

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</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>RIVERHILLS HEALTHCARE, INC. PROFIT SHARING/SAVINGS RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>11/01/1994</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>11/01/1994</u>					
1b Three-digit plan number (PN) ▶	<u>002</u>								
1c Effective date of plan <u>11/01/1994</u>									
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>RIVERHILLS HEALTHCARE , INC.</u> <u>111 WELLINGTON PLACE</u> <u>CINCINNATI, OH 45219</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>31-1412447</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>513-961-4700</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>621111</u></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-1412447</u>		2c Sponsor's telephone number <u>513-961-4700</u>		2d Business code (see instructions) <u>621111</u>			
2b Employer Identification Number (EIN) <u>31-1412447</u>									
2c Sponsor's telephone number <u>513-961-4700</u>									
2d Business code (see instructions) <u>621111</u>									

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

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

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	10/13/2014 Date	BARBARA DECHERING 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		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	130
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	104
b Retired or separated participants receiving benefits		6b	1
c Other retired or separated participants entitled to future benefits		6c	26
d Subtotal. Add lines 6a , 6b , and 6c		6d	131
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	131
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	131
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: 2G 2K 3D 2E 2A 2F 2J			
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) ☒ <u>1</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan RIVERHILLS HEALTHCARE, INC. PROFIT SHARING/SAVINGS RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 RIVERHILLS HEALTHCARE , INC.	D Employer Identification Number (EIN) 31-1412447

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

TRANSAMERICA LIFE INSURANCE CO.

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
39-0989781	86231	990290-000		01/01/2013	12/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
18248	

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ANTHONY C KIPPINS
900 MIAMI AVE
TERRACE PARK, OH 45174

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
18248			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	
5 Current value of plan's interest under this contract in separate accounts at year end	5	14172961

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	0
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)		
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)		
▶			

(6) Total additions	7c(6)	
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d Total of balance and additions (add lines 7b and 7c(6))	7d	
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e Deductions:			
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)		
▶			

(5) Total deductions	7e(5)	
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☐ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>RIVERHILLS HEALTHCARE, INC. PROFIT SHARING/SAVINGS RETIREMENT PLAN</u>	B Three-digit plan number (PN) <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RIVERHILLS HEALTHCARE , INC.</u>	D Employer Identification Number (EIN) <u>31-1412447</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

39-0989781

(b) Enter name and EIN or address of person who provided you disclosure 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)

TRANSAMERICA LIFE INSURANCE COMPANY

39-0989781

(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?
15 37 52 62 64 67	RECORDKEEPER	12992	Yes ☒ No ☐	Yes ☒ No ☐	0	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 ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>RIVERHILLS HEALTHCARE, INC. PROFIT SHARING/SAVINGS RETIREMENT PLAN</u>	B Three-digit plan number (PN)	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>RIVERHILLS HEALTHCARE, INC.</u>	D Employer Identification Number (EIN) <u>31-1412447</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AEGON BOND RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-100</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>298808</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>WMC QUALITY GROWTH EQUITY RET</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-101</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>648060</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>SSGA S&P 500 INDEX RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-102</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>570784</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TRANSAMERICA HIGH YIELD BOND R</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-103</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>283592</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AEGON CASH MANAGEMENT RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-105</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1209178</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>TEMPLETON FOREIGN RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-143</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>867971</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>MORGAN STANLEY GROWTH RET OPT</u>			
b Name of sponsor of entity listed in (a): <u>TRANSAMERICA LIFE INSURANCE COMPANY</u>			
c EIN-PN <u>39-0989781-166</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>727703</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: MORGAN STANLEY GROWTH OPPORTUN**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-167	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	1161486
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a Name of MTIA, CCT, PSA, or 103-12 IE: WMC CORE EQUITY RET OPT**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-168	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	340067
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP II CONTRAFUND INV**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-192	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	925490
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a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL-MID CAP GROWTH**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-197	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	573734
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a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL RET OPT**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-216	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	484265
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a Name of MTIA, CCT, PSA, or 103-12 IE: COLUMBIA INTERMEDIATE BOND INV**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-398	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	257018
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a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY ADVISOR SMALL CAP INV**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-445	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	428315
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT INC**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-047	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	6656
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 201**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-048	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	236737
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 202**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-049	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	70605
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 203**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-050	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5941
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 204**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-051	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 93829
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a Name of MTIA, CCT, PSA, or 103-12 IE: NUVEEN REAL ESTATE SECURITIES**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-075	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35764
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a Name of MTIA, CCT, PSA, or 103-12 IE: TRANSAMERICA SMALLMID CAP VAL**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-093	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 70854
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 201**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-109	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5589
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 202**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-110	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1281217
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 203**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-111	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 341716
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 204**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-112	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 21020
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a Name of MTIA, CCT, PSA, or 103-12 IE: VANGUARD TARGET RETIREMENT 205**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-113	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 26526
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a Name of MTIA, CCT, PSA, or 103-12 IE: SSGA EMERGING MARKETS INDEX RE**b** Name of sponsor of entity listed in (a): TRANSAMERICA LIFE INSURANCE COMPANY

c EIN-PN 39-0989781-117	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 62311
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a Name of MTIA, CCT, PSA, or 103-12 IE: [ALGER CAPITAL APPRECIATION RET](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-132	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 972655
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JANUS BALANCED RET OPT](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-231	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1162224
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a Name of MTIA, CCT, PSA, or 103-12 IE: [AMERICAN FUNDS FUNDAMENTAL INV](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-236	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 713722
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a Name of MTIA, CCT, PSA, or 103-12 IE: [INVESCO MID CAP CORE EQUITY RE](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-245	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 52169
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a Name of MTIA, CCT, PSA, or 103-12 IE: [AMERICAN CENTURY INFLATION-ADJ](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-266	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 43876
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a Name of MTIA, CCT, PSA, or 103-12 IE: [JPMORGAN SHORT DURATION BOND R](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-296	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 74049
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a Name of MTIA, CCT, PSA, or 103-12 IE: [RIDGEWORTH MID-CAP VALUE EQUIT](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-302	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 64130
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a Name of MTIA, CCT, PSA, or 103-12 IE: [NEUBERGER BERMAN GENESIS RET O](#)**b** Name of sponsor of entity listed in (a): [TRANSAMERICA LIFE INSURANCE COMPANY](#)

c EIN-PN 39-0989781-311	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 54898
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

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

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

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>RIVERHILLS HEALTHCARE, INC. PROFIT SHARING/SAVINGS RETIREMENT PLAN</u>		B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RIVERHILLS HEALTHCARE , INC.</u>		D Employer Identification Number (EIN) <u>31-1412447</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	468123	504358
(2) Participant contributions.....	1b(2)	6891	5309
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	868012	802637
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	630958	487148
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	1171765	1451939
(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)	202627	147671
(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)	12814247	17053281
(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	16162623	20452343

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		

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	16162623	20452343
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	765895	
(B) Participants	2a(1)(B)	512391	
(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)		1278286
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	6994	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		6994
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	124033	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		124033
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		

		(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)		3213923
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4623236

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	302892	
(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)		302892
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)	30624	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		30624
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		333516

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		4289720
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: VONLEHMAN & COMPANY

(2) EIN: 31-0905417

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.)		X	
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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

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 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>RIVERHILLS HEALTHCARE, INC. PROFIT SHARING/SAVINGS RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>RIVERHILLS HEALTHCARE, INC.</u>	D Employer Identification Number (EIN) <u>31-1412447</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-6362604</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	

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

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

Part III	Amendments
-----------------	-------------------

9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
--	-----------------------------------	-----------------------------------	-------------------------------	-----------------------------

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

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

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): _____

**RIVERHILLS HEALTHCARE, INC.
PROFIT SHARING / SAVINGS RETIREMENT
PLAN**

December 31, 2013

*FINANCIAL STATEMENTS AND INDEPENDENT AUDITORS'
REPORT INCLUDING SUPPLEMENTARY SCHEDULE*

**RIVERHILLS HEALTHCARE, INC.
PROFIT SHARING / SAVINGS RETIREMENT PLAN
TABLE OF CONTENTS**

	PAGE
Independent Auditors' Report	
Financial Statements	
Statements of Net Assets Available for Benefits	1
Statements of Changes in Net Assets Available for Benefits.....	2
Notes to the Financial Statements	3
Supplementary Schedule	
Schedule of Assets Held at End of Year	10



INDEPENDENT AUDITORS' REPORT

The Trustees of
Riverhills Healthcare, Inc.
Profit Sharing / Savings Retirement Plan
Cincinnati, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Riverhills Healthcare, Inc. Profit Sharing / Savings Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits 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 Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in the Limited Scope Audit note to the financial statements, which was certified by TransAmerica Life Insurance Company and the Huntington National Bank, the custodians of the Plan, except for comparing the information with the related information included in the financial statements and supplementary schedule. We have been informed by the Plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the custodians as of and for the years ended December 31, 2013 and 2012, that the information provided to the Plan administrator by the custodians 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 supplementary schedule identified in the table of contents, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is 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 the supplementary schedule referred to above.

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 supplementary schedule, other than that derived from the information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

VonLehman & Company Inc.

RIVERHILLS HEALTHCARE, INC.
PROFIT SHARING / SAVINGS RETIREMENT PLAN
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

ASSETS

	December 31,	
	2013	2012
Investments at Fair Value		
Cash and Cash Equivalents	\$ 802,637	\$ 868,012
Corporate Obligations	487,148	630,958
Mutual Funds	17,053,281	12,814,247
Common Stocks	1,451,939	1,171,765
	<u>19,795,005</u>	<u>15,484,982</u>
Total Investments at Fair Value		
	<u>19,795,005</u>	<u>15,484,982</u>
Notes Receivable From Participants	<u>147,671</u>	<u>202,627</u>
Receivables		
Employee Contributions	5,309	6,891
Employer Contributions	504,358	468,123
	<u>509,667</u>	<u>475,014</u>
Total Receivables		
	<u>509,667</u>	<u>475,014</u>
Net Assets Available for Benefits	<u><u>\$ 20,452,343</u></u>	<u><u>\$ 16,162,623</u></u>

See accompanying notes.

RIVERHILLS HEALTHCARE, INC.
PROFIT SHARING / SAVINGS RETIREMENT PLAN
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

	Years Ended December 31,	
	2013	2012
Additions to Net Assets Attributed to		
Investment Income		
Net Appreciation in Fair Value of Investments	\$ 3,213,923	\$ 1,344,441
Interest and Dividends	124,033	121,249
Less Investment Expenses	<u>(30,624)</u>	<u>(31,733)</u>
Net Investment Income	<u>3,307,332</u>	<u>1,433,957</u>
Interest on Notes Receivable From Participants	<u>6,994</u>	<u>8,992</u>
Contributions		
Employer	765,895	718,924
Employee	512,391	467,905
Rollovers	<u>-</u>	<u>79,810</u>
Total Contributions	<u>1,278,286</u>	<u>1,266,639</u>
Total Additions	4,592,612	2,709,588
Deductions From Net Assets Attributed to		
Benefits Paid to Participants	<u>302,892</u>	<u>726,288</u>
Net Increase	4,289,720	1,983,300
Net Assets Available for Benefits		
Beginning of Plan Year	<u>16,162,623</u>	<u>14,179,323</u>
End of Plan Year	<u><u>\$ 20,452,343</u></u>	<u><u>\$ 16,162,623</u></u>

See accompanying notes.

**RIVERHILLS HEALTHCARE, INC.
PROFIT SHARING / SAVINGS RETIREMENT PLAN
NOTES TO THE FINANCIAL STATEMENTS**

NOTE 1 - DESCRIPTION OF PLAN

The following description of the Riverhills Healthcare, Inc. (the Company) Profit Sharing / Savings Retirement Plan (the Plan) for the employees of Riverhills Healthcare, Inc. is provided for general information purposes only. Participants should refer to the Plan Document and the Summary Plan Description for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan covering all employees of the Company who have one full year of service and are age twenty-one or older. Each employee will automatically become a participant on the first "entry date", either January 1 or July 1 of each year once that employee satisfies those requirements. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

On January 1, 2002, the Riverhills Healthcare, Inc. Money Purchase Plan was merged into the Riverhills Healthcare, Inc. Profit Sharing / Savings Retirement Plan as a result of the Economic Growth and Tax Relief Reconciliation Act of 2002 (EGTRRA). The Money Purchase Plan assets retain their money purchase characteristics in the Profit Sharing Plan and are still subject to the Qualified Joint Survivor Annuity (QJSA) rules.

Contributions

Each year, participants may contribute up to limits determined by the Internal Revenue Service, as defined in the Plan document. Participants may also contribute amounts representing distributions from certain other retirement plans as described in the Plan document. Participants direct the investment of their contributions into any combination of various investment options offered by the Plan.

The Plan has elected the 401(k) safe harbor provisions. Pursuant to that election, the Company has chosen to match dollar for dollar employee deferrals up to 4% of the employee's compensation, limited by the Internal Revenue Service maximum. Additional profit sharing amounts may be contributed at the option of the Company's Board of Directors to participants who are employed by the Company on the last day of the Plan year, and who have completed at least 1,000 hours of service during the Plan year.

Participants' Accounts

Each participant's account is credited with the participant's contribution, the Company's matching contribution, and allocations of (a) the Company's profit sharing contribution, if any, and (b) Plan earnings, gains or losses (including a charge for allocation of administrative expenses). Allocations are based on participant earnings or account balances as defined in the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately 100% vested in their voluntary contributions, rollover contributions and Company matching and discretionary profit sharing contributions, plus actual earnings thereon.

NOTE 1 - DESCRIPTION OF PLAN (Continued)

Notes Receivable From Participants

Participants of the Plan may borrow from their account a minimum of \$1,000 up to a maximum of \$50,000 or 50% of their vested account balance, whichever is less. The notes are secured by the balance in the participant's account and bear interest at a reasonable rate. Principal and interest are paid ratably through biweekly payroll deductions.

Payment of Benefits

On termination of service, due to death or disability, a participant may elect to receive his or her benefits in either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or in one of the other available methods such as installments or a rollover to another eligible plan.

On termination of service due to other reasons (such as termination of employment), a participant has several methods available to receive his or her payment of benefits including a lump-sum payment, a rollover to another eligible plan, etc. A participant will automatically receive his or her vested account balance in a single lump-sum payment if his or her vested account balance is \$1,000 or less and the participant has not elected a distribution method. If the participant's vested account balance is greater than \$1,000 but less than \$5,000 and he or she has not elected a distribution method, his or her vested balance will be paid in a direct rollover to an IRA chosen by the Plan administrator. A participant whose vested account balance exceeds \$5,000 can leave his or her balance in the Plan and elect to receive a distribution at a future date.

Administrative Expenses

A portion of the administrative expenses of the Plan, which includes audit fees, are paid by the Plan's sponsor.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan prepares its financial statements in conformity with accounting principles generally accepted in the United States of America, customary for savings and security plans.

Method of Valuing Investments

The Plan's investments are stated at fair value. If available, quoted market prices are used to value investments. Securities that have no quoted market price are shown at estimated fair value. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date.

NOTE 2 - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (Continued)

Cash and Cash Equivalents

The Plan considers all highly liquid debt instruments purchased with a maturity of three months or less to be cash equivalents.

Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of both December 31, 2013 and 2012. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Net Assets Available for Plan Benefits

Net assets available for Plan benefits include \$-0- at both December 31, 2013 and 2012 allocated to the accounts of persons who, prior to that date, had withdrawn from participating in the earnings and operations of the Plan.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Certain estimates relate to unsettled transactions and events as of the date of the financial statements. Other estimates relate to assumptions about the ongoing operations and may impact future periods. Accordingly, upon settlement, actual results may differ from estimated amounts.

Tax Status

The Internal Revenue Service has determined and informed the Company by a letter dated November 27, 2009, that the Plan is designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, the Plan administrator and Plan's tax counsel believe that the Plan is designed, and is currently being operated, in compliance with the applicable requirements of the IRC and, therefore, believe that the Plan is qualified.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan had taken an uncertain position that more likely than not would not be sustained upon examination. The Plan administrator analyzed the tax positions taken by the Plan, and concluded that as of both December 31, 2013 and 2012, there were no uncertain positions taken or expected to be taken that required recognition of a liability (or asset) or disclosure in the financial statements. Currently, the prior three years are open under Federal and state statutes of limitations and remain subject to review and change. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Subsequent Events

The Plan has evaluated subsequent events through October 2, 2014, which is the date on which the financial statements were available to be issued.

RIVERHILLS HEALTHCARE, INC.
PROFIT SHARING / SAVINGS RETIREMENT PLAN

NOTE 3 - INVESTMENTS

Three companies serve as custodians of the Plan's investments. The following table represents the fair values of investments. Investments that represent 5% or more of the Plan's net assets are separately identified.

	December 31,			
	2013		2012	
	Number of Shares	Fair Market Value	Number of Shares	Fair Market Value
Cash and Cash Equivalents				
Investments Representing Less Than Five Percent of the Plan's Net Assets	802,637	\$ 802,637	868,012	\$ 868,012
Corporate Obligations				
Investments Representing Less Than Five Percent of the Plan's Net Assets	Various	487,148	Various	630,958
Mutual Funds				
Investments Representing Five Percent or More of the Plan's Net Assets				
Aegon Cash Management Retirement Fund	30,289	1,209,178	33,173	1,323,238
Janus Balanced Fund	28,498	1,162,224	24,760	847,671
Morgan Stanley Growth Opportunities Retirement Option Fund	24,661	1,161,486	22,995	782,866
Vanguard Target Retirement 2020 Fund	84,624	1,281,217	78,790	1,037,406
		4,814,105		3,991,181
Investments Representing Less Than Five Percent of the Plan's Net Assets	Various	12,239,176	Various	8,823,066
		17,053,281		12,814,247
Common Stocks				
Investments Representing Less Than Five Percent of the Plan's Net Assets	Various	1,451,939	Various	1,171,765
Total Investments at Fair Value		\$ 19,795,005		\$ 15,484,982

During 2013 and 2012, the Plan's investments, including investments bought, sold, as well as held during the years appreciated in value as follows:

Net Appreciation in Fair Value of Investments

	Years Ended December 31,	
	2013	2012
Investments at Quoted Market Price	\$ 3,213,923	\$ 1,344,441

NOTE 4 - EMPLOYER CONTRIBUTION RECEIVABLE

The employer contribution receivable was \$504,358 and \$468,123 at December 31, 2013 and 2012, respectively. The 2013 receivable consists of \$156 of the employer's match contribution and \$504,202 of the employer's discretionary contribution, and the 2012 receivable consists of \$4,311 of the employer's match contribution and \$463,812 of the employer's discretionary contribution.

NOTE 5 - PLAN TERMINATION

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

NOTE 6 - LIMITED SCOPE AUDIT

Certain information related to investments disclosed in the accompanying financial statements and supplementary schedule, including investments held at both December 31, 2013 and 2012, and the net appreciation in fair value of investments, interest, and dividends for both the years then ended, was obtained or derived from information supplied to the Plan administrator and certified as complete and accurate by TransAmerica Life Insurance Company and the Huntington National Bank, the custodians of the Plan.

NOTE 7 - PARTY-IN-INTEREST TRANSACTIONS

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

The Plan invests in certain investments of the Plan's custodians. Fees for investment management services and for administrative expenses paid by the Plan include \$30,624 and \$31,733 for 2013 and 2012, respectively. There may be additional fees paid with Plan assets included in the net appreciation in fair value of investment line item on the statements of changes in net assets available for benefits.

NOTE 8 - RECONCILIATION OF NET ASSETS WITH PARTICIPANTS' ACCOUNTS

	December 31,	
	2013	2012
Balance of Participants' Accounts	\$ 19,942,676	\$ 15,687,609
Employee Contribution Receivable	5,309	6,891
Employer Contribution Receivable	<u>504,358</u>	<u>468,123</u>
Net Assets Available for Benefits	<u>\$ 20,452,343</u>	<u>\$ 16,162,623</u>

NOTE 9 - RISK AND UNCERTAINTIES

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

NOTE 10 - FAIR VALUE MEASUREMENTS

Financial Accounting Standards Board (FASB) *Accounting Standards Codification (ASC) 820, Fair Value Measurements and Disclosures*, provides 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 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 for the valuation methodology include:

- Quoted prices for similar assets or liabilities in active markets;
- Quoted prices for identical or similar assets or liabilities in inactive markets;
- Inputs other than quoted prices that are observable for the asset or liability;
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

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 or liability's fair value measurement level within the fair value hierarchy is based on 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. There have been no changes in the methodologies used at either December 31, 2013 or 2012.

Mutual Funds – Valued at the net asset value (NAV) of shares held by the Plan at year end.

Common stock and corporate obligations – Valued at the closing price reported on the active market on which the individual securities are traded.

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

RIVERHILLS HEALTHCARE, INC.
PROFIT SHARING / SAVINGS RETIREMENT PLAN

NOTE 10 - FAIR VALUE MEASUREMENTS (Continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value at December 31, 2013:

	Level 1	Level 2	Level 3	Total
Mutual Funds				
Equity/Index Funds	\$ 10,330,707	\$ -	\$ -	\$ 10,330,707
Balanced Funds	1,162,224	-	-	1,162,224
Fixed Income/Bond Funds	1,349,474	-	-	1,349,474
International Funds	845,703	-	-	845,703
Real Estate Funds	13,514	-	-	13,514
Target Retirement Date Funds	2,089,836	-	-	2,089,836
Cash Management Funds	1,209,178	-	-	1,209,178
Other Funds	52,645	-	-	52,645
Total Mutual Funds	17,053,281	-	-	17,053,281
Cash and Cash Equivalents	802,637	-	-	802,637
Corporate Obligations	487,148	-	-	487,148
Common Stocks	1,451,939	-	-	1,451,939
Total Assets at Fair Value	\$ 19,795,005	\$ -	\$ -	\$ 19,795,005

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value at December 31, 2012:

	Level 1	Level 2	Level 3	Total
Mutual Funds				
Equity/Index Funds	\$ 7,176,661	\$ -	\$ -	\$ 7,176,661
Balanced Funds	847,671	-	-	847,671
Fixed Income/Bond Funds	1,403,311	-	-	1,403,311
International Funds	459,019	-	-	459,019
Real Estate Funds	62,562	-	-	62,562
Target Retirement Date Funds	1,526,321	-	-	1,526,321
Cash Management Funds	1,323,238	-	-	1,323,238
Other Funds	15,464	-	-	15,464
Total Mutual Funds	12,814,247	-	-	12,814,247
Cash and Cash Equivalents	868,012	-	-	868,012
Corporate Obligations	630,958	-	-	630,958
Common Stocks	1,171,765	-	-	1,171,765
Total Assets at Fair Value	\$ 15,484,982	\$ -	\$ -	\$ 15,484,982

SUPPLEMENTARY SCHEDULE

RIVERHILLS HEALTHCARE, INC.
PROFIT SHARING / SAVINGS RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2013
FORM 5500, SCHEDULE H, PART IV, 4, i
EIN: 31-1412447
PLAN NO. 002

Description of Investments	Shares/ Face Amount	Cost	Market Value
Cash and Cash Equivalents			
*Huntington Money Market Fund IV	161,631 Shares	\$ 161,631	\$ 161,631
*Huntington Conservative Deposit Account	462,963 Shares	462,963	462,963
US Government Money Market Fund	177,905 Shares	177,905	177,905
*LM Kohn Cash	138 Shares	138	138
Total Cash and Cash Equivalents			802,637
Corporate Obligations			
Goldman Sachs Group - 5.63%	\$ 54,000	50,291	59,505
General Electric Company - 6.75%	\$ 50,000	50,005	58,323
Cincinnati Financial Corp - 6.92%	\$ 75,000	74,202	87,888
Tennessee Valley Authority Power - 4.65%	\$ 75,000	73,505	74,582
Union Carbide Corp - 7.50%	\$ 25,000	24,681	28,951
US Steel Corp - 7.00%	\$ 50,000	49,255	54,375
Wachovia Capital Trust - 5.80%	\$ 135,000	115,923	123,524
Total Corporate Obligations			487,148
Mutual Funds			
*TransAmerica High Yield Bond Fund	11,101 Shares	(1)	283,594
*TransAmerica Small/Mid Cap Value Fund	1,517 Shares	(1)	70,854
Alger Capital Appreciation Fund	22,931 Shares	(1)	972,655
*Aegon Bond Retirement Fund	9,924 Shares	(1)	298,808
*Aegon Cash Management Retirement Fund	30,289 Shares	(1)	1,209,178
American Funds Fundamental Investors Fund	8,849 Shares	(1)	713,722
American Century Inflation-Adjusted Bond Retirement Fund	1,975 Shares	(1)	43,876
Franklin Small-Mid Cap Growth Fund	24,065 Shares	(1)	573,734
Davis Ser Inc. Real Estate Fund	476 Shares	11,878	13,514
JP Morgan Short Duration Bond Retirement Fund	4,459 Shares	(1)	74,049
Janus Balanced Fund	28,498 Shares	(1)	1,162,224
NBGR Genesis Fund	480 Shares	(1)	54,898
Oppenheimer Global Fund	22,919 Shares	(1)	484,265
Columbia Intermediate Bond Fund	5,313 Shares	(1)	257,018
Fidelity Advisor Small Cap Growth Fund	8,396 Shares	(1)	428,315
Fidelity VIP II Contrafund	12,232 Shares	(1)	925,490
Investco Mid Cap Core Equity Fund	2,325 Shares	(1)	52,169
Morgan Stanley Growth Retirement Fund	24,829 Shares	(1)	727,703
Morgan Stanley Growth Opportunities Retirement Option Fund	24,661 Shares	(1)	1,161,486
Nuveen Real Estate Securities Retirement Option Fund	578 Shares	(1)	35,764
RidgeWorth Mid Cap Value Equity Fund	2,019 Shares	(1)	64,130
SSGA MSCI Emerging Markets Fund	2,543 Shares	(1)	62,311
SSGA S&P Index Fund	9,996 Shares	(1)	570,784
Vanguard Target Retirement Fund	409 Shares	(1)	6,656
Vanguard Target Retirement 2010 Fund	381 Shares	(1)	5,589
Vanguard Target Retirement 2015 Fund	13,356 Shares	(1)	236,737
Vanguard Target Retirement 2020 Fund	84,624 Shares	(1)	1,281,217
Vanguard Target Retirement 2025 Fund	3,834 Shares	(1)	70,605
Vanguard Target Retirement 2030 Fund	22,385 Shares	(1)	341,716
Vanguard Target Retirement 2035 Fund	304 Shares	(1)	5,941
Vanguard Target Retirement 2040 Fund	1,349 Shares	(1)	21,020
Vanguard Target Retirement 2045 Fund	4,598 Shares	(1)	93,829

(1) Historical cost information is not readily available.

* Party-In-Interest

RIVERHILLS HEALTHCARE, INC.
PROFIT SHARING / SAVINGS RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2013
FORM 5500, SCHEDULE H, PART IV, 4, i
EIN: 31-1412447
PLAN NO. 002
(Continued)

Description of Investments	Shares/ Face Amount	Cost	Market Value
Vanguard Target Retirement 2050 Fund	1,695 Shares	\$ (1)	\$ 26,526
Templeton Foreign Fund	17,029 Shares	(1)	867,971
WMC Core Equity Retirement Option Fund	13,098 Shares	(1)	340,067
WMC Quality Growth Equity Retirement Option Fund	5,790 Shares	(1)	648,060
Blackrock Strategic Income Opportunities Fund	8,884 Shares	(1)	90,169
Blackrock Equity Dividend Fund	600 Shares	10,377	14,239
Dreyfus S&P 500 Index Fund	939 Shares	9,065	45,881
Dreyfus Mid Cap Index Fund	567 Shares	13,605	20,850
Eaton Vance Strategic Income Fund	14,581 Shares	110,666	107,752
Eaton Vance Atlanta Capital SMID Cap Fund Class C	5,540 Shares	104,929	123,149
Fidelity Invt TR Intl Growth FD CL C	4,642 Shares	50,042	51,574
Franklin Invs Sec TR	988 Shares	11,052	10,485
Gabelli Equity Income Fund Class C	4,719 Shares	99,286	123,914
Global Discovery Fund	2,470 Shares	73,444	81,352
Ishares Core S&P Small Cap ETF	1,939 Shares	126,253	211,603
Ishares S & P Midcap 400 Growth ETF	380 Shares	55,255	57,072
Ishares S & P Smallcap 600 Value Fund	660 Shares	48,966	73,432
Ishares S & P 500 Growth Index Fund	695 Shares	30,384	68,631
Ishares S & P 500 Value Fund	735 Shares	59,007	62,813
Ishares MSCI ACWI Ex US Index Fund	375 Shares	15,615	17,501
Ishares MSCI EAFE Value Fund	1,100 Shares	50,733	62,920
Ishares MSCI EAFE ETF	1,275 Shares	61,320	85,546
Ishares MSCI EAFE Growth ETF	875 Shares	57,620	62,545
Ishares Russell 2000 Growth ETF	200 Shares	22,142	27,102
Invesco Gold & Precious Metals Fund	1,409 Shares	16,156	6,288
Invesco Short Term Bond Fund	19,443 Shares	169,452	168,962
Ivy Fund	576 Shares	6,387	6,281
MFS Utilities Fund	5,786 Shares	100,335	120,120
Pimco High Yield Fund	3,627 Shares	35,000	34,858
Pimco Enhanced Short Maturity Exchange Traded Fund	200 Shares	20,214	20,264
Pimco Corporate & Inc. Opportunity Fund	1,000 Shares	19,012	17,260
Lord Abbott Secs TR Value Opportunity Fund	6,647 Shares	109,176	129,615
SPDR S & P 500 ETF Trust	275 Shares	30,131	50,790
SPDR S & P Midcap 400 ETF	330 Shares	29,844	80,856
Templeton Global Bond Fund	6,089 Shares	76,582	80,130
Thornburg Strategic Income Fund	11,864 Shares	121,487	141,747
Wells Fargo Advantage FDS Precious Metals Fund	66 Shares	5,402	1,974
Mainstay Fund	13,478 Shares	77,874	81,136
UIT First Trust PFD Income	52,555 Shares	51,948	42,252
UIT First Trust Reit Growth & Income	5,161 Shares	51,722	44,383
Vanguard Emerging Markets Fund	1,400 Shares	59,574	57,596
Vanguard Large Cap Fund	800 Shares	46,342	67,840
Vanguard Short Term Bond Fund	1,400 Shares	112,942	111,902
Wells Fargo Advantage Growth Fund CL C	4,401 Shares	135,772	172,887
Wells Fargo Short-Term High Yield Bond Fund	3,765 Shares	34,999	31,135
Total Mutual Funds			17,053,281

(1) Historical cost information is not readily available.

RIVERHILLS HEALTHCARE, INC.
PROFIT SHARING / SAVINGS RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2013
FORM 5500, SCHEDULE H, PART IV, 4, i
EIN: 31-1412447
PLAN NO. 002
(Continued)

Description of Investments	Shares/ Face Amount	Cost	Market Value
Common Stocks			
AES Corp	199 Shares	\$ 2,532	\$ 2,887
Aetna Inc.	63 Shares	4,069	4,321
AGCO Corporation	36 Shares	1,752	2,131
Alliant Techsystems Inc.	67 Shares	6,477	8,153
Allstate Corp	67 Shares	2,370	3,654
Altria Group, Inc.	58 Shares	2,227	1,151
American Electric Power Co Inc.	59 Shares	2,352	2,758
American International Group Inc.	74 Shares	2,861	3,778
American WTR WKS CO Inc.	59 Shares	2,466	2,493
AmerisourceBergen Corp	46 Shares	1,272	3,234
Akamai Technologies	245 Shares	9,308	11,559
Amdocs Limited	166 Shares	6,495	6,846
Amazon	5 Shares	1,577	1,994
American Express	685 Shares	29,990	62,150
Amgen Inc.	474 Shares	27,806	54,074
Amphenol Corp	227 Shares	10,739	20,244
Apple Inc.	49 Shares	13,525	43,199
AT & T Inc.	156 Shares	5,347	5,485
Axis Capital Holdings LTD	140 Shares	5,875	6,660
Bank of America Corp	183 Shares	2,354	2,849
Berkshire Hathaway Inc.	38 Shares	3,191	4,505
Boeing Co	48 Shares	4,123	6,552
Brocade Communications Sys Inc.	1,017 Shares	5,992	9,016
CA Inc.	234 Shares	6,108	7,874
Cardinal Health Inc.	130 Shares	5,484	8,685
Carefusion Corp	68 Shares	2,699	2,708
CBS Corporation	64 Shares	2,128	4,079
Centurylink Inc.	825 Shares	30,657	26,276
Chevron Corp	43 Shares	4,475	5,371
Cirrus Logic	403 Shares	12,535	8,231
Cisco Systems Inc.	412 Shares	11,112	9,241
Citigroup Inc. Com	50 Shares	2,319	2,606
CNH Industrial N V	271 Shares	2,979	3,076
Coca Cola Company	66 Shares	2,278	2,726
Comcast Corp CL A	40 Shares	1,890	2,079
ConocoPhillips	43 Shares	2,892	3,038
Continental Resources Inc.	207 Shares	16,682	23,292
CVR Energy Inc.	66 Shares	3,245	2,866
CVS Caremark Corp	143 Shares	5,466	10,235
Delta Airlines Inc.	419 Shares	11,094	11,510
Dillard's Inc. CL A	56 Shares	4,872	5,444
Discovery Communications	200 Shares	10,600	18,084
Discover Financial Services	159 Shares	4,378	8,896
Direct TV	87 Shares	3,928	6,008
Eastman Chemical Co.	447 Shares	26,787	36,073
EMC Corp	600 Shares	7,636	15,090
EOG Resources Inc.	256 Shares	30,172	42,967
Estee Lauder Co, Inc.	178 Shares	3,473	13,407
Everest RE Group LTD	48 Shares	5,078	7,482
Exxon Mobil Corp	113 Shares	9,704	11,436
Fifth Third Bancorp	380 Shares	5,662	7,991
Flowserve Corp	351 Shares	11,664	27,669
Foot Locker Inc.	153 Shares	4,702	6,340
Ford Motor Co	196 Shares	3,419	3,024

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December 31, 2013
FORM 5500, SCHEDULE H, PART IV, 4, i
EIN: 31-1412447
PLAN NO. 002
(Continued)

Description of Investments	Shares/ Face Amount	Cost	Market Value
GameStop Corp Class A	96 Shares	\$ 4,855	\$ 4,729
General Electric Co.	228 Shares	2,886	6,391
General Motors Company	66 Shares	2,460	2,697
Gentex Corp.	143 Shares	3,373	4,716
Goldman Sachs Group Inc.	27 Shares	4,573	4,786
Google Inc.	7 Shares	4,079	7,845
Green Mountain Coffee Roaster Inc.	704 Shares	26,620	53,180
Hanesbrand Inc.	112 Shares	4,866	7,870
Herbalife LT Corp	35 Shares	1,719	2,755
Hess Corporation	91 Shares	6,973	7,553
Hewlett Packard Co	294 Shares	7,736	8,226
Home Depot Inc.	23 Shares	1,231	1,894
Humana Inc.	41 Shares	2,766	4,232
Intel Corp	76 Shares	2,044	1,973
Intl Business Machines Corp	30 Shares	5,382	5,627
Intercontinentalexchange Inc.	257 Shares	26,543	57,804
JP Morgan Chase & Company	217 Shares	11,006	12,690
Johnson & Johnson	52 Shares	3,465	4,763
KLA-Tencor Corp	263 Shares	13,595	16,953
Kroger Co.	173 Shares	5,703	6,839
Lear Corp.	69 Shares	4,846	5,587
Lockheed Martin Corp	70 Shares	5,798	10,406
Lyondellbasell Industries N V CL A	104 Shares	6,754	8,349
M & T Bank Corp.	56 Shares	6,710	6,520
Macys Inc.	135 Shares	4,651	7,209
Marathon Pete Corp	74 Shares	3,356	6,788
McDonalds Corp	165 Shares	4,969	16,010
Merck & Co Inc.	54 Shares	2,260	2,703
Microsoft Corp	861 Shares	25,908	32,210
Mylan Inc.	1,626 Shares	47,001	70,568
NETEASE Inc.	290 Shares	13,449	22,794
Northrop Grumman Corp	72 Shares	4,951	8,252
Novo Nordisk ADR	75 Shares	5,257	13,857
NU Skin Enterprises	75 Shares	3,217	10,367
Omnicare Inc.	120 Shares	4,768	7,243
Oracle Corp	408 Shares	10,605	15,610
Packaging Corp. Amer	317 Shares	13,202	20,060
PepsiCo Inc.	27 Shares	1,953	2,239
Perrigo Company	516 Shares	78,538	79,185
Pfizer Inc.	138 Shares	3,197	4,227
Philip Morris International Inc.	33 Shares	2,446	2,875
Phillips 66 COM	95 Shares	6,436	7,327
Polaris Industries Inc.	177 Shares	15,103	25,778
Procter & Gamble Co.	58 Shares	2,544	4,722
Public Service Enterprise Group Inc.	94 Shares	2,880	3,012
Qualcomm Inc.	34 Shares	1,939	2,525
Rockwell Automation Inc.	253 Shares	9,753	30,749
Ross Stores Inc.	276 Shares	11,377	20,681
Sandisk Corp	116 Shares	6,832	8,183
Schlumberger LTD	20 Shares	1,722	1,802
Stancorp Finl Group Inc. COM	46 Shares	2,621	3,048
Starwood Hotels & Resorts	263 Shares	14,960	20,895
Symantec Corporation	193 Shares	5,197	4,551
Tesoro Corporation	200 Shares	10,491	11,900
The Travelers Companies Inc.	85 Shares	7,228	7,696
Trinity Industries Inc.	121 Shares	4,988	6,597

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PROFIT SHARING / SAVINGS RETIREMENT PLAN
SCHEDULE OF ASSETS HELD AT END OF YEAR
December 31, 2013
FORM 5500, SCHEDULE H, PART IV, 4, i
EIN: 31-1412447
PLAN NO. 002
(Continued)

Description of Investments	Shares/ Face Amount	Cost	Market Value
United Health Group, Inc.	74 Shares	\$ 2,998	\$ 5,572
United Therapeutics Corp Del	70 Shares	4,299	7,916
Valmont	44 Shares	6,404	6,561
Verizon Communications	336 Shares	9,847	16,521
Visteon Corporation	73 Shares	4,888	5,978
Wal-Mart Stores Inc.	29 Shares	2,024	2,282
Walt Disney Co	28 Shares	1,883	2,139
Waste Management	460 Shares	16,129	20,650
WellPoint Inc.	47 Shares	4,111	4,342
Wells Fargo & Co.	278 Shares	9,552	12,621
Westlake Chemical Corp.	60 Shares	5,713	7,324
Western Digital Corp	125 Shares	5,006	10,488
Total Common Stocks			<u>1,451,939</u>
Participant Loans (4.25% - 5.75%)		-	<u>147,671</u>
(Notes Receivable From Participants)			
Total Assets Held for Investment			<u><u>\$ 19,942,676</u></u>

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD FOR INVESTMENT PURPOSES AT END OF YEAR

Plan Name: RIVERHILLS HEALTHCARE, INC. PSP

Contract #: 990290

EIN: 31-1412447

Plan ID: 5374

Plan #: 002

Period: 01/01/13-12/31/13

(A)	(B)	(C)	(D)	(E)
	Identity of issue, borrower, lessor, or similar a party	Description of investment including maturity date, rate of interest, collateral, par, or maturity value	Cost	Current Value
*	TRANSAMERICA LIFE INSURANCE COMPANY	AEGON Bond Ret Opt	\$298,808	\$298,808
*	TRANSAMERICA LIFE INSURANCE COMPANY	WMC Quality Growth Equity Ret Opt	\$648,060	\$648,060
*	TRANSAMERICA LIFE INSURANCE COMPANY	SSG S&P 500 Index Ret Opt	\$570,784	\$570,784
*	TRANSAMERICA LIFE INSURANCE COMPANY	Transamerica High Yield Bond Ret Opt	\$283,592	\$283,592
*	TRANSAMERICA LIFE INSURANCE COMPANY	AEGON Cash Management Ret Opt	\$1,209,178	\$1,209,178
*	TRANSAMERICA LIFE INSURANCE COMPANY	Templeton Foreign Ret Opt	\$867,971	\$867,971
*	TRANSAMERICA LIFE INSURANCE COMPANY	Morgan Stanley Growth Ret Opt	\$727,703	\$727,703
*	TRANSAMERICA LIFE INSURANCE COMPANY	Morgan Stanley Growth Opportunities Ret Opt	\$1,161,486	\$1,161,486
*	TRANSAMERICA LIFE INSURANCE COMPANY	WMC Core Equity Ret Opt	\$340,067	\$340,067
*	TRANSAMERICA LIFE INSURANCE COMPANY	Fidelity VIP II Contrafund Inv Opt	\$925,490	\$925,490
*	TRANSAMERICA LIFE INSURANCE COMPANY	Franklin Small-Mid Cap Growth Ret Opt	\$573,734	\$573,734
*	TRANSAMERICA LIFE INSURANCE COMPANY	Oppenheimer Global Ret Opt	\$484,265	\$484,265
*	TRANSAMERICA LIFE INSURANCE COMPANY	Columbia Intermediate Bond Inv Opt	\$257,018	\$257,018
*	TRANSAMERICA LIFE INSURANCE COMPANY	Fidelity Advisor Small Cap Inv Opt	\$428,315	\$428,315
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement Income Ret Opt	\$6,656	\$6,656
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement 2015 Ret Opt	\$236,737	\$236,737
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement 2025 Ret Opt	\$70,605	\$70,605
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement 2035 Ret Opt	\$5,941	\$5,941
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement 2045 Ret Opt	\$93,829	\$93,829
*	TRANSAMERICA LIFE INSURANCE COMPANY	Nuveen Real Estate Securities Ret Opt	\$35,764	\$35,764
*	TRANSAMERICA LIFE INSURANCE COMPANY	Transamerica Small/Mid Cap Value Ret Opt	\$70,854	\$70,854
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement 2010 Ret Opt	\$5,589	\$5,589
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement 2020 Ret Opt	\$1,281,217	\$1,281,217
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement 2030 Ret Opt	\$341,716	\$341,716
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement 2040 Ret Opt	\$21,020	\$21,020
*	TRANSAMERICA LIFE INSURANCE COMPANY	Vanguard Target Retirement 2050 Ret Opt	\$26,526	\$26,526
*	TRANSAMERICA LIFE INSURANCE COMPANY	SSG Emerging Markets Index Ret Opt	\$62,311	\$62,311
*	TRANSAMERICA LIFE INSURANCE COMPANY	Alger Capital Appreciation Ret Opt	\$972,655	\$972,655
*	TRANSAMERICA LIFE INSURANCE COMPANY	Janus Balanced Ret Opt	\$1,162,224	\$1,162,224
*	TRANSAMERICA LIFE INSURANCE COMPANY	American Funds Fundamental Investors Ret Opt	713722.24	\$713,722
*	TRANSAMERICA LIFE INSURANCE COMPANY	Invesco Mid Cap Core Equity Ret Opt	52169.16	\$52,169
*	TRANSAMERICA LIFE INSURANCE COMPANY	American Century Inflation-Adjusted Bond Ret Opt	43876.1	\$43,876
*	TRANSAMERICA LIFE INSURANCE COMPANY	JPMorgan Short Duration Bond Ret Opt	74048.93	\$74,049
*	TRANSAMERICA LIFE INSURANCE COMPANY	RidgeWorth Mid-Cap Value Equity Ret Opt	64129.87	\$64,130
*	TRANSAMERICA LIFE INSURANCE COMPANY	Neuberger Berman Genesis Ret Opt	54898.37	\$54,898
*	TRANSAMERICA LIFE INSURANCE COMPANY	Participant Loans	147671.73	\$147,672