

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2012
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>10/01/2012</u> and ending <u>09/30/2013</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>	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; include room or suite number (employer, if for a single-employer plan) <u>WESTCARE HEALTH SYSTEM</u> <u>68 HOSPITAL ROAD</u> <u>SYLVA, NC 28779</u>	2b Employer Identification Number (EIN) <u>56-0714394</u> 2c Sponsor's telephone number <u>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	<u>Filed with authorized/valid electronic signature.</u>	<u>07/15/2014</u>	<u>JOANN PALMER</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address WESTCARE HEALTH SYSTEM 68 HOSPITAL ROAD SYLVIA, NC 28779		3b Administrator's EIN 56-0714394
		3c Administrator's telephone number 828-586-7000
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
5 Total number of participants at the beginning of the plan year		5 804
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	252
b Retired or separated participants receiving benefits.....	6b	211
c Other retired or separated participants entitled to future benefits.....	6c	295
d Subtotal. Add lines 6a , 6b , and 6c	6d	758
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	13
f Total. Add lines 6d and 6e	6f	771
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	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1G 1I 3D		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (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 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013

▶ **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>2012</u>
2	Assets:
a	Market value 2a <u>13328053</u>
b	Actuarial value 2b <u>12669111</u>
3	Funding target/participant count breakdown:
a	For retired participants and beneficiaries receiving payment 3a <u>191</u> <u>7274245</u>
b	For terminated vested participants 3b <u>333</u> <u>5231600</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>113300</u>
(2)	Vested benefits 3c(2) <u>3815005</u>
(3)	Total active 3c(3) <u>280</u> <u>3928305</u>
d	Total 3d <u>804</u> <u>16434150</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>16128790</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>16892189</u>
5	Effective interest rate 5 <u>7.04 %</u>
6	Target normal cost 6 <u>107215</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>07/10/2014</u>
Signature of actuary	Date
<u>PAUL B. BURDULIS</u>	<u>14-03785</u>
Type or print name of actuary	Most recent enrollment number
<u>STANLEY, HUNT, DUPREE & 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) 2012
v. 120126

Part II Beginning of Year Carryover Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>18.34</u> %	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		37
b	Interest on (a) using prior year's effective interest rate of <u>5.66</u> % except as otherwise provided (see instructions)		2
c	Total available at beginning of current plan year to add to prefunding balance		39
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	78.54 %
15	Adjusted funding target attainment percentage	15	78.54 %
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	62.94 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/31/2012	78320	0	04/30/2013	37378	0
11/30/2012	78320	0	05/31/2013	37378	0
12/31/2012	78320	0	06/28/2013	37378	0
01/31/2013	78320	0	07/31/2013	37378	0
02/28/2013	37378	0	08/30/2013	37378	0
04/01/2013	37378	0	09/30/2013	37378	0
			Totals ►	18(b)	612304
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	593962
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If line 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: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %	☐ 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 subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	107215	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	3765039	486732	
	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	593947	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			
36 Additional cash requirement (line 34 minus line 35)	36	593947	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	593962	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	15	
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 an election was made to use PRA 2010 funding relief for this plan:			
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
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning **10/01/2012** and ending **09/30/2013**

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 62 52 71 60	BROKERAGE	111662	Yes ☒ No ☐	Yes ☒ No ☐	2456	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	17744	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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection
For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013		
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		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a	1972	64572
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	23842	22390
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	893284	330100
	(2) U.S. Government securities.....	1c(2)	0	1355872
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)	2260843	811733
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)	8337880	9624701
	(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)	1810231	1779652
	(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	13328052	13989020

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	13328052	13989020
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	612304	
(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)		612304
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	19	
(B) U.S. Government securities	2b(1)(B)	3243	
(C) Corporate debt instruments	2b(1)(C)	67279	
(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)		70541
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	206254	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	71520	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		277774
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	4876077	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	4619174	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		256903
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	713000	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		713000

		(a) Amount	(b) Total
(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)		-27029
c Other income.....	2c		691
d Total income. Add all income amounts in column (b) and enter total.....	2d		1904184

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1025366	
(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)		1025366
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)	23124	
(3) Investment advisory and management fees	2i(3)	115295	
(4) Other	2i(4)	79431	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		217850
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1243216

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		660968
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: PYA, 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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.).....

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.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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.			

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)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

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
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013

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
---------------	----------------------

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>94-1687665</u> <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>32</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
--	-----------------------------------	-----------------------------------	-------------------------------	--

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 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, 2013 and 2012



WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Audited Financial Statements and Supplemental Schedules

Years Ended September 30, 2013 and 2012

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PERSHING YOAKLEY & ASSOCIATES, P.C.
One Cherokee Mills, 2220 Sutherland Avenue
Knoxville, TN 37919
p: (865) 673-0844 | f: (865) 673-0173
www.pyapc.com

INDEPENDENT AUDITOR'S REPORT

To the Midwest Retirement
Committee:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Westcare Health System Retirement Income Plan (the Plan), which comprise the Statements of Net Assets Available for Benefits as of September 30, 2013 and 2012, and the related Statements of Changes in Net Assets Available for Benefits for the years ended September 30, 2013 and 2012, and the Statement of Accumulated Plan Benefits as of September 30, 2012, and the related Statement of Changes in Accumulated Plan Benefits for the year ended September 30, 2012, the supplemental schedules as of and for the year ended September 30, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Branch Banking and Trust Company (BB&T), the former trustee of the Plan, and Bank of

America, N.A. (BOA), the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from BOA as of and for the year ended September 30, 2013 and a certification from BB&T and BOA as of and for the year ended September 30, 2012, that the information provided to the Plan administrator by BOA and BB&T is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The Schedule of Assets Held at End of Year (2013) and the Schedule of Reportable Transactions as of and for the year ended September 30, 2013 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by BOA and BB&T, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Knoxville, Tennessee
July 11, 2014

Pauline Updegraff, Associates, P.C.

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Statements of Net Assets Available for Benefits

	<i>September 30,</i>	
	<i>2013</i>	<i>2012</i>
ASSETS		
Investments, at fair value:		
Cash and cash equivalents	\$ 394,672	\$ 895,256
Mutual funds	1,779,652	1,810,231
Common stocks	9,624,701	8,337,880
Corporate bonds	738,341	675,669
U.S. government and agency securities	1,355,872	1,518,954
Foreign obligations bonds	73,392	66,220
	13,966,630	13,304,210
Receivables:		
Accrued income	22,390	23,842
	13,989,020	13,328,052
TOTAL ASSETS	13,989,020	13,328,052
NET ASSETS AVAILABLE FOR BENEFITS	\$ 13,989,020	\$ 13,328,052

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN***Statements of Changes in Net Assets Available for Benefits***

	<i>Year Ended September 30,</i>	
	<i>2013</i>	<i>2012</i>
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 945,016	\$ 1,814,631
Interest and dividends	346,864	243,630
Less investment expenses	(138,419)	(62,119)
Total investment income	1,153,461	1,996,142
Contributions:		
Employer	612,304	975,602
TOTAL ADDITIONS	1,765,765	2,971,744
Deductions from net assets attributed to:		
Benefits paid to participants	1,025,366	839,520
Administrative expenses	79,431	95,802
TOTAL DEDUCTIONS	1,104,797	935,322
NET INCREASE	660,968	2,036,422
NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	13,328,052	11,291,630
NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	\$ 13,989,020	\$ 13,328,052

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Statement of Accumulated Plan Benefits

	<i>September 30, 2012</i>
Actuarial present value of accumulated Plan benefits:	
Vested benefits:	
Retired participants and beneficiaries receiving payments	\$ 6,779,932
Terminated vested participants	4,493,468
Other participants	<u>3,352,419</u>
Total vested benefits	<u>14,625,819</u>
Nonvested benefits	<u>45,310</u>
Total actuarial present value of accumulated Plan benefits	<u><u>\$ 14,671,129</u></u>

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Statement of Changes in Accumulated Plan Benefits

	<i>Year Ended September 30, 2012</i>
Actuarial present value of accumulated Plan benefits, beginning of year	\$ 21,990,590
Benefits paid	(839,520)
Change in assumptions, including change in discount rate and other	(7,459,468)
Increase for interest due to the decrease in the discount period	979,527
Actuarial present value of accumulated Plan benefits, end of year	<u>\$ 14,671,129</u>

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Notes to Financial Statements

Years Ended September 30, 2013 and 2012

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. Bank of America, N.A. (BOA), the Plan's trustee, 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 date of death. If a participant is not married or not eligible for early retirement and dies before

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Notes to Financial Statements - Continued

Years Ended September 30, 2013 and 2012

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, 2013 and 2012

The actuarial present value of accumulated plan benefits is determined by an independent 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 September 30, 2012, were (a) life expectancy of participants (the 2012 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 (8.00% per annum, compounded annually for 2012). 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. The computations of the actuarial present value of accumulated plan benefits were made as of October 1, 2012. Had the valuations been performed as of September 30, 2012, there would be no material differences.

The 2012 minimum contribution was determined using the funding interest rates prescribed under the Moving Ahead for Progress in the 21st Century Act (MAP-21). MAP-21 changes the segment interest rates used to determine the minimum funding requirements for single employer plans to take into account a 25-year average of the segment interest rates. Because interest rates are currently at historical lows, limiting the rates based on the 25-year average tends to increase the interest rates, and therefore lower the minimum funding requirements. This was a significant change in actuary assumptions from prior years and significantly reduced the actuarial present value of accumulated Plan benefits at September 30, 2012 and the contribution for the year ended September 30, 2013.

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 11, 2014, 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, 2013 financial statements.

NOTE C--CERTIFIED INVESTMENT INFORMATION

The Plan's investments as of September 30, 2013 and 2012 are held exclusively by Bank of America, N.A., the Plan's trustee. The Plan's administrator has instructed the independent

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Notes to Financial Statements - Continued

Years Ended September 30, 2013 and 2012

auditor not to examine the information certified as complete and accurate by the trustee. 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 BOA, with the exception of certain investment activity for the year ended September 30, 2012 which was certified as complete and accurate by Branch Banking and Trust Company.

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

	<i>2013</i>	<i>2012</i>
Investments, at fair value:		
BIF Money Fund	\$ 330,100	\$ 893,284
Legg Mason Western Asset Smash Series M Fund	673,744	767,837
Other	12,962,786	11,643,089
	<u>\$ 13,966,630</u>	<u>\$ 13,304,210</u>

During 2013 and 2012, 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 in value by \$945,016 and \$1,814,631, 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, 2013 and 2012

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, Foreign Obligations Bonds and U.S. Government and Agency 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, 2013 and 2012:

	Carrying Value	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
September 30, 2013				
Cash and Money market funds	\$ 394,672	\$ 394,672	\$ -	\$ -
Common stocks	9,624,701	9,624,701	-	-
U.S. government and agency securities	1,355,873	690,013	665,860	-
Corporate bonds	738,341	-	738,341	-
Mutual funds:				
Equity funds	1,558,448	1,558,448	-	-
Bond funds	221,204	221,204	-	-
Foreign obligations bonds	73,391	-	73,391	-
Total Assets	<u>\$ 13,966,630</u>	<u>\$ 12,489,038</u>	<u>\$ 1,477,592</u>	<u>\$ -</u>

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Notes to Financial Statements - Continued

Years Ended September 30, 2013 and 2012

	Carrying Value	Quoted Prices in Active Markets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
September 30, 2012				
Cash and money market funds	\$ 895,256	\$ 895,256	\$ -	\$ -
Common stocks	8,337,880	8,337,880	-	-
U.S. government and agency securities	1,518,954	1,088,243	430,711	-
Corporate bonds	675,669	-	675,669	-
Mutual funds:				
Equity funds	1,599,373	1,599,373	-	-
Bond funds	210,858	210,858	-	-
Foreign obligations bonds	66,220	-	66,220	-
Total Assets	\$ 13,304,210	\$ 12,131,610	\$ 1,172,600	\$ -

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 2013 and 2012, 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 and 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.
- 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).

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Notes to Financial Statements - Continued

Years Ended September 30, 2013 and 2012

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 2013, that ceiling was \$4,790 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 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 substantially 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

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Notes to Financial Statements - Continued

Years Ended September 30, 2013 and 2012

progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to September 30, 2011.

NOTE I --RELATED-PARTY TRANSACTIONS

Fees paid by the Plan to Merrill Lynch for investment management and administrative services amounted to \$138,419 and \$57,932 for the years ended September 30, 2013 and 2012, respectively.

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.		20-24 Yrs.	
	No.	Accd. Ben.	No.	Accd. Ben.	No.	Accd. Ben.	No.	Accd. Ben.	No.	Accd. Ben.	No.	Accd. Ben.
0-24	0		0		0		0		0		0	
25-29	1		0		0		0		0		0	
30-34	5		11		0		0		0		0	
35-39	3		9		12		3		0		0	
40-44	4		19		18		14		1		0	
45-49	1		15		16		5		1		1	
50-54	3		6		15		5		6		2	
55-59	4		14		16		8		3		6	
60-64	1		14		11		6		5		0	
65-69	0		3		4		1		0		1	
70+	1		1		1		0		0		0	

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

Statement of Actuarial Assumptions

Prescribed Interest Rates

	Current Year After MAP-21	Current Year Before MAP-21	Prior Year
Applicable Month	July	July	July
First Segment (0-5 years)	5.54%	1.81%	2.18%
Second Segment (6-20 years)	6.85%	4.73%	5.36%
Third Segment (over 20 years)	7.52%	5.85%	6.33%
Effective Interest Rate:	7.04%	5.11%	5.66%
PBGC Variable Premium Rate:	Alternate Method	Alternate Method	Alternate Method
First Segment (0-5 years)	1.81%	1.81%	2.18%
Second Segment (6-20 years)	4.73%	4.73%	5.36%
Third Segment (over 20 years)	5.85%	5.85%	6.33%

Disability

None assumed.

Prescribed Mortality

IRS 2012 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
<u>25</u>	<u>7.72%</u>
<u>40</u>	<u>5.15%</u>
<u>55</u>	<u>0.94%</u>

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 administrative expenses paid from the trust during the prior year, ie. excluding investment expenses.

Statement of Actuarial Assumptions (continued)

Salary Scale

Not Applicable.

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 2012 Plan Year is \$200,000.
The IRS maximum Compensation Limit for the 2012 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. 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 basis of the interest rates have been updated to utilize the 2012 funding segment rates under the MAP-21 Act for the Minimum Required Contribution.

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, 2013

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Expense Incurred with Transaction	(f) Historical Cost of Asset	(g) Current Value of Asset on Transaction Date	(h) Historical Gain (Loss)
Bank of America, N.A.	BIF Money Fund	\$ 3,145,211	\$ -	\$ -	\$ 3,145,211	\$ 3,145,211	\$ -
Bank of America, N.A.	BIF Money Fund	-	3,708,395	-	3,708,395	3,708,395	-

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.

**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

2012**This Form is Open to Public
Inspection**For calendar plan year 2012 or fiscal plan year beginning 10/01/2012 and ending 09/30/2013▶ **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.

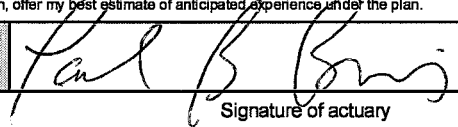
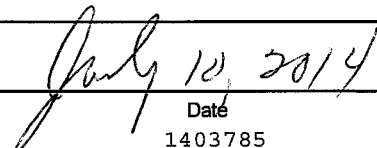
A Name of plan WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF WESTCARE HEALTH SYSTEM	D Employer Identification Number (EIN) 56-0714394
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year 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>01</u> Year <u>2012</u>		
2 Assets:		
a Market value	2a	13328053
b Actuarial value	2b	12669111
3 Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a 191	7274245
b For terminated vested participants	3b 333	5231600
c For active participants:		
(1) Non-vested benefits	3c(1)	113300
(2) Vested benefits	3c(2)	3815005
(3) Total active	3c(3) 280	3928305
d Total	3d 804	16434150
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	16128790
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	16892189
5 Effective interest rate	5	7.04%
6 Target normal cost	6	107215

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		
PAUL B. BURDULIS	Signature of actuary	Date 1403785
Type or print name of actuary		Most recent enrollment number 864-527-0630
STANLEY, HUNT, DUPREE & RHINE		Telephone number (including area code)
Firm name		

Three Independence Pointe
Suite 102
Greenville SC 29615
Address of the firmIf 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) 2012
v. 120126

Part II Beginning of Year Carryover Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>18.34%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		37
b Interest on (a) using prior year's effective interest rate of <u>5.66%</u> except as otherwise provided (see instructions)		2
c Total available at beginning of current plan year to add to prefunding balance		39
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	78.54%
15 Adjusted funding target attainment percentage	15	78.54%
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	62.94%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/31/2012	78320				
11/30/2012	78320				
12/31/2012	78320				
01/31/2013	78320				
02/28/2013	37378				
04/01/2013	37378				
04/30/2013	37378				
05/31/2013	37378				
06/28/2013	37378				
07/31/2013	37378				
08/30/2013	37378				
09/30/2013	37378				
Totals ▶			18(b)	612304	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	593962

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: 5.54%	2nd segment: 6.85%	3rd segment: 7.52%
			☐ 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 subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	107215
b Excess assets, if applicable, but not greater than line 31a		31b	
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		3765039	486732
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	593947
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement			
36 Additional cash requirement (line 34 minus line 35)		36	593947
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)		37	593962
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	15
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 an election was made to use PRA 2010 funding relief for this plan:			
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	

Description of Weighted Average Retirement Age

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

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.

Summary of Plan Provisions

General Information

Valuation Date	October 1, 2012
Original Effective Date	January 1, 1968
Effective Date of Last Amendment	October 1, 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**

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, 2013

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Historical Cost Value	(e) Current Value
	CASH	Cash	\$ 64,572	\$ 64,572
	BIF MONEY FUND	Money Market Funds	330,100	330,100
	SECOM LTD ADR	Common Stock, 1,623 Shares	19,763	25,465
	CATERPILLAR INC DEL	Common Stock, 545 Shares	44,896	45,453
	ROSS STORES INC COM	Common Stock, 581 Shares	37,530	42,297
	GILEAD SCIENCES INC	Common Stock, 1,194 Shares	35,682	75,067
	KINROSS GOLD CORP	Common Stock, 1,343 Shares	9,698	6,782
	TESCO PLC SPNRD ADR	Common Stock, 1,275 Shares	18,753	22,389
	VALUECLICK INC DEL COM	Common Stock, 1,190 Shares	18,609	24,823
	KT CORP ADR	Common Stock, 1,232 Shares	17,390	20,661
	MARATHON PETROLEUM CORP	Common Stock, 1,266 Shares	54,571	81,429
	YUM BRANDS INC	Common Stock, 1,039 Shares	65,707	74,174
	MICREL INC	Common Stock, 1,486 Shares	13,765	13,537
	SCHNEIDER HLEC SA ADR	Common Stock, 1,567 Shares	16,247	26,451
	MICROSOFT CORP	Common Stock, 2,320 Shares	64,791	77,210
	SEGA SAMMY HOLDINGS INC ADR	Common Stock, 1,282 Shares	6,385	9,256
	MBIA INC COM	Common Stock, 1,645 Shares	16,916	16,828
	QUALCOMM INC	Common Stock, 533 Shares	29,477	35,882
	DANAHER CORP DEL COM	Common Stock, 1,467 Shares	73,263	101,692
	WSTN DIGITAL CORP DEL	Common Stock, 1,728 Shares	54,396	109,555
	AFLAC INC	Common Stock, 1,791 Shares	76,203	111,024
	HOLLYFRONTIER CORP	Common Stock, 1,749 Shares	62,347	73,650
	DISCOVER FINL SVCS	Common Stock, 1,819 Shares	63,257	91,932
	WADDELL & REED FINAN 'A'	Common Stock, 1,692 Shares	58,094	87,104
	SERVICE CORP INTL	Common Stock, 1,740 Shares	21,944	32,399
	COACH INC	Common Stock, 1,304 Shares	71,942	71,107
	ENDO PHARMACEUTCLS HLDGS	Common Stock, 2,009 Shares	63,635	91,289
	ERICSSON LM TEL CL B ADR	Common Stock, 1,887 Shares	16,235	25,191
	SUMITOMO MITSUI TR HLDGS	Common Stock, 1,739 Shares	5,104	8,625
	STORA ENSO OYJ SPD ADR	Common Stock, 881 Shares	5,171	7,406
	TIJ COS INC NEW	Common Stock, 2,003 Shares	88,000	112,949
	CENOVUS ENERGY INC	Common Stock, 198 Shares	6,239	5,910
	HACHIJUNI BANK LTD ADR	Common Stock, 110 Shares	5,792	6,838
	MARTIN MARIETTA MATLS INC	Common Stock, 112 Shares	9,041	10,995
	BUNZL PLC ADR	Common Stock, 119 Shares	9,951	12,954
	PRICELINE COM INC	Common Stock, 123 Shares	78,131	124,347
	GOOGLE INC	Common Stock, 154 Shares	96,879	134,890
	BRITISH SKY BDCT SPD ADR	Common Stock, 249 Shares	11,883	14,118
	SMITH-NPHW PLC SPADR NEW	Common Stock, 113 Shares	5,740	7,053
	WPP PLC ADR	Common Stock, 179 Shares	11,657	18,426
	MAGNA INTL INC CL A VTG	Common Stock, 67 Shares	2,596	5,532
	ENERGIZER HLDGS INC	Common Stock, 151 Shares	11,183	13,764
	SYNGENTA AG ADR	Common Stock, 157 Shares	10,196	12,764
	NESTLE S A REP RG SH ADR	Common Stock, 140 Shares	8,362	9,744
	BLACKROCK INC	Common Stock, 220 Shares	46,666	59,536
	CIELO S A SPONSORED ADR	Common Stock, 201 Shares	4,998	5,511
	IMPERIAL TOB GRP SPS ADR	Common Stock, 155 Shares	12,133	11,493
	CBOE HOLDINGS INC	Common Stock, 2,122 Shares	61,350	95,978
	EKKON MOBIL CORP	Common Stock, 895 Shares	75,345	77,006
	APARTMENT INVT & MGMT CO	Common Stock, 2,668 Shares	74,416	74,544
	AMERICAN CAP AGY CORP	Common Stock, 2,334 Shares	80,420	52,702
	ALTRIA GROUP INC	Common Stock, 2,439 Shares	85,480	83,780
	TENET HEALTHCARE CORP	Common Stock, 677 Shares	13,158	27,886
	TRANSCANADA CORP	Common Stock, 202 Shares	8,502	8,876
	POTASH CORP SASKATCHEWAN	Common Stock, 131 Shares	5,630	4,098
	SIEMENS AG	Common Stock, 214 Shares	17,426	25,789
	SAP AG SHS	Common Stock, 239 Shares	14,266	17,667
	DEUTSCHE BK AG REG SHS	Common Stock, 228 Shares	7,280	10,461
	RALPH LAUREN CORP	Common Stock, 287 Shares	43,792	47,278
	STURM RUGER&CO INC	Common Stock, 234 Shares	9,424	14,655
	ROCHE HLDG LTD SPN ADR	Common Stock, 295 Shares	13,060	19,921
	AMAZON COM INC	Common Stock, 368 Shares	85,243	115,052
	NEWMARKET CORP	Common Stock, 375 Shares	90,286	107,966
	AMADEUS IT HOLDING	Common Stock, 294 Shares	5,862	10,437
	FANUC LTD-UNSP	Common Stock, 541 Shares	13,712	14,959
	MAKITA CORP SPOND ADR	Common Stock, 142 Shares	5,335	8,286
	PRECISION CASTPARTS	Common Stock, 280 Shares	44,403	63,627

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, 2013

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Historical Cost Value	(e) Current Value
	ULTA SALON COSMETICS	Common Stock, 514 Shares	48,356	61,402
	KOMATSU NEW NEW SPNSDADR	Common Stock, 349 Shares	7,700	8,749
	VOLKSWAGEN A G ADR	Common Stock, 161 Shares	5,265	7,586
	SEVEN AND I HOLDINGS CO	Common Stock, 148 Shares	9,465	10,814
	UNILEVER NV NY REG SHS	Common Stock, 222 Shares	7,172	8,374
	BP PLC	Common Stock, 288 Shares	11,573	12,105
	EATON VANCE CORP NVT	Common Stock, 2,970 Shares	77,889	115,325
	HOME RETAIL GROUP PLC	Common Stock, 1,636 Shares	8,115	17,603
	PATTERSON UTI ENERGY INC	Common Stock, 3,665 Shares	62,982	78,358
	LLOYDS BANKING GROUP PLC	Common Stock, 2,229 Shares	4,078	10,721
	ALLEGHANY CORP DEL	Common Stock, 19 Shares	6,492	7,783
	SHIRE PLC-ADR	Common Stock, 92 Shares	8,354	11,030
	BHP BILLITON LTD	Common Stock, 189 Shares	11,640	12,569
	BELGACOM SA DE DROIT	Common Stock, 3,378 Shares	18,776	17,735
	COSTCO WHOLESALE CRP	Common Stock, 336 Shares	31,644	38,697
	CF INDS HLDGS INC	Common Stock, 333 Shares	63,716	70,206
	WORLD FUEL SERVICES CRP	Common Stock, 472 Shares	18,058	17,610
	WORLEYPARSONS LTD	Common Stock, 305 Shares	7,512	6,920
	BIOGEN IDEC INC	Common Stock, 313 Shares	46,727	75,358
	CENTRICA PLC	Common Stock, 353 Shares	7,025	8,514
	TEVA PHARMACTCL INDS ADR	Common Stock, 644 Shares	25,750	24,330
	HUTCHISON WHAMPOA ADR	Common Stock, 440 Shares	8,118	10,476
	PRICESMART INC	Common Stock, 366 Shares	24,663	34,855
	REED ELSEVIER P L C	Common Stock, 371 Shares	11,942	20,001
	NEWMONT MINING CORP	Common Stock, 576 Shares	24,048	16,186
	ROYAL DUTCH SHELL PLC	Common Stock, 453 Shares	31,984	31,189
	SPDR GOLD TRUST	Common Stock, 3,960 Shares	606,892	507,593
	ABB LTD SPON ADR	Common Stock, 389 Shares	6,171	9,177
	LAUDER ESTEE COS INC A	Common Stock, 583 Shares	31,622	40,752
	AMERICA MOVIL SAB DE CV	Common Stock, 200 Shares	5,225	3,962
	SWEDBANK A B	Common Stock, 328 Shares	5,261	7,665
	FEDERATED INVESTRS B	Common Stock, 2,476 Shares	70,060	67,248
	RPC ENERGY SVS INC	Common Stock, 4,689 Shares	52,543	72,539
	INDRA SISTEMAS SA SHS	Common Stock, 2,945 Shares	11,103	21,852
	NOVO NORDISK A S ADR	Common Stock, 40 Shares	5,848	6,769
	HUANENG PWR INTL SP ADR	Common Stock, 179 Shares	5,085	7,169
	CHINA MOBILE LTD SPN ADR	Common Stock, 465 Shares	25,369	26,240
	KAO CORP	Common Stock, 465 Shares	12,814	14,531
	NOVARTIS ADR	Common Stock, 428 Shares	23,744	32,832
	SCHLUMBERGER LTD	Common Stock, 335 Shares	27,757	29,601
	ALBEMARLE CORP	Common Stock, 464 Shares	26,294	29,204
	KAMAN CORP COM	Common Stock, 464 Shares	14,675	17,567
	TEJON RANCH CO PV	Common Stock, 467 Shares	13,345	14,402
	SANOBI ADR	Common Stock, 421 Shares	20,302	21,315
	SBA COMMUNICATIONS CRP	Common Stock, 600 Shares	35,352	48,276
	BORG WARNER INC	Common Stock, 489 Shares	30,827	49,580
	BARRICK GOLD CORPORATION	Common Stock, 711 Shares	21,125	13,239
	RANGE RESOURCES CORP DEL	Common Stock, 503 Shares	39,506	38,173
	APPLE INC	Common Stock, 444 Shares	246,490	211,677
	ADVENT SOFTWARE INC	Common Stock, 505 Shares	13,620	16,034
	SALESFORCE COM INC	Common Stock, 2,094 Shares	70,663	108,700
	CERNER CORP	Common Stock, 726 Shares	27,515	38,151
	DENSO CP UNSPONSORED ADR	Common Stock, 323 Shares	5,087	7,568
	TAIWAN S MANUFACTURING ADR	Common Stock, 527 Shares	6,781	8,938
	KEPPEL LTD SPONS ADR	Common Stock, 530 Shares	8,703	8,840
	MATSON INC	Common Stock, 780 Shares	19,112	20,459
	NU SKIN ENTERPRS	Common Stock, 276 Shares	12,767	26,424
	CHEVRON CORP	Common Stock, 571 Shares	60,442	69,377
	KRATON PERFORMNCE POLYMRS	Common Stock, 570 Shares	14,232	11,166
	ATWOOD OCEANICS INC	Common Stock, 596 Shares	24,025	32,804
	NINTENDO LTD	Common Stock, 609 Shares	8,709	8,599
	CNOOC LTD	Common Stock, 73 Shares	13,994	14,731
	MICHAEL KORS HLDGS LTD	Common Stock, 393 Shares	29,462	29,286
	CHEUNG KONG HLDG ADR	Common Stock, 628 Shares	7,750	9,574
	ROHM CO LTD SHS	Common Stock, 388 Shares	7,111	7,985
	TOYOTA MOTOR CORP ADR	Common Stock, 97 Shares	8,757	12,419

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, 2013

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Historical Cost Value	(e) Current Value
	AMER EAGLE OUTFITTERS	Common Stock, 640 Shares	12,768	8,954
	CELGENE CORP	Common Stock, 592 Shares	37,148	91,249
	RITCHIE BROS AUCTIONEERS	Common Stock, 655 Shares	12,965	13,218
	AMERICAN TOWER REIT INC	Common Stock, 696 Shares	50,791	51,594
	PUBLICIS GROUPE SPON ADR	Common Stock, 791 Shares	9,522	15,733
	DOLLAR GENERAL CORP	Common Stock, 966 Shares	50,053	54,540
	CABOT OIL & GAS CORP	Common Stock, 1,010 Shares	19,520	37,693
	SUNCOR ENERGY INC NEW	Common Stock, 754 Shares	21,396	26,978
	COLGATE PALMOLIVE	Common Stock, 1,444 Shares	80,981	85,629
	ECOLAB INC	Common Stock, 398 Shares	26,769	39,306
	LOCKHEED MARTIN CORP	Common Stock, 728 Shares	62,891	92,856
	MS&AD INS GROUP HLDGS	Common Stock, 542 Shares	4,466	7,057
	CABELAS INC	Common Stock, 693 Shares	26,757	43,680
	BAIDU INC SPON ADR	Common Stock, 103 Shares	11,298	15,984
	EBAY INC	Common Stock, 1,221 Shares	54,374	68,126
	BANCO BRADESCO	Common Stock, 939 Shares	12,823	13,033
	BRAMBLES LTD SHS	Common Stock, 535 Shares	6,843	9,116
	CORRECTIONS CORP OF AMER	Common Stock, 895 Shares	28,314	30,922
	WOLTERS KLUWR NV SPN ADR	Common Stock, 929 Shares	15,451	23,829
	INDUSTRIAL AND COMMERCIAL BNK	Common Stock, 763 Shares	7,882	10,618
	CANADIAN NATL RAILWAY CO	Common Stock, 78 Shares	6,561	7,907
	INTL BUSINESS MACHINES	Common Stock, 344 Shares	64,513	63,702
	FUJIFILM HLDGS CORP ADR	Common Stock, 647 Shares	11,462	15,554
	UNITEDHEALTH GROUP INC	Common Stock, 486 Shares	26,866	34,802
	POMENTO BCMCO MEX SPADR	Common Stock, 52 Shares	4,519	5,049
	MONTPELIER RE HLDGS LTD	Common Stock, 584 Shares	12,569	15,213
	VISA INC CL A SHRS	Common Stock, 713 Shares	88,098	136,254
	PHILIP MORRIS INTL INC	Common Stock, 908 Shares	82,127	78,624
	MASTERCARD INC	Common Stock, 137 Shares	69,457	92,171
	STARBUCKS CORP	Common Stock, 761 Shares	39,487	58,574
	UNION PACIFIC CORP	Common Stock, 885 Shares	103,468	137,476
	KINGFISHER PLC SP ADR	Common Stock, 613 Shares	5,052	7,675
	KONINKLIJKE AHOLD NV ADR	Common Stock, 905 Shares	11,364	15,638
	CBS CORP NEW	Common Stock, 902 Shares	27,661	49,754
	APACHE CORP	Common Stock, 910 Shares	74,948	77,477
	FMC TECHS INC	Common Stock, 683 Shares	28,204	37,852
	MONSANTO CO NEW DEL COM	Common Stock, 1,066 Shares	90,110	111,258
	OLD DOMINION FIGHT LINES	Common Stock, 870 Shares	24,042	40,011
	FIRST INDL REALTY TR INC	Common Stock, 923 Shares	11,494	15,017
	BAE SYS PLC SPN ADR	Common Stock, 825 Shares	15,803	24,288
	CVS CAREMARK CORP	Common Stock, 682 Shares	32,544	38,704
	JOY GLOBAL INC DEL	Common Stock, 1,703 Shares	88,928	86,921
	COPA HOLDINGS CL A	Common Stock, 460 Shares	41,328	63,788
	BRITISH AMN TOBACO SPADR	Common Stock, 157 Shares	16,432	16,509
	GOLD FIELDS SP ADR	Common Stock, 2,059 Shares	16,982	9,410
	INTESA SANPAOLO	Common Stock, 969 Shares	7,287	12,113
	LIBERTY GLOBAL PLC	Common Stock, 440 Shares	35,886	34,914
	UBS AG	Common Stock, 342 Shares	6,147	7,018
	LYONDELLBASELL INDUSTRIE	Common Stock, 525 Shares	33,959	38,446
	NXP SEMICONDUCTORS NV	Common Stock, 1,062 Shares	31,532	39,517
	AVAGO TECHNOLOGIES LTD	Common Stock, 307 Shares	10,515	13,226
	ADIDAS SALOMON AG	Common Stock, 201 Shares	6,958	10,894
	ALEXION PHARMACEUTICALS INC	Common Stock, 325 Shares	31,865	37,752
	ALLIANT TECHSYSTEMS INC	Common Stock, 172 Shares	17,286	16,780
	ALLINZ AKINGSLST SPD ADR	Common Stock, 581 Shares	8,337	9,191
	AMGEN INC COM	Common Stock, 498 Shares	43,577	55,739
	AMER EXPRESS COMPANY	Common Stock, 567 Shares	42,815	42,820
	APPLIED MATERIAL INC	Common Stock, 1,060 Shares	18,721	18,583
	ARM HLDGS PLC SPN ADR	Common Stock, 887 Shares	35,380	42,682
	ATHENAHEALTH INC	Common Stock, 127 Shares	14,233	13,790
	AXA SA SPONSORED ADR	Common Stock, 339 Shares	5,235	7,834
	BALFOUR BEATTY PLC SPN	Common Stock, 1,877 Shares	14,593	17,381
	BAXTER INTERNL INC	Common Stock, 465 Shares	33,079	30,346
	BELLE INTERNAT-UNSPON AD	Common Stock, 442 Shares	6,895	6,387
	BEST BUY CO INC	Common Stock, 938 Shares	23,505	35,175
	BRIDGESTONE CORP	Common Stock, 117 Shares	5,331	8,580
	CAMPBELL SOUP CO	Common Stock, 1,549 Shares	62,518	63,060
	CARLSBERG AS SPONSOREDAD	Common Stock, 270 Shares	5,614	5,578

See Independent Auditor's Report.

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

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

EIN: 56-0714394

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(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Historical Cost Value	(e) Current Value
	COGNIZANT TECHNOLOGY SOLUTIO	Common Stock, 494 Shares	33,670	40,567
	COMMERZBANK AG-SPONS ADR	Common Stock, 818 Shares	8,429	9,415
	CONTINENTAL RESOURCES INC	Common Stock, 685 Shares	69,561	73,473
	DAI NIPPON PRTG	Common Stock, 929 Shares	7,979	9,847
	DANONE-SPONS	Common Stock, 981 Shares	13,695	14,754
	DELTA AIRLINES INC	Common Stock, 1,272 Shares	19,701	30,006
	DEUTSCHE BOERSE AG SHS	Common Stock, 893 Shares	4,933	6,698
	DEUTSCHE TELE AG SPN ADR	Common Stock, 351 Shares	7,202	8,045
	WALT DISNEY COMPANY DEL	Common Stock, 625 Shares	35,258	40,306
	FACEBOOK INC	Common Stock, 1,707 Shares	56,438	85,743
	F5 NETWORKS INC	Common Stock, 389 Shares	34,665	33,379
	WW GRAINGER INCORP	Common Stock, 156 Shares	31,194	40,827
	GROUPE CGI INC SUB VTG A	Common Stock, 309 Shares	7,530	10,846
	GRP TELVSA SA DE CV SADR	Common Stock, 441 Shares	9,636	12,326
	JP MORGAN CHASE AND CO	Common Stock, 292 Shares	15,195	15,093
	KBC GROUPE SA SHS	Common Stock, 186 Shares	2,246	4,555
	LANDSTAR SYS INC	Common Stock, 608 Shares	34,117	34,036
	LINKEDIN CORP	Common Stock, 117 Shares	28,890	28,789
	LULULEMON ATHLETICA INC	Common Stock, 311 Shares	22,484	22,743
	MCGRAW HILL INC	Common Stock, 978 Shares	45,923	64,147
	MORGAN ST DEAN WTR DISC	Common Stock, 2,100 Shares	55,241	56,595
	MURPHY OIL CORP	Common Stock, 354 Shares	34,751	33,417
	MYLAN LABORATORS INC	Common Stock, 2,086 Shares	68,195	79,623
	NIKE INC CL B	Common Stock, 534 Shares	34,988	38,790
	NOBLE ENERGY INC	Common Stock, 586 Shares	34,456	39,268
	ORCL A S A SHS ADR	Common Stock, 3,139 Shares	26,014	23,040
	BANK MANDIRI TBK-UNSPON	Common Stock, 807 Shares	5,000	5,455
	PIONEER NATURAL RES CO	Common Stock, 226 Shares	32,463	42,669
	ROCKWELL COLLINS INC	Common Stock, 468 Shares	34,074	31,758
	SLM CORP	Common Stock, 1,537 Shares	34,590	38,271
	SERVICENOW INC	Common Stock, 372 Shares	17,456	19,325
	SHANGHAI ELECTRC ADR	Common Stock, 1,354 Shares	10,132	9,532
	SHIN-ETSU CHEM-UNSPON	Common Stock, 908 Shares	13,143	13,892
	SIRIUS XM RADIO INC	Common Stock, 10,233 Shares	29,799	39,653
	SOUTHERN COPPER CORP	Common Stock, 559 Shares	20,425	15,227
	TNT EXPRESS NV SHS	Common Stock, 2,869 Shares	21,758	26,079
	WT08 16TEJON RANCH WT USD	Common Stock, 69 Shares	320	190
	TOTAL S A SPONSORED ADR	Common Stock, 233 Shares	11,886	13,495
	TREDEGAR INDS INC	Common Stock, 668 Shares	9,751	17,368
	TWENTY-FIRST CENTURY FOX INC	Common Stock, 1,753 Shares	46,599	58,743
	ULTRA PETROLEUM CORP	Common Stock, 4,793 Shares	91,962	98,592
	UNITED PARCEL SERVICES	Common Stock, 758 Shares	64,260	69,258
	UNTD TECHNOLOGIES CRP	Common Stock, 624 Shares	44,897	67,280
	UNITED THERAPEUTICS CORP	Common Stock, 508 Shares	33,386	40,056
	WESTERN UN CO	Common Stock, 3,819 Shares	68,970	71,263
	WHOLE FOODS MKT INC	Common Stock, 198 Shares	10,798	11,583
	WYNN RESORTS LTD	Common Stock, 247 Shares	34,400	39,028
	ZOETIS INC	Common Stock, 1,566 Shares	50,548	48,734
	WHITE MTNS INS GROUP LTD	Common Stock, 34 Shares	18,188	19,299
	ABBOT LABS	Common Stock, 330 Shares	11,837	10,953
	ALEXANDER AND BALDWIN INC	Common Stock, 532 Shares	17,048	19,163
	COCA COLA AMATIL LTD	Common Stock, 241 Shares	6,505	5,536
	COLUMBIA SPORTSWEAR CO	Common Stock, 246 Shares	12,872	14,817
	COMPASS GROUP PLC ADR	Common Stock, 1,181 Shares	11,995	16,192
	DEUTSCHED POST AG SHS	Common Stock, 296 Shares	7,211	9,792
	GALAXY ENTERTAINMENT GROUP LTD	Common Stock, 121 Shares	2,983	8,482
	HATTERAS FINL CORP	Common Stock, 490 Shares	14,051	9,168
	SHISEIDO LTD	Common Stock, 913 Shares	13,128	16,379
	BERKSHIRE HATHAWAY FINANCIAL	Corporate Debt Instrument, \$10,000 par, 1.6%, maturing 5/15/17	10,234	10,085
	AT&T INC	Corporate Debt Instrument, \$10,000 par, 3%, maturing 2/15/22	10,508	9,378
	DIRECTV HLDG/FIN INC	Corporate Debt Instrument, \$10,000 par, 3.5%, maturing 3/1/16	10,648	10,425
	PHILIPS ELECTRONICS	Corporate Debt Instrument, \$10,000 par, 3.75%, maturing 3/15/22	10,698	9,973
	MORGAN STANLEY	Corporate Debt Instrument, \$10,000 par, 4.75%, maturing 3/22/17	10,039	10,797
	GOLDMAN SACHS GROUP INC	Corporate Debt Instrument, \$10,000 par, 5.375%, maturing 3/15/20	10,478	11,015
	WAL-MART STORES INC	Corporate Debt Instrument, \$12,000 par, 5.8%, maturing 2/15/18	14,962	14,079
	ASTRAZENECA PLC	Corporate Debt Instrument, \$12,000 par, 5.9%, maturing 9/15/17	14,573	13,963
	PFIZER INC.	Corporate Debt Instrument, \$12,000 par, 6.2%, maturing 3/15/19	15,367	14,453

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

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

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(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Historical Cost Value	(e) Current Value
	UNITED PARCEL SERVICE	Corporate Debt Instrument, \$13,000 par, 5.5%, maturing 1/15/18	15,795	14,922
	CVS CAREMARK CORP	Corporate Debt Instrument, \$7,000 par, 5.75%, maturing 1/01/17	8,342	8,005
	CITIGROUP INC	Corporate Debt Instrument, \$14,000 par, 5.375%, maturing 8/9/20	15,376	15,661
	JPMORGAN CHASE	Corporate Debt Instrument, \$19,000 par, 4.75%, maturing 3/1/15	20,480	20,017
	GENERAL ELECTRICAL CAPITAL CORP	Corporate Debt Instrument, \$19,000 par, 4.75%, maturing 9/15/14	20,473	19,798
	COMCAST CORP	Corporate Debt Instrument, \$21,000 par, 6.4%, maturing 3/1/40	27,365	25,137
	JOHN DEERE CAPITAL CORP	Corporate Debt Instrument, \$15,000 par, 2.25%, maturing 4/17/19	15,752	15,070
	GENERAL ELECTRIC CAPITAL CORP	Corporate Debt Instrument, \$22,000 par, 5.875%, maturing 1/14/38	26,206	24,285
	TIME WARNER CABLE INC	Corporate Debt Instrument, \$25,000 par, 5%, maturing 2/1/20	28,252	25,313
	ENTERPRISE PRODUCTS OPERATING COMPANY	Corporate Debt Instrument, \$24,000 par, 5.7%, maturing 2/15/42	27,422	25,031
	CITIGROUP INC	Corporate Debt Instrument, \$22,000 par, 6.125%, maturing 5/15/18	24,797	25,446
	APACHE CORP	Corporate Debt Instrument, \$26,000 par, 3.25%, maturing 4/15/22	27,735	25,454
	NOBLE ENERGY INC	Corporate Debt Instrument, \$25,000 par, 4.15%, maturing 12/15/21	26,855	26,027
	JPMORGAN CHASE & CO	Corporate Debt Instrument, \$24,000 par, 4.4%, maturing 7/22/20	25,832	25,405
	GOLDMAN SACHS GROUP INC	Corporate Debt Instrument, \$23,000 par, 6.15%, maturing 4/1/18	25,351	26,306
	AMERICAN EXPRESS CREDIT	Corporate Debt Instrument, \$24,000 par, 2.8%, maturing 9/19/16	25,554	25,111
	KRAFT FOODS INC	Corporate Debt Instrument, \$22,000 par, 5.375%, maturing 2/10/20	26,333	24,842
	COMCAST CORP	Corporate Debt Instrument, \$8,000 par, 6.3%, maturing 11/15/17	9,758	9,426
	CATERPILLAR FINANCIAL	Corporate Debt Instrument, \$8,000 par, 7.15%, maturing 2/15/19	10,572	9,853
	BP CAPITAL MARKETS PLC	Corporate Debt Instrument, \$9,000 par, 3.875%, maturing 3/10/15	9,698	9,421
	CONOCOPHILLIPS	Corporate Debt Instrument, \$9,000 par, 4.75%, maturing 2/1/14	9,573	9,128
	TIME WARNER INC	Corporate Debt Instrument, \$9,000 par, 4.875%, maturing 3/15/20	10,391	9,792
	EKELON CORP	Corporate Debt Instrument, \$9,000 par, 4.9%, maturing 6/15/15	9,836	9,563
	ENTERPRISE PRODUCTS OPERATING COMPANY	Corporate Debt Instrument, \$9,000 par, 5.2%, maturing 9/1/20	10,545	10,015
	WACHOVIA CORP	Corporate Debt Instrument, \$9,000 par, 5.75%, maturing 1/15/17	10,580	10,351
	AT&T INC	Corporate Debt Instrument, \$25,000 par, 2.95%, maturing 5/15/16	26,540	26,141
	APACHE CORP	Corporate Debt Instrument, \$11,000 par, 2.625%, maturing 1/15/23	10,916	10,080
	APPLE INC	Corporate Debt Instrument, \$27,000 par, 2.4%, maturing 5/3/23	25,866	24,440
	PEPSI BOTTLING GROUP INC	Corporate Debt Instrument, \$9,000 par, 6.95%, maturing 3/15/14	9,941	9,264
	E.I. DU PONT DE NEMOURS	Corporate Debt Instrument, \$24,000 par, 4.75%, maturing 3/15/15	26,141	25,420
	HEWLETT-PACKARD CO	Corporate Debt Instrument, \$10,000 par, 2.6%, maturing 9/15/17	10,052	10,098
	KRAFT FOODS GROUP INC	Corporate Debt Instrument, \$9,000 par, 3.5%, maturing 6/6/22	9,171	8,889
	TOYOTA MOTOR CREDIT CORP	Corporate Debt Instrument, \$10,000 par, 1.25%, maturing 10/5/17	10,037	9,857
	VERIZON COMMUNICATIONS GLB	Corporate Debt Instrument, \$9,000 par, 5.15%, maturing 9/15/23	9,376	9,646
	WAL-MART STORES INC	Corporate Debt Instrument, \$1,000 par, 1.125%, maturing 4/1/18	1,006	978
	WAL-MART STORES INC	Corporate Debt Instrument, \$27,000 par, 2.55%, maturing 4/1/23	25,974	24,964
	WELLS FARGO & COMPANY	Corporate Debt Instrument, \$25,000 par, 3.5%, maturing 3/8/22	25,323	25,023
	USD SHELL INTL FIN	Foreign Obligation, \$9,000 par, 1.9%, maturing 8/1/18	9,023	9,029
	USD BANK NOVA SCOTIA	Foreign Obligation, \$10,000 par, 2.55%, maturing 1/12/17	10,476	10,360
	GLAXOSMITHKLINE CAPITAL	Foreign Obligation, \$12,000 par, 5.65%, maturing 5/15/18	14,658	13,968
	HSBC HOLDINGS PLC	Foreign Obligation, \$23,000 par, 5.1%, maturing 4/5/21	26,059	25,335
	USD CAN NATURAL RESOURCE	Foreign Obligation, \$13,000 par, 5.7%, maturing 5/15/17	15,275	14,699
	U.S. TRSY INFLATION BOND	U.S. Government Bond, \$18,133.56 par, 2.125%, 2/15/41	26,638	21,478
	U.S. TREASURY BOND	U.S. Government Bond, \$38,000 par, 4.75%, maturing 2/15/41	55,411	45,535
	U.S. TREASURY BOND	U.S. Government Bond, \$49,000 par, 4.5%, maturing 5/15/38	68,320	56,534
	FHLMC GO 8528	U.S. Government Note, \$131,438 par, 3%, maturing 2043	135,371	128,044
	FHLMC Q1 4039	U.S. Government Note, \$24,021 par, 50%, maturing 2042	25,481	24,399
	FHLMC Q2 0860	U.S. Government Note, \$126,807 par, 50%, maturing 2043	126,431	128,811
	FEDERAL NATL MTG ASSOC NOTES	U.S. Government Note, \$16,000 par, 0.50%, maturing 3/30/16	15,995	15,961
	FEDERAL NATL MTG ASSOC BONDS	U.S. Government Bond, \$19,000 par, 2.625%, maturing 11/15/30	29,115	25,396
	FEDERAL NATL MTG ASSOC NOTES	U.S. Government Note, \$66,000 par, 5%, maturing 2/13/17	78,630	74,820
	FEDERAL NATL MTG CORP NOTES	U.S. Government Note, \$81,000 par, 3.75%, maturing 3/27/19	93,929	89,134
	FEDERAL NATL MTG CORP NOTES	U.S. Government Note, \$21,000 par, 0.875%, maturing 3/7/18	20,908	20,512
	FNMA PAL2825	U.S. Government Note, \$23,710 par, 50%, maturing 2042	25,210	24,155
	FNMA PAL3915	U.S. Government Note, \$79,746 par, 4%, maturing 2043	83,160	83,684
	FNMA PAT7306	U.S. Government Note, \$9,877 par, 3%, maturing 2043	9,911	9,658
	FNMA PAB5050	U.S. Government Note, \$39,341 par, 4%, maturing 2042	41,862	41,285
	U.S. TREASURY NOTE	U.S. Government Note, \$12,000 par, 1.75%, maturing 1/31/14	12,272	12,068
	U.S. TREASURY NOTE	U.S. Government Note, \$155,000 par, 3.125%, maturing 5/15/2019	177,290	167,946
	U.S. TREASURY NOTE	U.S. Government Note, \$54,000 par, 2.625%, maturing 7/31/2014	55,856	55,129
	U.S. TREASURY NOTE	U.S. Government Note, \$19,000 par, 2.625%, maturing 12/31/14	20,088	19,581
	U.S. TREASURY NOTE	U.S. Government Note, \$17,000 par, 2.625%, maturing 11/15/2020	18,939	17,680
	U.S. TRSY INFLATION NTE	U.S. Government Note, \$33,165.44 par, 0.625%, maturing 7/15/21	36,823	34,521
	U.S. TREASURY NOTE	U.S. Government Note, \$32,000 par, 0.875%, maturing 4/30/17	32,354	31,972
	U.S. TREASURY NOTE	U.S. Government Note, \$4,000 par, 0.250%, maturing 7/15/15	3,989	3,999
	U.S. TREASURY NOTE	U.S. Government Note, \$31,000 par, 0.125%, maturing 7/31/14	30,917	31,007
	U.S. TREASURY NOTE	U.S. Government Note, \$49,000 par, 0.625%, maturing 8/31/17	48,923	48,238

See Independent Auditor's Report.

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

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

EIN: 56-0714394

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(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	(d) Historical Cost Value	(e) Current Value
	U.S. TREASURY NOTE	U.S. Government Note, \$27,000 par, 1.0%, maturing 8/31/19	26,659	25,909
	U.S. TREASURY NOTE	U.S. Government Note, \$62,000 par, 0.250%, maturing 10/31/14	62,003	62,073
	U.S. TREASURY NOTE	U.S. Government Note, \$36,000 par, 0.375%, maturing 3/15/16	36,031	35,933
	U.S. TREASURY NOTE	U.S. Government Note, \$21,000 par, 0.625%, maturing 4/30/18	20,181	20,413
	TEMPLETON GLOBAL BOND FUND	Registered Investment Co., 13,043.843 Shares	168,544	168,526
	LEGG MASON WESTERN ASSET SMASH SERIES C FUND	Registered Investment Co., 37,016 Shares	353,646	346,470
	LEGG MASON WESTERN ASSET SMASH SERIES EC FUND	Registered Investment Co., 26,619 Shares	245,496	244,362
	PIMCO COMMODITY REAL RETURN STRATEGY FDCLP	Registered Investment Co., 51,628.419 Shares	352,799	294,282
	TCW EMERGING MARKETS INCOME I SHARE	Registered Investment Co., 6,252.105 Shares	56,498	52,268
	LEGG MASON WESTERN ASSET SMASH SERIES M FUND	Registered Investment Co., 65,096 Shares	674,666	673,744
			\$ 12,581,169	\$ 13,966,630

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.

Schedule of Amortization Bases

Type	Date Established	Years Remaining	PV of Remaining Installments	Amortization Installment
1. Shortfall/ Waiver	10/01/2009	4	1,355,218	366,679
2. Shortfall/ Waiver	10/01/2010	13	1,906,913	209,326
3. Shortfall/ Waiver	10/01/2011	14	2,694,098	282,626
4. Shortfall/ Waiver	10/01/2012	7	(2,191,190)	(371,899)
Total Amortizations			\$3,765,039	\$486,732

Change in Funding Method

The basis of the interest rates have been updated to utilize the 2012 funding segment rates under the MAP-21 Act for the Minimum Required Contribution.