVA PHARMACTCL INDS ADR	Common Stock, 355 Shares	14,166	14,701
	NIDEC CORPORATION	Common Stock, 363 Shares	7,037	6,676
	HUTCHISN WHAMPOA ADR	Common Stock, 366 Shares	6,368	7,034
	PRICESMART INC	Common Stock, 366 Shares	24,663	27,714
	REED ELSEVIER P L C	Common Stock, 371 Shares	11,942	14,176
	TERADATA CORP DEL	Common Stock, 375 Shares	24,130	28,279
	FRANKLIN RES INC	Common Stock, 382 Shares	41,736	47,777
	TD AMERITRADE HLDG CORP	Common Stock, 383 Shares	6,127	5,887
	NEWMONT MINING CORP	Common Stock, 385 Shares	17,504	21,566
	ROYAL DUTCH SHEL PLC	Common Stock, 385 Shares	27,163	27,451
	IMPALA PLATINUM SPON ADR	Common Stock, 386 Shares	5,817	6,435
	SPDR GOLD TRUST	Common Stock, 3872 Shares	592,006	665,558
	ABB LTD SPON ADR	Common Stock, 389 Shares	6,171	7,274
	LAUDER ESTEE COS INC A	Common Stock, 389 Shares	19,633	23,951
	AMERICA MOVIL SAB DE CV	Common Stock, 394 Shares	10,293	10,019
	SWEDBANK A B	Common Stock, 396 Shares	6,352	7,437

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

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

EIN: 56-0714394

PN: 001

September 30, 2012

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Historical Cost Value	(e) Current Value
	FEDERATED INVESTRS B	Common Stock, 4,024 Shares	87,377	83,257
	RPC INC	Common Stock, 4,557 Shares	50,976	54,183
	INDRA SISTEMAS SA SHS	Common Stock, 4,882 Shares	18,405	23,287
	NOVO NORDISK A S ADR	Common Stock, 40 Shares	5,848	6,312
	EDWARDS LIFESCIENCES CRP	Common Stock, 408 Shares	41,038	43,807
	HUANENG PWR INTL SP ADR	Common Stock, 409 Shares	11,618	12,241
	CONCHO RESOURCES INC	Common Stock, 416 Shares	35,666	39,416
	CHINA MOBILE LTD SPN ADR	Common Stock, 420 Shares	22,943	23,251
	KAO CORP	Common Stock, 425 Shares	11,688	12,516
	NOVARTIS ADR	Common Stock, 428 Shares	23,744	26,219
	GRUPO TELEvisa SA ADR	Common Stock, 442 Shares	9,524	10,391
	SCHLUMBERGER LTD	Common Stock, 443 Shares	33,124	32,042
	VOLVO AKTIEBOLAGET ADR	Common Stock, 463 Shares	5,655	6,533
	ALBEMARLE CORP	Common Stock, 464 Shares	26,294	24,444
	KAMAN CORP COM	Common Stock, 464 Shares	14,675	16,639
	TEJON RANCH CO PV	Common Stock, 467 Shares	13,664	14,029
	SANOFI ADR	Common Stock, 473 Shares	17,423	20,367
	SBA COMMUNICATIONS CRP	Common Stock, 482 Shares	27,356	30,318
	BORG WARNER INC	Common Stock, 489 Shares	30,827	33,795
	HATTERAS FINL CORP	Common Stock, 490 Shares	14,051	13,813
	BARRICK GOLD CORPORATION	Common Stock, 492 Shares	16,849	20,546
	RANGE RESOURCES CORP DEL	Common Stock, 492 Shares	28,182	34,376
	APPLE INC	Common Stock, 502 Shares	302,681	334,887
	ADVENT SOFTWARE INC	Common Stock, 505 Shares	13,620	12,408
	SALESFORCE COM INC	Common Stock, 511 Shares	65,064	78,025
	BG GROUP PLC SPON ADR	Common Stock, 514 Shares	10,223	10,434
	CERNER CORP	Common Stock, 520 Shares	39,490	40,242
	DENSO CP UNSPONSORED ADR	Common Stock, 527 Shares	8,300	8,290
	TAIWAN S MANUFACTURING ADR	Common Stock, 527 Shares	6,781	8,337
	KEPPEL LTD SPONS ADR	Common Stock, 530 Shares	8,962	9,805
	MATSON INC	Common Stock, 530 Shares	13,147	11,082
	ALEXANDER & BALDWIN INC	Common Stock, 532 Shares	17,048	15,710
	NU SKIN ENTERPRS	Common Stock, 533 Shares	23,796	20,696
	CHEVRON CORP	Common Stock, 546 Shares	57,566	63,642
	CAMERON INTL CORP	Common Stock, 547 Shares	24,421	30,670
	CUMMINS INC	Common Stock, 558 Shares	47,588	51,453
	ILLINOIS TOOL WORKS INC	Common Stock, 560 Shares	28,009	33,303
	KRATON PERFMNCE POLYMRS	Common Stock, 570 Shares	14,232	14,877
	INTUIT INC	Common Stock, 580 Shares	32,820	34,150
	ATWOOD OCEANICS INC	Common Stock, 596 Shares	24,025	27,088
	GAP INC DELA WARE	Common Stock, 597 Shares	21,501	21,361
	NINTENDO LTD	Common Stock, 609 Shares	8,709	9,665
	CNOOC LTD	Common Stock, 61 Shares	11,766	12,367
	MICHAEL KORS HLDGS LTD	Common Stock, 624 Shares	24,948	33,184
	UNITED TECHS CORP	Common Stock, 624 Shares	44,897	48,853
	CHEUNG KONG HLDG ADR	Common Stock, 628 Shares	7,750	9,093
	INTUITIVE SURGICAL INC	Common Stock, 63 Shares	33,593	31,225
	ROHM CO LTD SHS	Common Stock, 637 Shares	11,675	10,593
	TOYOTA MOTOR CORP ADR	Common Stock, 64 Shares	4,857	5,025
	AMER EAGLE OUTFITTERS	Common Stock, 640 Shares	12,768	13,491
	CELGENE CORP	Common Stock, 648 Shares	40,662	49,507
	RITCHIE BROS AUCTIONEERS	Common Stock, 655 Shares	12,965	12,596
	VERISIGN INC	Common Stock, 655 Shares	27,794	31,892
	AMERICAN TOWER REIT INC	Common Stock, 663 Shares	46,967	47,332
	PUBLICIS GROUPE SPON ADR	Common Stock, 666 Shares	7,463	9,257
	TREDEGAR CORP VIRGINIA	Common Stock, 668 Shares	9,751	11,850
	DOLLAR GENERAL CORP	Common Stock, 671 Shares	36,121	34,583
	COVIDIEN PLC SHS NEW	Common Stock, 672 Shares	35,535	39,930
	LAS VEGAS SANDS CORP	Common Stock, 679 Shares	26,770	31,485
	CABOT OIL & GAS CORP	Common Stock, 683 Shares	26,401	30,667
	FLUOR CORP NEW DEL	Common Stock, 683 Shares	31,685	38,439
	SUNCOR ENERGY INC NEW	Common Stock, 691 Shares	19,469	22,699
	COLGATE PALMOLIVE	Common Stock, 698 Shares	73,849	74,840
	HEALTH MGMT ASSOCS INC	Common Stock, 7,461 Shares	56,459	62,598
	ECOLAB INC	Common Stock, 701 Shares	47,112	45,432
	LOCKHEED MARTIN CORP	Common Stock, 703 Shares	60,558	65,646
	MS&AD INS GROUP HLDGS	Common Stock, 703 Shares	5,793	5,997
	CABELAS INC	Common Stock, 728 Shares	28,109	39,807

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

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

EIN: 56-0714394

PN: 001

September 30, 2012

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Historical Cost Value	(e) Current Value
	BAIDU INC SPON ADR	Common Stock, 73 Shares	8,054	8,533
	YAMADA DENKI	Common Stock, 73 Shares	3,303	3,214
	EBAY INC	Common Stock, 738 Shares	29,067	35,697
	BANCO BRADESCO	Common Stock, 746 Shares	10,853	11,988
	BRAMBLES LTD SHS	Common Stock, 751 Shares	9,606	10,882
	CORRECTIONS CORP OF AMER	Common Stock, 751 Shares	22,308	25,121
	WOLTERS KLUWR NV SPN ADR	Common Stock, 753 Shares	11,641	14,036
	INDUSTRL AND COMMRL CNK	Common Stock, 763 Shares	7,882	8,897
	SHISEIDO LTD SPONSRD ADR	Common Stock, 772 Shares	11,619	10,538
	CANADIAN NATL RAILWAY CO	Common Stock, 78 Shares	6,561	6,882
	INTL BUSINESS MACHINES	Common Stock, 796 Shares	148,153	165,130
	FUJIFILM HLDGS CORP ADR	Common Stock, 797 Shares	14,120	13,238
	UNITEDHEALTH GROUP INC	Common Stock, 801 Shares	44,149	44,383
	FOMENTO ECNMCO MEX SPADR	Common Stock, 84 Shares	7,300	7,726
	ALTERA CORP	Common Stock, 845 Shares	26,136	28,730
	MONTPELIER RE HLDGS LTD	Common Stock, 852 shares	18,337	18,855
	VISA INC CL A SHRS	Common Stock, 855 Shares	104,998	114,809
	PHILIP MORRIS INTL INC	Common Stock, 868 Shares	78,446	78,068
	MASTERCARD INC	Common Stock, 88 Shares	37,444	39,730
	STARBUCKS CORP	Common Stock, 889 Shares	46,517	45,081
	UNION PACIFIC CORP	Common Stock, 892 Shares	104,079	105,880
	KINGFISHER PLC SP ADR	Common Stock, 896 Shares	7,383	7,616
	KONINKLIJKE AHOLD NV ADR	Common Stock, 901 Shares	10,470	11,226
	CBS CORP NEW	Common Stock, 902 Shares	27,661	32,770
	APACHE CORP	Common Stock, 910 Shares	74,948	78,688
	FMC TECHS INC	Common Stock, 915 Shares	36,152	42,365
	MONSANTO CO NEW DEL COM	Common Stock, 917 Shares	75,781	83,465
	OLD DOMINION FGHT LINES	Common Stock, 921 Shares	25,322	27,764
	FIRST INDL REALTY TR INC	Common Stock, 923 Shares	11,494	12,128
	KINDER MORGAN MANAGEMENT	Common Stock, 93 Shares	7,209	7,105
	BAE SYS PLC SPN ADR	Common Stock, 935 Shares	17,513	19,607
	CVS CAREMARK CORP	Common Stock, 939 Shares	44,871	45,466
	JOY GLOBAL INC DEL	Common Stock, 946 Shares	49,780	53,033
	FRESENIUS MEDICAL CARE	Common Stock, 95 Shares	6,539	6,973
	COPA HOLDINGS CL A	Common Stock, 955 Shares	72,488	77,613
	BRITISH AMN TOBACO SPADR	Common Stock, 96 Shares	9,954	9,853
	GOLD FIELDS SP ADR	Common Stock, 964 Shares	11,670	12,387
	INTESA SANPAOLO	Common Stock, 969 Shares	7,279	8,727
	BERKSHIRE HATHAWAY FINANCIAL	Corporate Debt Instrument, \$10,000 par, 1.6%, maturing 5/15/17	10,234	10,233
	AT&T INC	Corporate Debt Instrument, \$10,000 par, 3%, maturing 2/15/22	10,508	10,572
	DIRECTV HLDG/FIN INC	Corporate Debt Instrument, \$10,000 par, 3.5%, maturing 3/1/16	10,648	10,641
	PHILIPS ELECTRONICS	Corporate Debt Instrument, \$10,000 par, 3.75%, maturing 3/15/22	10,698	10,821
	MORGAN STANLEY	Corporate Debt Instrument, \$10,000 par, 4.75%, maturing 3/22/17	10,039	10,722
	GOLDMAN SACHS GROUP INC	Corporate Debt Instrument, \$10,000 par, 5.375%, maturing 3/15/20	10,478	11,160
	WAL-MART STORES INC	Corporate Debt Instrument, \$12,000 par, 5.8%, maturing 2/15/18	14,962	14,916
	ASTRAZENECA PLC	Corporate Debt Instrument, \$12,000 par, 5.9%, maturing 9/15/17	14,573	14,740
	PFIZER INC.	Corporate Debt Instrument, \$12,000 par, 6.2%, maturing 3/15/19	15,367	15,288
	UNITED PARCEL SERVICE	Corporate Debt Instrument, \$13,000 par, 5.5%, maturing 1/15/18	15,795	15,807
	CVS CAREMARK CORP	Corporate Debt Instrument, \$13,000 par, 5.75%, maturing 1/01/17	15,493	15,679
	ABBOTT LABORATORIES	Corporate Debt Instrument, \$13,000 par, 5.875%, maturing 5/15/16	15,457	15,316
	CITIGROUP INC	Corporate Debt Instrument, \$14,000 par, 5.375%, maturing 8/9/20	15,376	16,186
	JPMORGAN CHASE	Corporate Debt Instrument, \$19,000 par, 4.75%, maturing 3/1/15	20,480	20,661
	GENERAL ELECTRICAL CAPITAL CORP	Corporate Debt Instrument, \$19,000 par, 4.75%, maturing 9/15/14	20,473	20,430
	COMCAST CORP	Corporate Debt Instrument, \$19,000 par, 6.4%, maturing 3/1/40	24,822	24,775
	JOHN DEERE CAPITAL CORP	Corporate Debt Instrument, \$21,000 par, 2.25%, maturing 4/17/19	15,752	15,624
	GENERAL ELECTRIC CAPITAL CORP	Corporate Debt Instrument, \$21,000 par, 5.875%, maturing 1/14/38	25,101	25,025
	DEERE & COMPANY	Corporate Debt Instrument, \$21,000 par, 4.375%, maturing 10/16/19	24,522	24,399
	TIME WARNER CABLE INC	Corporate Debt Instrument, \$22,000 par, 5%, maturing 2/1/20	25,255	25,506
	ENTERPRISE PRODUCTS OPERATING COMPANY	Corporate Debt Instrument, \$22,000 par, 5.7%, maturing 2/15/42	25,267	25,421
	CITIGROUP INC	Corporate Debt Instrument, \$22,000 par, 6.125%, maturing 5/15/18	24,797	26,044
	APACHE CORP	Corporate Debt Instrument, \$23,000 par, 3.25%, maturing 4/15/22	24,780	24,724
	NOBLE ENERGY INC	Corporate Debt Instrument, \$23,000 par, 4.15%, maturing 12/15/21	24,791	24,843
	JPMORGAN CHASE & CO	Corporate Debt Instrument, \$23,000 par, 4.4%, maturing 7/22/20	24,779	25,314
	GOLDMAN SACHS GROUP INC	Corporate Debt Instrument, \$23,000 par, 6.15%, maturing 4/1/18	25,351	26,845
	COLGATE-PALMOLIVE CO	Corporate Debt Instrument, \$24,000 par, 2.3%, maturing 5/3/22	24,838	24,316
	AMERICAN EXPRESS CREDIT	Corporate Debt Instrument, \$24,000 par, 2.8%, maturing 9/19/16	25,554	25,518
	KRAFT FOODS INC	Corporate Debt Instrument, \$28,000 par, 5.375%, maturing 2/10/20	33,719	33,778

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

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

EIN: 56-0714394

PN: 001

September 30, 2012

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Historical Cost Value	(e) Current Value
	TIME WARNER CABLE INC	Corporate Debt Instrument, \$7,000 par, 8.775%, maturing 2/14/19	9,518	9,531
	VERIZON COMMUNICATIONS	Corporate Debt Instrument, \$8,000 par, 5.5%, maturing 2/15/18	9,612	9,754
	COMCAST CORP	Corporate Debt Instrument, \$8,000 par, 6.3%, maturing 11/15/17	9,758	9,857
	CATERPILLAR FINANCIAL	Corporate Debt Instrument, \$8,000 par, 7.15%, maturing 2/15/19	10,572	10,543
	BP CAPITAL MARKETS PLC	Corporate Debt Instrument, \$9,000 par, 3.875%, maturing 3/10/15	9,698	9,674
	CONOCOPHILLIPS	Corporate Debt Instrument, \$9,000 par, 4.75%, maturing 2/1/14	9,575	9,507
	TIME WARNER INC	Corporate Debt Instrument, \$9,000 par, 4.875%, maturing 3/15/20	10,391	10,394
	EXELON CORP	Corporate Debt Instrument, \$9,000 par, 4.9%, maturing 6/15/15	9,836	9,893
	ENTERPRISE PRODUCTS OPERATING COMPANY	Corporate Debt Instrument, \$9,000 par, 5.2%, maturing 9/1/20	10,545	10,602
	WACHOVIA CORP	Corporate Debt Instrument, \$9,000 par, 5.75%, maturing 1/15/17	10,580	10,787
	BOTTILING GROUP INC	Corporate Debt Instrument, \$9,000 par, 6.95%, maturing 3/15/14	9,941	9,824
	FEDERAL HOME LN MTG CORP	Federal Agency Bond, \$75,000 par, 3.75%, maturing 3/27/19	87,185	87,401
	USD BANK NOVA SCOTIA	Foreign Obligation, \$10,000 par, 2.55%, maturing 1/12/17	10,476	10,581
	GLAXOSMITHKLINE CAPITAL	Foreign Obligation, \$12,000 par, 5.65%, maturing 5/15/18	14,658	14,773
	USD CANADIAN NATURAL RESOURCES	Foreign Obligation, \$13,000 par, 5.7%, maturing 5/15/17	15,275	15,451
	HSBC HOLDINGS PLC	Foreign Obligation, \$22,000 par, 5.1%, maturing 4/5/21	24,967	25,415
	TEMPLETON GLOBAL BOND FUND	Registered Investment Co., 11,923 Shares	153,649	159,170
	LEGG MASON WESTERN ASSET SMASH SERIES C FUND	Registered Investment Co., 24,973 Shares	237,493	240,989
	LEGG MASON WESTERN ASSET SMASH SERIES EC FUND	Registered Investment Co., 25,758 Shares	237,489	240,322
	PIMCO COMMODITY REAL RETURN STRATEGY FDCLP	Registered Investment Co., 49,189 Shares	336,551	350,226
	TCW EMERGING MARKETS INCOME I SHARE	Registered Investment Co., 5,637 Shares	50,851	51,687
	LEGG MASON WESTERN ASSET SMASH SERIES M FUND	Registered Investment Co., 72, 643 Shares	752,601	767,837
	FNMA	U.S. Government Bond, \$152,135 par, maturing 2039	163,569	163,971
	FNMA	U.S. Government Bond, \$16,000 par, 6.625%, maturing 11/15/30	24,908	24,552
	U.S. TRSY INFLATION BOND	U.S. Government Bond, \$16,742 par, 2.125%, 2/15/41	25,111	24,593
	U.S. TREASURY BOND	U.S. Government Bond, \$36,000 par, 4.75%, maturing 2/15/41	52,678	50,451
	U.S. TREASURY BOND	U.S. Government Bond, \$45,000 par, 4.5%, maturing 5/15/38	63,084	60,377
	U.S. TREASURY NOTE	U.S. Government Bond, \$62,000 par, 3.125% maturing 5/15/19	71,082	70,680
	FNMA	U.S. Government Bond, \$64,000 par, 5%, maturing 2/13/17	76,267	76,006
	FNMA	U.S. Government Bond, \$72,554 par, maturing 2040	78,880	78,782
	U.S. TREASURY NOTE	U.S. Government Bond, \$99,000 par, 2.625%, maturing 7/31/14	103,698	103,308
	U.S. TREASURY NOTE	U.S. Government Note, \$129,000 par, 3.125%, maturing 3/15/19	76,838	76,380
	U.S. TREASURY NOTE	U.S. Government Note, \$154,000 par, 1%, maturing 8/31/19	152,057	153,615
	U.S. TREASURY NOTE	U.S. Government Note, \$19,000 par, 2.625%, maturing 7/31/14	20,088	20,009
	U.S. TREASURY NOTE	U.S. Government Note, \$27,000 par, 2.625%, maturing 11/15/20	30,080	29,810
	U.S. TREASURY NOTE	U.S. Government Note, \$31,517 par, .625%, maturing 7/15/21	35,665	36,079
	U.S. TREASURY NOTE	U.S. Government Note, \$41,000 par, .125%, maturing 7/31/14	40,891	40,915
	U.S. TREASURY NOTE	U.S. Government Note, \$42,000 par, 3.125%, maturing 5/15/21	48,472	48,011
	U.S. TREASURY NOTE	U.S. Government Note, \$48,000 par, .25%, maturing 7/31/14	47,875	47,929
	U.S. TREASURY NOTE	U.S. Government Note, \$51,000 par, .875%, maturing 4/30/17	51,564	51,721
	U.S. TREASURY NOTE	U.S. Government Note, \$69,000 par, 1.75%, maturing 1/31/14	70,593	70,404
	U.S. TREASURY NOTE	U.S. Government Note, \$8,000 par, .625%, maturing 8/31/17	8,011	8,005
	U.S. TREASURY NOTE	U.S. Government Note, \$94,000 par, 2.5%, maturing 3/31/13	95,553	95,094
	U.S. TREASURY NOTE	U.S. Government Note, \$98,000 par, 3.125%, maturing 9/30/13	101,438	100,860
			\$ 12,631,749	\$ 13,304,210

The data in this schedule is based on information which has been certified as complete and accurate by Bank of America, N.A., the Plan's trustee.

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Schedule H, line 4j - Schedule of Reportable Transactions

EIN: 56-0714394

PN: 001

For the year ended September 30, 2012

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transaction	(g) Historical Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Historical Gain (Loss)
Bank of America, N.A.	SPDR Gold Trust	\$ 592,006	\$ -	\$ -	\$ -	\$ 592,006	\$ -

The above data is based on information which has been certified as complete and accurate by Bank of America, N.A., the Plan's trustee.

See Independent Auditor's Report.