Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
CAMDEN CLARK MEDICAL CENTER CASH PLUS PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/1976

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
CAMDEN CLARK MEDICAL CENTER

P. O. BOX 718
PARKERSBURG, WV 26102

800 GARFIELD AVENUE
PARKERSBURG, WV 26102

2b Employer Identification Number (EIN)
31-1524546

2c Plan Sponsor's telephone number
304-424-2111

2d Business code (see instructions)
622000

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.	10/13/2015	THOMAS HELLER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor	**3b** Administrator's EIN	
	3c Administrator's telephone number	
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:	**4b** EIN	
a Sponsor's name	**4c** PN	

5 Total number of participants at the beginning of the plan year	**5**	1486
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	971
a(2) Total number of active participants at the end of the plan year	**6a(2)**	837
b Retired or separated participants receiving benefits	**6b**	120
c Other retired or separated participants entitled to future benefits	**6c**	402
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1359
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	20
f Total. Add lines **6d** and **6e**.	**6f**	1379
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	5
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1C 1I

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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

Part III Form M-1 Compliance Information (to be completed by welfare benefit plans)

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) .....…… ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ……..... ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code_____

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

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

A Name of plan
CAMDEN CLARK MEDICAL CENTER CASH PLUS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
CAMDEN CLARK MEDICAL CENTER

D Employer Identification Number (EIN)
31-1524546

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2014

2 Assets:

a Market value	**2a**	34685843
b Actuarial value	**2b**	31977957

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	122	5963587	5963587
b For terminated vested participants	393	6000227	6000227
c For active participants	971	17529305	17659652
d Total	1486	29493119	29623466

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.55%
6 Target normal cost	**6**	261854

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

10/13/2015
Date

BART PUSHAW, ASA
Type or print name of actuary

14-04673
Most recent enrollment number

MILLIMAN, INC.
Firm name

214-863-5500
Telephone number (including area code)

10000 N. CENTRAL EXPWY., SUITE 1500
DALLAS, TX 75231-2605
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 17.09%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2527031
	b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.38 %		161225
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		2688256
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	107.94 %
15	Adjusted funding target attainment percentage	15	107.94 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.51 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/06/2014	270000		07/07/2014	270000	
02/06/2014	270000		08/05/2014	270000	
03/05/2014	270000		09/09/2014	270000	
04/04/2014	270000		10/09/2014	270000	
05/05/2014	270000		11/06/2014	270000	
06/09/2014	270000		12/08/2014	270000	
			Totals ► 18(b)	3240000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3145054

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.99 %	6.32 %	6.99 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	0
22 Weighted average retirement age	**22**	62

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	261854
b Excess assets, if applicable, but not greater than line 31a	**31b**	261854

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	3145054

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

a Total (excess, if any, of line 37 over line 36)	**38a**	3145054
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**2014** **This Form is Open to Public Inspection.**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
CAMDEN CLARK MEDICAL CENTER CASH PLUS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CAMDEN CLARK MEDICAL CENTER

D Employer Identification Number (EIN)
31-1524546

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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)

MILLIMAN, INC.

91-0675641

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	194493	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

UNITED BANK

55-6100340

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	44588	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEI INVESTMENTS

23-1707341

(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?
27	NONE	122411	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
CAMDEN CLARK MEDICAL CENTER CASH PLUS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CAMDEN CLARK MEDICAL CENTER

D Employer Identification Number (EIN)
31-1524546

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	0
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	60480	73572
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	193312	65272
(2) U.S. Government securities	1c(2)	0	0
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)	0	0
(B) All other	1c(3)(B)	0	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	34432052	37885341
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)	0	0
(2) Employer real property	1d(2)	0	0
e Buildings and other property used in plan operation	1e	0	0
f Total assets (add all amounts in lines 1a through 1e)	1f	34685844	38024185
Liabilities			
g Benefit claims payable	1g	0	0
h Operating payables	1h	0	0
i Acquisition indebtedness	1i	0	0
j Other liabilities	1j	0	0
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	34685844	38024185

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)	3240000	
(B) Participants	2a(1)(B)	0	
(C) Others (including rollovers)	2a(1)(C)	0	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3240000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	0	
(F) Other	2b(1)(F)	0	
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	0	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	35880356	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	34442836	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		1437520
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	1139421	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		1139421

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		0
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		1155046
c Other income	2c		14396
d Total income. Add all **income** amounts in column (b) and enter total	2d		6986383
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3286550	
(2) To insurance carriers for the provision of benefits	2e(2)	0	
(3) Other	2e(3)	0	
(4) Total benefit payments. Add lines **2e(1)** through **(3)**	2e(4)		3286550
f Corrective distributions (see instructions)	2f		0
g Certain deemed distributions of participant loans (see instructions)	2g		0
h Interest expense	2h		0
i Administrative expenses: **(1)** Professional fees	2i(1)	149888	
(2) Contract administrator fees	2i(2)	0	
(3) Investment advisory and management fees	2i(3)	194493	
(4) Other	2i(4)	17111	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		361492
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3648042
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		3338341
l Transfers of assets:			
(1) To this plan	2l(1)		0
(2) From this plan	2l(2)		0

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: DIXON HUGHES GOODMAN, LLP **(2)** EIN: 56-0747981

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	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.)	4c		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.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		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?	4g		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?	4h		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.)	4i	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.)	4j	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?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		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.	4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ **Yes** ☒ **No** **Amount:**

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)

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

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan
CAMDEN CLARK MEDICAL CENTER CASH PLUS PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
CAMDEN CLARK MEDICAL CENTER

D Employer Identification Number (EIN)
31-1524546

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1**

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): _____ _____

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 87

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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: 39% Investment-Grade Debt: _____% High-Yield Debt: 60% Real Estate: _____% Other: 1%

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):

DHG
DIXON HUGHES GOODMAN LLP

INDEPENDENT AUDITORS' REPORT

Board of Directors
Camden Clark Medical Center Cash PLUS Plan
Parkersburg, West Virginia

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Camden Clark Medical Center Cash PLUS Plan (the "Plan"), which comprise the statements of net assets available for benefits – modified cash basis as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits – modified cash basis for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note B; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by United Bank, Inc., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2014 and 2013, and for the years then ended, that the information provided to the plan administrator by the trustee 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 - Supplemental Schedules

The supplemental schedule of assets (held at end of year) as of December 31, 2014, and the supplemental schedule of reportable transactions for the year ended December 31, 2014 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

Other Matter - Basis of Accounting

We draw attention to Note B of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Dixon Hughes Goodman LLP

Charleston, West Virgina
September 30, 2015

Schedule SB, Part V - *Statement of Actuarial Assumptions / Methods*

Camden Clark Medical Center Cash PLUS Plan

EIN / PIN: 31-1524546 / 001

The ultimate cost of a pension plan is the excess of actual benefits and administrative expenses paid over actual net investment return on plan assets during the plan's existence until the last payment has been made to the last participant. The plan's "actuarial cost method" determines the expected incidence of actuarial costs by allocating portions of the ultimate cost to each plan year. The cost method is thus a budgeting tool to help ensure that the plan will be adequately and systematically funded. Annual contributions and accounting expense are also affected by the "asset valuation method" (as well as the plan provisions, actuarial assumptions, and actual plan demographic and investment experience each year).

Actuarial Cost Method

The actuarial cost method used for determining the plan's ERISA funding requirements is the unit credit method, as required by the Pension Protection Act of 2006. Under this method, an accrued benefit is determined at each active participant's assumed retirement age based on compensation and service at both the beginning and the end of the current year. The plan's normal cost is the sum of the present value of the excess of each active participant's accrued benefit at the end of the current year over that at the beginning of the current year. The plan's accrued liability is the sum of (a) the present value of each active participant's accrued benefit at the beginning of the current year plus (b) the present value of each inactive participant's future benefits.

The actuarial cost method used for determining the plan sponsor's accounting requirements is the projected unit credit method, as required by FASB ASC Topic 715. Under this method, a projected benefit is determined at each active participant's assumed retirement age assuming future compensation increases. The plan's normal cost is the sum of the present value of the portion of each active participant's projected benefit attributable to the current year of service. The plan's accrued liability is the sum of (a) the present value of the portion of each active participant's projected benefit attributable to all prior years of service plus (b) the present value of each inactive participant's future benefits.

Asset Valuation Method

The Actuarial Value of Assets used for determining the plan's ERISA funding requirements is equal to the Adjusted Market Value of Assets minus a decreasing fraction of the investment gain or loss for each of the two immediately preceding plan years, but it cannot be less than 90% nor more than 110% of the Adjusted Market Value of Assets. The expected investment return for a plan year is based on the lesser of the expected rate of return on plan assets (currently 8% per year) or the applicable statutory interest rate for the year.

The Market-Related Value of Plan Assets used for determining the plan sponsor's accounting requirements is equal to the Fair Value of Plan Assets (without inclusion of any contributions receivable).

Funding Target Rates

- Segment 1 – 4.43%
- Segment 2 – 5.62%
- Segment 3 – 6.22%

Effective Interest Rate – 5.85%

Discount Rate – FASB ASC Topic 715

4.81% per annum, compounded annually

Interest Rate – FASB ASC Topic 960

8.00% per annum, compounded annually

Compensation Increases

None assumed

Explicit Provision for Expenses

None

Future Cash Balance Interest Credit

3.00% per annum, compounded annually

Future Social Security Wage Base Increases

None Assumed

Maximum Benefit and Annual Compensation Limitation Increases

For ERISA funding and PBGC premium purposes: 0% per year.

For FASB ASC Topic 715 purposes: 0% per year.

Mortality Rates – PPA Liabilities

Statutory static tables for 2014 based on RP-2000 Mortality Table projected to anticipate greater future longevity, with separate rates for non-annuitants and annuitants.

Mortality Rates – FASB ASC Topic 715 and 960

Statutory static tables for 2014 based on RP-2000 Mortality Table projected to anticipate greater future longevity, with separate rates for non-annuitants and annuitants.

Disability Rates

Sample rates are:

Age	Factors
20	0.0007
25	0.0008
30	0.0009
35	0.0010
40	0.0012
45	0.0016
50	0.0022
55	0.0040
60	0.0084

Withdrawal Rates

Rates vary based on years of service completed. Sample rates are:

Age	*<4 years*	*4 years or more*
20	30.00%	15.00%
25	30.00%	15.00%
30	20.00%	10.00%
35	18.00%	9.00%
40	16.00%	8.00%
45	14.00%	7.00%
50	14.00%	7.00%
55+	0.00%	0.00%

Retirement Rates

The probability of Retirement upon satisfying the requirements for early retirement is determined in accordance with the following table:

Age	Factor
65-69	10%
70	100%

Marriage Rates

- Percentage married: Males – 85%
  Females – 50%
- Age difference: Males are assumed to be 3 years older than their spouse.

Changes in Actuarial Assumptions since Prior Valuation

Effective January 1, 2014, the following changes were made to better reflect anticipated experience:

- ERISA funding interest rates: From 4.94%, 6.15%, and 6.76% per year to 4.43%, 5.62%, and 6.22% per year, respectively.
- FASB ASC Topic 715 discount rate: From 3.87% per year to 4.81% per year
- Mortality: From statutory tables for 2013 to statutory tables for 2014.

Schedule SB, Part V - *Summary of the Plan Provisions*

Camden-Clark Medical Center Cash PLUS Plan

EIN / PIN: 31-1524546 / 001

Definitions

Account Balance

A Participant's Account Balance is equal to his Initial Account Balance increased to reflect Contribution Credits and Interest Credits.

Accrued Benefit

Accrued Benefit means an amount not less than a single life annuity which is the Actuarial Equivalent to the projected value of the Participant's Account Balance as of the valuation date. The projected value shall be determined using the current Interest Credit Rate and projecting to Normal Retirement Date. For a Grandfathered Participant, the Accrued Benefit as of a given date shall be the benefit resulting from the application of the Grandfathered Formula. Effective June 30, 2012, no additional benefits shall accrue after such date, except, however, Interest Credits shall continue with respect to a Participant's Account Balance as defined above.

Actuarial Equivalent

Actuarial Equivalent means a form of benefit differing in time, period and/or manner of payment from another form of benefit but having the same value when computed based upon the following interest and mortality assumptions:

- Interest: 6.0% per annum, compounded annually
- Mortality: UP-84 Mortality Table, set back one year for employees and set back two years for beneficiaries

Compensation

Compensation means W-2 wages. W-2 wages means wages for federal income tax withholding purposes as defined in Code Section 3401(a), but determined without regard to any rules that limit the remuneration included in wages under this definition based on the nature or location of the employment or the services provided. The Plan Administrator may treat the amount reported as "wages, tips and other compensation" on Form W-2 as satisfying this definition.

In accordance with Internal Revenue Code Section 401(a) (17), annual Compensation in excess of the inflation-adjusted limit ($260,000 for the Plan Year beginning 2014) is disregarded.

Notwithstanding the foregoing, Compensation earned after June 30, 2012 shall be disregarded for purposes of determining the retirement benefit a Participant is entitled to receive under the Grandfathered Formula.

The Compensation Period is the 12 month period which begins each January 1 and ends each December 31.

Contribution Credit

As of each Contribution Valuation Date, there shall be credited to the Account Balance of each Participant an amount equal to the product determined by multiplying the Participant's Compensation for the payroll period within which the Contribution Valuation Date falls by the Contribution Credit Rate.

Contribution Credit

Contribution Credit Rate is equal to three percent (3%). Effective June 30, 2012, no additional contribution credit shall apply after such date.

Contribution Valuation Date

Contribution Valuation Date means, unless otherwise specified, the last day of each payroll period and any other days upon which, consistent with established methods and guidelines.

Effective Date

The Effective Date of the Plan is January 1, 1976. The Plan was amended and restated effective January 1, 2012.

The last amendment was executed June 26, 2012.

Eligible Employee Classification

An Eligible Employee Classification is a classification of Employees, the members of which are eligible to participate in the Plan. The Plan covers all employee classifications except leased employees, employees classified as non-common law employees and employees classified as Medical Residents.

Entry Date

Entry Date means the January 1st or July 1st which coincides with or next follows the date that the eligibility requirements are met.

Fiscal Year

Fiscal Year means the taxable year of the Employer. The Fiscal Year of the Employer is the 12 month period beginning January 1st and ending December 31st with a short fiscal year beginning March 1, 2011 and ending December 31, 2011.

Grandfathered Formula

A single life annuity payable monthly starting on the Participant's Normal Retirement Date equal to:

1.15% of Average Monthly Compensation up to Covered Compensation *plus* 1.775% of Average Monthly Compensation in excess of Covered Compensation *times* Credited Service up to a maximum of 25 years

Effective June 1, 1993, plus an additional amount of 0.5% of Average Monthly Compensation *times* Credited Service in excess of 25 years, up to a maximum of 10 years

For purposes of this section, the following terms shall have the meanings as defined in the Prior Plan:

a) **Average Monthly Compensation**

A Participant's Average Monthly Compensation shall mean the monthly average of the aggregate Compensation received during the period of five consecutive and complete calendar years (or the aggregate period of the Employee's employment if less than five consecutive and complete calendar years) which produces the greatest aggregate Compensation out of the 10 calendar year period preceding (or if applicable, ending with) the date as of which he retires or the date as of which he terminates service as an Employee, whichever date shall occur first. If the Participant shall have been on leave during such 10 year period, he shall be considered for the purposes of this Plan to have continued to receive Compensation during the period of such leave, at the rate in effect with respect to him immediately prior to such leave.

(b) **Covered Compensation**

Covered Compensation shall mean for any Plan Year, the average (without indexing) of the Social Security Taxable Wage Bases in effect for each calendar year during the 35-year period ending with the last day of the calendar year in which the Participant attains (or will attain) Social Security Retirement Age. In determining a Participant's Covered Compensation for a Plan Year, the Social Security Taxable Wage Base for the current Plan Year and any subsequent Plan Year shall be assumed to be the same

as in effect for the Plan Year for which the determination is being made. A Participant's Covered Compensation shall be automatically adjusted for each Plan Year in accordance with these provisions, up to and including the Plan Year in which the Participant attains Social Security Retirement Age.

c) **Credited Service**

An employee shall receive a year of Credited Service for each calendar year in which he has at least 1,000 Hours of Service. Only full years of service are credited. The initial computation period is the 12 consecutive month period beginning with the Employee's Employment Commencement Date. Thereafter, the computation year is the calendar year beginning with the calendar year in which the initial computation period ends. Credited Service shall include any prior periods of Credited Service that are reinstated in accordance with the Prior Plan.

Notwithstanding the above, Credited Service earned after June 30, 2012 shall be disregarded, except, however, any Grandfathered Participant who is actively participating in the Plan as of June 30, 2012, or who prior to such date, has completed 1,000 Hours of Service for the 2012 Plan Year, shall receive a year of Credited Service for the 2012 Plan Year.

Grandfathered Participant

Grandfathered Participant means a Participant who was an Active Participant in the Plan prior to July 1, 2003, elected to remain under the Grandfathered Formula, and remains in continuous employment until his or her Date of Severance.

Initial Account Balance

The lump-sum amount calculated as of the Cash Balance Effective Date that is the Actuarial Equivalent of the Prior Accrued Benefit.

Interest Credit

As of the last day of each calendar quarter, there shall be credited to the Account Balance of each Participant an amount equal to the product determined by multiplying the Participant’s Account Balance (prior to any Contribution Credits) by one-twelfth (1/12) of the Interest Credit Rate.

Interest Credit Rate

The variable rate of interest equal to the interest rate on 30-year Treasury securities as specified by the Commissioner of the Internal Revenue Service, for the November preceding the Plan Year.

Normal Retirement Age

A Participant's Normal Retirement Age is age 65.

Normal Retirement Date

A Participant's Normal Retirement Date is the first day of the month which coincides with or next follows the date on which the Participant attains Normal Retirement Age.

Participation

An Employee who is a member of an Eligible Employee Classification will become a participant in the Plan on the first Entry Date which coincides with or next follows the completion of one Year of Eligibility Service and attainment of age 21. Effective June 30, 2012, participation in the Plan is frozen to all employees including former employee who is rehired on or after June 30, 2012.

Plan Year

The Plan Year is the 12-month period beginning January 1 and ending December 31.

Prior Accrued Benefit

A single life annuity payable on the Participant’s Normal Retirement Date equal to his Accrued Benefit as of the Cash Balance Effective Date, determined according to the provisions of the Prior Plan.

Prior Plan

Prior Plan means the Camden-Clark Memorial Hospital Pension Plan, as in effect prior to the Cash Balance Effective Date.

Trustee

The Trustee is United Bank, Inc.

Vested Accrued Benefit

A Participant's Vested Accrued Benefit as of a given date is equal to the product of his Accrued Benefit multiplied by his Vested Percentage as of that same date.

Vesting Schedule

A Participant's Vested Percentage will be 100% upon the completion of 3 Years of Vesting Service. Prior to the completion of 3 Years of Vesting Service, a Participant's Vested Percentage is zero.

Year of Service

For Eligibility Purposes

A Year of Eligibility Service is credited for each Computation Period during which an Employee is credited with at least 1,000 Hours of Service. The initial Computation Period is the 12 consecutive month period beginning with the Employee's Employment Commencement Date. Thereafter, the Computation Period is the Plan Year beginning with the Plan Year in which the initial Computation Period ends.

All of a Participant's Years of Eligibility Service are taken into account in determining his eligibility to participate.

For Benefit Purposes

Years of Service for purposes of computing a Participant's Normal Retirement Benefit are referred to as Years of Continuous Service and are determined using the Hours of Service Method.

A Year of Benefit Service is credited for each Plan Year in which an Employee is credited with at least 1,000 Hours of Service. Only full Years of Service will be credited.

All of a Participant's Years of Benefit Service are taken into account in determining his benefit except:

- Service while the Employee was not in an Eligible Employee Classification

Normal Retirement

Each Participant who becomes eligible for a Normal Retirement Benefit under the plan will be entitled to receive a monthly retirement pension benefit beginning at the Participant's Normal Retirement Date and payable in the Normal Benefit Form.

Normal Retirement Benefit

A Participant's Normal Retirement Benefit is a monthly pension benefit commencing on his Normal Retirement Date payable in the Normal Benefit Form in an amount equal to:

- Grandfathered Participant:

  1.150% of Average Monthly Compensation plus 0.625% of Excess Average Monthly Compensation, each multiplied by Years of Benefit Service not to exceed 25 years; plus 0.50% of Average Monthly Compensation for each year of service in excess of 25, up to a maximum of 10 years.

- All Other Participants:

  A monthly lifetime pension benefit which is equal to the actuarial equivalent of the Account Balance.

Normal Benefit Form

Lifetime Pension – For unmarried participants, a monthly pension benefit payable for the lifetime of the Participant with payments terminating upon the death of the Participant.

50% Joint and Contingent Survivor Pension – For married participants, an actuarially equivalent monthly pension benefit payable for the lifetime of the Participant, with 50% of the benefit payable to the Participant's surviving spouse upon the death of the Participant.

Optional Benefit Form

Optional Benefit Forms are available and equal to the Actuarial Equivalent of the Normal Benefit Form and may be in an amount more than or less than that provided by the Normal Benefit Form depending on the option selected. Such distribution may be in one or more of the following forms:

Joint & 50% Contingent Survivor Pension – monthly pension benefits payable during the joint lifetime of the Participant and the Joint Annuitant; reduces to 50% of the original amount upon the death of the Participant.

Lifetime Pension – monthly pension benefit payable for the lifetime of the Participant.

Lump Sum

Early Retirement

Early Retirement Date

A Participant's Early Retirement Date is the first day of a calendar month prior to the Participant's Normal Retirement Date but on or after the later of the date he completes five Years of Benefit Service and the date he attains age 55.

Early Retirement Benefit

A Participant's Early Retirement Benefit is a monthly pension benefit equal to:

- Grandfathered Participant:

  His Accrued Benefit determined as of his Early Retirement Date, reduced by 1/180 for each of the first 60 months, and by 1/360 for each of the next 60 months that his Early Retirement Date precedes his Normal Retirement Date.

- All Other Participants:

  A monthly lifetime pension benefit which is actuarially equivalent to the Account Balance.

Postponed Retirement

An active Participant who continues his employment with the Employer beyond his Normal Retirement Date may begin to receive his Late Retirement Pension to which he is entitled as of his Postponed Retirement Date.

Postponed Retirement Date

A Participant's Postponed Retirement Date is the first day of the month coincident with or next following the date he retires and requests the commencement of his Late Retirement Pension after he has continued in the employ of the Employer beyond his Normal Retirement Date.

Postponed Retirement Benefit

A Participant's Late Retirement Benefit is the monthly benefit which is based on the Normal Retirement Benefit formula using the Participant's Years of Benefit Service and Compensation through his Late Retirement Date. Notwithstanding the foregoing, a Grandfathered Participant who, on or after June 30, 2012, is in continued employment beyond Normal Retirement Date, shall receive an actuarial increase in his or her normal retirement benefit.

Disability Retirement

Disability Date

A Participant's Disability Retirement Date is the first day of the month coincident with or next following the date of termination of his employment due to disability provided such Participant has been found to be eligible for a Disability Retirement Benefit.

An Active Participant will be eligible for a Disability Retirement Benefit under the Plan upon the occurrence of permanent disability coincident with or following the Participant's completion of 15 Years of Benefit Service.

Disability Retirement Benefit

An eligible Participant's Disability Retirement Benefit is equal to the monthly retirement benefit commencing on his Normal Retirement Date in an amount equal to 100% of the Participant's Expected Retirement Benefit (calculated projecting service and level compensation through his Normal Retirement Date).

Notwithstanding the foregoing, if a Participant becomes eligible for disability retirement benefit on or after June 30, 2012, the disability retirement benefit shall be based on the participant's Accrued Benefit as of June 30, 2012, payable at Normal Retirement Date.

Permanent Disability

Participant will be considered permanently disabled if he becomes eligible for disability benefits under the Social Security Program and, in the opinion of the Plan Administrator,

(1) he is prevented from performing any substantially gainful activity;

(2) such disability is likely to be both continuous and permanent;

(3) such disability occurs on or after the Effective Date of the Plan but prior to the Participant's Normal Retirement Date; and

(4) such disability is not, in the opinion of the Plan Administrator, the result of injury or disease sustained by the Participant which was diagnosed or discovered subsequent to the date his employment has terminated.

Pre-Retirement Death Benefit

In the event of the death of a vested Participant prior to the date that he begins to receive a monthly pension benefit under the Plan, the Participant's Surviving Spouse, if any, will be entitled to receive a monthly pension benefit equal to 50% of the monthly pension benefit which would have been payable had the Participant retired on the day before his death and elected a Joint and 50% Contingent Survivor Pension commencing on his earliest available date of commencement. A Joint and 50% Contingent Pension provides a monthly pension benefit payable for the lifetime of the Participant and, upon the Participant's death, if the Participant's Spouse survives the Participant, a monthly pension benefit will continue for the remaining lifetime of the Surviving Spouse equal to 50% of the monthly pension benefit which was payable during the joint lifetime of the Participant and the Participant's Surviving Spouse.

Termination Benefit

In the event of the termination of a Participant's employment for any reason other than death, disability or retirement, the Participant will become entitled to receive a monthly pension benefit commencing on his Normal Retirement Date equal to his vested Accrued Benefit.

Schedule SB, line 22
Description of Weighted Average Retirement Age

Camden-Clark Memorial Hospital Cash PLUS Plan

EIN / PIN: 31-1524546 / 001

Plan Year Ending December 31, 2014

Age	Retirement Rate	Age Weight
55	10%	5.50
56	10%	5.04
57	10%	4.62
58	10%	4.23
59	10%	3.87
60	10%	3.54
61	10%	3.24
62	10%	2.97
63	10%	2.71
64	10%	2.48
65	10%	2.27
66	10%	2.07
67	10%	1.89
68	10%	1.73
69	10%	1.58
70	100%	14.41

Average Weighted Retirement Age	**62.00**

Schedule SB, Line 26 - Schedule of Active Participant Data by Age and Service

Camden-Clark Medical Center Cash PLUS Plan

EIN / PIN: 31-1524546 / 001

Number of Participants by Age and Service Groups

	Years of Credited Service										
Age	**<1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40&Up**	**Total**
0-24	-	8	1	-	-	-	-	-	-	-	9
25-29	-	46	18	1	-	-	-	-	-	-	65
30-34	1	23	45	38	3	-	-	-	-	-	110
35-39	4	20	38	41	18	-	-	-	-	-	121
40-44	1	19	32	32	19	10	2	-	-	-	115
45-49	1	18	30	33	24	16	21	1	-	-	144
50-54	1	16	32	35	22	16	17	23	4	-	166
55-59	1	10	27	22	26	21	17	15	15	1	155
60-64	-	5	11	11	7	4	3	8	7	8	64
65-69	-	-	-	3	3	1	4	2	2	3	18
70&Up	-	-	-	1	-	1	-	1	1	-	4
Total	9	165	234	217	122	69	64	50	29	12	971

Average Cash Balance Account by Age and Service Groups

	Years of Credited Service										
Age	**<1**	**1-4**	**5-9**	**10-14**	**15-19**	**20-24**	**25-29**	**30-34**	**35-39**	**40&Up**	**Average**
0-24	-	*	*	-	-	-	-	-	-	-	*
25-29	-	1,397	*	*	-	-	-	-	-	-	2,177
30-34	*	1,241	5,435	10,728	*	-	-	-	-	-	6,564
35-39	*	1,253	5,735	11,155	*	-	-	-	-	-	8,171
40-44	*	*	5,230	12,106	*	*	*	-	-	-	10,330
45-49	*	*	4,753	12,994	12,904	*	19,710	*	-	-	10,957
50-54	*	*	4,927	11,779	8,437	*	*	35,775	*	-	13,749
55-59	*	*	6,827	9,447	6,160	3,394	*	*	*	*	12,614
60-64	-	*	*	*	*	*	-	*	*	*	33,114
65-69	-	-	-	*	-	-	*	-	*	*	*
70&Up	-	-	-	-	-	-	-	*	*	-	*
Average	*	1,846	5,344	11,196	10,714	10,863	14,577	27,692	63,747	*	11,681

* If there are fewer than 20 participants in a cell, the average cash balance account is not reported.

Camden Clark Medical Center Cash PLUS Plan
EIN: 31-1524546

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

PN001
December 31, 2014

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Mutual funds - Equities			
	SEI Funds	SEI Funds SIIT Large Cap Funds Class A	$ 7,170,092	$ 8,628,377
	SEI Funds	SEI Funds SIIT Small Cap Funds Class A	730,150	1,084,289
	SEI Funds	SEI Funds SIIT World Equity Ex-Us Funds Class A	3,533,157	4,067,141
	SEI Funds	SEI Funds SIIT Emerging Markets Equity Fund Class A	1,126,383	1,047,821
		Total mutual funds - equities	12,559,782	14,827,628
	Mutual funds - Fixed income			
	SEI Funds	SEI Funds SIIT Long Duration Fund Class A	18,041,490	19,578,359
	SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	1,800,519	1,745,308
	SEI Funds	SEI Funds SIIT Emerging Markets Debt Fund Class A	1,975,774	1,734,046
		Total mutual funds - fixed income	21,817,783	23,057,713
	Short Term Investments			
	Federated Funds	Federated Prime Obligation Institutional Shares Fund # 10	65,272	65,272
	Total investments		$ 34,442,837	$ 37,950,613

See independent auditors' report.

Camden Clark Medical Center Cash PLUS Plan
EIN: 31-1524546

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

PN001
Year Ended December 31, 2014

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of asset	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
SERIES IN SAME SECURITY							
SEI Funds	SEI Funds SIIT Long Duration Class A	3,184,464	-	7	3,184,471	3,184,471	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	29,422	-	-	29,422	29,422	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	48,328	-	7	48,335	48,335	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	-	983,949	7	792,820	1,020,068	(36,126)
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	5,781	-	7	5,788	5,788	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	-	12,100	7	9,302	11,968	125
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	12,539	-	7	12,546	12,546	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	-	25,080	7	19,465	25,044	29
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	24,966	-	-	24,966	24,966	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	-	3,300	7	2,511	3,231	62
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	-	1,650	7	1,274	1,639	4
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	-	71,500	7	54,746	70,439	1,054
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	-	10,120	7	7,602	9,781	332
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	28,851	-	-	28,851	28,851	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	23,100	-	7	23,107	23,107	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	12,760	-	7	12,767	12,767	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	23,933	-	-	23,933	23,933	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	8,800	-	7	8,807	8,807	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	-	9,020	7	6,362	8,191	822
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	-	13,450	7	9,491	12,219	1,224
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	-	500	7	351	452	41
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	-	3,080	7	2,159	2,780	293
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	92,357	-	-	92,537	92,537	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	653,330	-	-	653,330	653,330	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	-	3,300	7	2,534	3,258	35
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	-	14,300	7	10,954	14,086	207

See independent auditors' report.

Camden Clark Medical Center Cash PLUS Plan
EIN: 31-1524546

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)

PN001
Year Ended December 31, 2014

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of asset	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
SERIES IN SAME SECURITY							
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	77,325	-	7	77,332	77,332	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	49,468	-		49,468	49,468	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	3,184,464	-	7	3,184,471	3,184,471	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	49,789	-	-	49,789	49,789	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	13,139	-	7	13,146	13,146	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	-	27,500	7	27,468	26,365	1,128
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	28,498	-	7	28,505	28,505	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	54,928	-	-	54,928	54,928	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	-	57,000	7	56,337	54,086	2,907
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	-	7,500	7	7,500	7,200	293
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	63,886	-	-	63,886	63,886	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	-	3,750	7	3,681	3,534	209
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	63,812	-	-	63,812	63,812	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	-	162,500	7	157,913	151,429	11,064
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	66,050	-	-	66,050	66,050	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	-	23,000	7	22,991	21,465	1,528
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	61,772	-	-	61,772	61,772	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	52,500	-	7	52,507	52,507	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	64,004	-	-	64,004	64,004	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	29,000	-	7	29,007	29,007	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	63,935	-	-	63,935	63,935	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	61,951	-	-	61,951	61,951	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	20,000	-	7	20,007	20,007	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	64,606	-	-	64,606	64,606	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	-	20,500	7	19,679	18,618	1,875
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	63,502	-	-	63,502	63,502	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	-	30,568	7	29,344	27,772	2,789
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	-	7,000	7	6,690	6,332	661
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	173,418	-	-	173,418	173,418	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	40,167	-	-	40,167	40,167	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	-	7,500	7	7,097	6,725	768
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	-	32,500	7	31,095	29,464	3,029

See independent auditors' report.

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

(With Independent Auditors' Report thereon)

Camden Clark Medical Center
Cash PLUS Plan

December 31, 2014 and 2013

DIXON HUGHES GOODMAN LLP

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DIXON HUGHES GOODMAN LLP

INDEPENDENT AUDITORS' REPORT

Board of Directors
Camden Clark Medical Center Cash PLUS Plan
Parkersburg, West Virginia

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Camden Clark Medical Center Cash PLUS Plan (the "Plan"), which comprise the statements of net assets available for benefits – modified cash basis as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits – modified cash basis for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the modified cash basis of accounting described in Note B; this includes determining that the modified cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for 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 ("DOL") Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA"), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by United Bank, Inc., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2014 and 2013, and for the years then ended, that the information provided to the plan administrator by the trustee 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 - Supplemental Schedules

The supplemental schedule of assets (held at end of year) as of December 31, 2014, and the supplemental schedule of reportable transactions for the year ended December 31, 2014 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

Other Matter - Basis of Accounting

We draw attention to Note B of the financial statements, which describes the basis of accounting. The financial statements are prepared on the modified cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

Dixon Hughes Goodman LLP

Charleston, West Virgina
September 30, 2015

Camden Clark Medical Center Cash PLUS Plan

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS

December 31, 2014 and 2013

	2014	2013
ASSETS		
Investments, at fair value (Notes E, F and G)		
Mutual funds	**$ 37,885,341**	$ 34,432,052
Money market fund	**65,272**	193,312
	37,950,613	34,625,364
Receivables:		
Other receivables	**73,572**	60,480
NET ASSETS AVAILABLE FOR BENEFITS	**$ 38,024,185**	$ 34,685,844

The accompanying notes are an integral part of these financial statements.

Camden Clark Medical Center Cash PLUS Plan

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS - MODIFIED CASH BASIS

Years Ended December 31, 2014 and 2013

	2014	2013
ADDITIONS		
Investment income:		
Net appreciation in fair value of investments	**$ 2,576,941**	$ 3,467,853
Interest and dividends	**1,169,443**	1,813,126
	3,746,384	5,280,979
Employer contributions	**3,240,000**	3,240,000
Total additions	**6,986,384**	8,520,979
DEDUCTIONS		
Benefits paid to participants and beneficiaries	**3,286,550**	3,808,296
Administrative expenses		
Actuary fees	**194,493**	250,635
Other	**167,000**	134,572
Total deductions	**3,648,043**	4,193,503
Net increase	**3,338,341**	4,327,476
Net assets available for benefits, beginning of year	**34,685,844**	30,358,368
Net assets available for benefits, end of year	**$ 38,024,185**	$ 34,685,844

The accompanying notes are an integral part of these financial statements.

Camden Clark Medical Center Cash PLUS Plan

NOTES TO FINANCIAL STATEMENTS

December 31, 2014 and 2013

NOTE A - DESCRIPTION OF THE PLAN

The following description of the Camden Clark Medical Center (the "Hospital") Cash PLUS Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General – The Plan is a defined benefit pension plan available to all employees of the Hospital who have completed one year of service, are age twenty-one or older, and have worked 1,000 hours in the Plan year. The Plan provides for retirement, death and disability benefits to participants and their beneficiaries. Effective July 1, 2003, the Plan was amended and converted to a combination cash balance account and traditional pension plan design. Participants in the Plan at the time of conversion were allowed to elect to remain under the benefit formula of the former plan design (the "Grandfathered Formula"). Otherwise, the participants' accrued benefits were converted to a lump-sum present value that is credited quarterly with a stated rate of interest and earnings credit based on eligible compensation. For the years ended December 31, 2014 and 2013, the crediting interest rate was 3.00%.

Effective June 30, 2012, the Plan adopted an amendment to freeze participation so that no new or reemployed employees may become participants in the Plan and to freeze all future benefit accruals under the Plan.

Vesting Pension Benefits – Employees are entitled to a monthly retirement pension benefit beginning at normal retirement age (65). The Plan permits early retirement at age 55 with 5 years of credited service. Unless they elect otherwise, employees who are married will receive their pension benefits in the form of a joint and 50% survivor annuity. Unmarried employees, unless otherwise elected, will receive their pension benefits in the form of a life annuity. Employees are 100% vested upon completion of 3 years of service, or attainment of normal retirement age, if earlier.

For termination due to reasons other than retirement, death or disability, participants' vested account balances become distributable to the participants in a lump sum as soon as administratively feasible.

Death and Disability Benefits – If a participant dies, benefits are paid to the surviving spouse, if any, equal to 50% of the monthly pension benefit that would have been payable had the participant retired on the day before the participant's death. An employee with 15 years or more of credited service who is eligible for Social Security Disability benefits and meets certain permanent disability criteria is also eligible to receive a monthly disability retirement pension benefit commencing immediately. The disability pension is equal to the employee's expected normal retirement benefit based on projecting service and level compensation that such employee would have earned to age 65.

NOTES TO FINANCIAL STATEMENTS *(Continued)*

NOTE B - SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting – The accounting records of the Plan are maintained on a modified cash basis of accounting. Such method includes the recording of employer contributions receivable and accrued investment income and excludes prepaid expenses, accounts payable, and accrued expenses.

Use of Estimates – The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect certain reported amounts of net assets available for benefits – modified cash basis and changes therein, disclosure of contingent assets and liabilities and the actuarial present value of accumulated plan benefits at the date of the financial statements. Accordingly, actual results may differ from those estimates.

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

Purchases and sales of securities are recorded on a trade-date basis. Interest and dividend income is recorded when earned. Net appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

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

Administrative Expenses – The Plan's administrative expenses are paid by either the Plan or the Hospital, as provided by the plan document. Certain administrative functions are performed by the employees of the Hospital. No such employee receives compensation from the Plan.

Subsequent Events – The Plan has evaluated subsequent events through September 30, 2015, the date the financial statements were available to be issued.

NOTE C - FUNDING POLICY

Contributions to provide benefits under the Plan are made solely by the Hospital. The Hospital's funding policy is to make cash contributions to the Plan in the amount as determined by the Plan's independent actuary. The Hospital met the minimum funding requirements of Employee Retirement Income Security Act of 1974 ("ERISA") for the years ended December 31, 2014 and 2013.

Although it has not resolved to do so, the Hospital has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA.

NOTES TO FINANCIAL STATEMENTS *(Continued)*

NOTE D - ACTUARIAL PRESENT VALUE OF ACCUMULATED BENEFITS

Accumulated plan benefits are those future periodic payments, including lump sum distributions, that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died and (c) present employees or their beneficiaries. Benefits under the Plan are based on a cash balance account plan design, determined under the provisions of the Plan. Benefits payable under all circumstances - retirement, death, disability and termination of employment are included to the extent they are deemed attributable to employee service rendered to the valuation date.

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The effect of plan amendments on accumulated plan benefits is recognized during the year in which such amendments become effective.

The significant actuarial assumptions used in the valuation as of December 31, 2014 and 2013 were:

Actuarial cost method	Projected unit cost method
Discount rate	8.00% in all years
Crediting rate for cash balance	3.00% in all years
Mortality rate	RP-2014 Mortality Table in 2014 and RP-2000 Mortality Table in 2013
Employee turnover	Turnover of participants determined from historical experience of the Plan
Retirement age	10% for ages 65-69 to 100% at age 70 for all years.

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

NOTES TO FINANCIAL STATEMENTS *(Continued)*

The actuarial present value of accumulated plan benefits was as follows:

	December 31,	
	2014	2013
Vested benefits:		
Participants and beneficiaries currently receiving benefits	**$ 6,705,041**	$ 5,301,592
Other vested benefits	**18,739,229**	19,300,186
	25,444,270	24,601,778
Non-vested benefits	**222,406**	247,399
Total actuarial present value of accumulated plan benefits	**$ 25,666,676**	$ 24,849,177

The changes in the actuarial present value of accumulated plan benefits were as follows:

	Year Ended December 31,	
	2014	2013
Actuarial present value of accumulated plan benefits, beginning of year	**$ 24,849,177**	$ 25,106,433
Increase (decrease) attributable to:		
Actuarial gain (loss)	**897,777**	1,691,926
Benefits paid	**(3,286,550)**	(3,808,296)
Change in assumptions	**1,347,271**	-
Increase for interest due to the decrease in the discount period	**1,859,001**	1,859,114
Net increase (decrease)	**817,499**	(257,256)
Actuarial present value of accumulated plan benefits, end of year	**$ 25,666,676**	$ 24,849,177

NOTE E - UNAUDITED INFORMATION CERTIFIED BY TRUSTEE

The accompanying financial statements include the following unaudited information as of December 31, 2014 and 2013 and for the years then ended, which was obtained from data prepared and certified to be complete and accurate by the Plan's trustee:

	2014	2013
Investments, at fair value	**$ 37,950,613**	$ 34,625,364
Net appreciation in fair value of investments	**$ 2,576,941**	$ 3,467,853
Interest and dividends	**$ 1,169,443**	$ 1,813,126

The certification mentioned above includes all investment information discussed in Notes F and G.

NOTES TO FINANCIAL STATEMENTS *(Continued)*

NOTE F - INVESTMENTS

The following table presents the fair value of investments that represent 5% or more of the Plan's net assets at December 31:

	2014	2013
SEI Funds SIIT Long Duration Fund Class A	**$ 19,578,359**	$ 13,542,308
SEI Funds SIIT Large Cap Funds Class A	**$ 8,628,377**	$ 8,814,676
SEI Funds SIIT High Yield Bond Fund Class A	**$ ****	$ 2,072,035
SEI Funds SIIT Emerging Markets Debt Fund Class A	**$ ****	$ 2,028,220
SEI Funds SIIT World Equity Ex-Us Funds Class A	**$ 4,067,141**	$ 5,145,350

** Represents less than 5% of the Plan's net assets in the period presented.

During the years ended December 31, 2014 and 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by $2,576,941 and $3,467,853, respectively, all of which was attributable to mutual funds.

NOTE G –FAIR VALUE MEASUREMENTS

Fair value is an exit price, representing the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Assets and liabilities are classified under a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value. These tiers include:

- Level 1: Observable inputs such as quoted prices in active markets.
- Level 2: Inputs other than quoted prices in active markets that are either directly or indirectly observable.
- Level 3: Unobservable inputs about which little or no market data exists, therefore requiring an entity to develop its own assumptions.

Assets and liabilities are classified in their entirety based on the lowest level of input that is significant to the fair value measurement. The Plan's assessment of the significance of a particular input to the fair value measurement requires judgment, and may affect the valuation of fair value assets and liabilities and their placement within the fair value hierarchy levels.

The 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 December 31, 2014 and 2013.

When quoted prices are available in active markets for identical instruments, investment securities are classified within Level 1 of the fair value hierarchy. Level 1 investments include mutual funds.

Level 2 investments securities include a money market fund. Money market funds are public investment vehicles valued using the net asset value ("NAV"), which is designed to approximate $1.

NOTES TO FINANCIAL STATEMENTS *(Continued)*

The following tables set forth by level within the fair value hierarchy the Plan's assets accounted for at fair value on a recurring basis as of December 31, 2014 and 2013:

	Fair Value as of December 31, 2014			
	Level 1	**Level 2**	**Level 3**	**Fair Value**
Mutual funds				
Equities	**$ 14,827,628**	**$ -**	**$ -**	**$ 14,827,628**
Fixed income	**23,057,713**	**-**	**-**	**23,057,713**
Money market fund*	**-**	**65,272**	**-**	**65,272**
Total investments	**$ 37,885,341**	**$ 65,272**	**$ -**	**$ 37,950,613**

	Fair Value as of December 31, 2012			
	Level 1	Level 2	Level 3	Fair Value
Mutual funds				
Equities	$ 16,789,489	$ -	$ -	$ 16,789,489
Fixed income	17,642,563	-	-	17,642,563
Money market fund*	-	193,312	-	193,312
Total investments	$ 34,432,052	$ 193,312	$ -	$ 34,625,364

*Money market funds seek preservation of capital as well as to pay money market interest rates. There are no unfunded commitments, redemption frequency restrictions, or other redemption restrictions.

The preceding methods described may produce a fair value calculation that may not be indicative of net realizable value or reflective of future 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.

NOTE H -PLAN TERMINATION

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

a. First, to any Deductible Voluntary Account, Nondeductible Voluntary Account, or Rollover Account;

b. Second, to that portion, if any, of each participant's accrued benefit which is derived from the participant's mandatory contributions;

c. Third, to retirement benefits, which were in pay status or were available to a participant three years before the date of termination of the Plan based on Plan provisions in effect five years before the date of termination;

d. Fourth, to all other benefits guaranteed by the Pension Benefit Guaranty Corporation ("PBGC") (a U.S. government agency) up to the applicable limitations as discussed below;

e. Fifth, to all other vested benefits; and

f. Sixth, to all other benefits under the Plan.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. The portion of the PBGC premium attributable to unfunded PBG Variable Premium Liability is generally equal to .9% of the unfunded PBGC Variable Premium Liability but such amount is adjusted to reflect maximum contributions made for prior Plan years. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

NOTE I - INCOME TAX STATUS

The Internal Revenue Service has determined and informed the Hospital by a letter dated May 9, 2014, that the Plan and related trust are designed in accordance with the applicable sections of the Internal Revenue Code (the "IRC"). The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC. Therefore, the plan administrator believes that the Plan was qualified and the related trust was tax-exempt as of the financial statement date.

Accounting guidelines require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the applicable taxing authorities. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014 and 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2011.

NOTE J - RISKS AND UNCERTAINTIES

The Plan invests in various investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit, and overall market volatility. 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 amounts reported in the statement of net assets available for benefits – modified cash basis.

NOTES TO FINANCIAL STATEMENTS *(Continued)*

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

NOTE K - EXEMPT PARTY-IN-INTEREST TRANSACTIONS

The Hospital pays certain administrative expenses on behalf of the Plan, including legal and accounting fees. Other administrative services are provided by the Hospital at no cost to the Plan. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. Fees paid by the Plan to the trustee or its affiliates for administrative services and investment holding period fees were $44,588 and $15,487 for the years ended December 31, 2014 and 2013, respectively.

SUPPLEMENTAL INFORMATION

Camden Clark Medical Center Cash PLUS Plan
EIN: 31-1524546

SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

PN001
December 31, 2014

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current Value
	Mutual funds - Equities			
	SEI Funds	SEI Funds SIIT Large Cap Funds Class A	$ 7,170,092	$ 8,628,377
	SEI Funds	SEI Funds SIIT Small Cap Funds Class A	730,150	1,084,289
	SEI Funds	SEI Funds SIIT World Equity Ex-Us Funds Class A	3,533,157	4,067,141
	SEI Funds	SEI Funds SIIT Emerging Markets Equity Fund Class A	1,126,383	1,047,821
		Total mutual funds - equities	12,559,782	14,827,628
	Mutual funds - Fixed income			
	SEI Funds	SEI Funds SIIT Long Duration Fund Class A	18,041,490	19,578,359
	SEI Funds	SEI Funds SIIT High Yield Bond Fund Class A	1,800,519	1,745,308
	SEI Funds	SEI Funds SIIT Emerging Markets Debt Fund Class A	1,975,774	1,734,046
		Total mutual funds - fixed income	21,817,783	23,057,713
	Short Term Investments			
	Federated Funds	Federated Prime Obligation Institutional Shares Fund # 10	65,272	65,272
	Total investments		$ 34,442,837	$ 37,950,613

See independent auditors' report.

Camden Clark Medical Center Cash PLUS Plan
EIN: 31-1524546

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

PN001
Year Ended December 31, 2014

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of asset	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
SERIES IN SAME SECURITY							
SEI Funds	SEI Funds SIIT Long Duration Class A	3,184,464	-	7	3,184,471	3,184,471	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	29,422	-	-	29,422	29,422	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	48,328	-	7	48,335	48,335	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	-	983,949	7	792,820	1,020,068	(36,126)
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	5,781	-	7	5,788	5,788	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	-	12,100	7	9,302	11,968	125
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	12,539	-	7	12,546	12,546	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	-	25,080	7	19,465	25,044	29
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	24,966	-	-	24,966	24,966	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	-	3,300	7	2,511	3,231	62
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	-	1,650	7	1,274	1,639	4
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	-	71,500	7	54,746	70,439	1,054
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	-	10,120	7	7,602	9,781	332
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	28,851	-	-	28,851	28,851	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	23,100	-	7	23,107	23,107	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	12,760	-	7	12,767	12,767	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	23,933	-	-	23,933	23,933	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	8,800	-	7	8,807	8,807	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	-	9,020	7	6,362	8,191	822
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	-	13,450	7	9,491	12,219	1,224
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	-	500	7	351	452	41
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	-	3,080	7	2,159	2,780	293
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	92,357	-	-	92,537	92,537	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	653,330	-	-	653,330	653,330	-
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	-	3,300	7	2,534	3,258	35
SEI Funds	SEI Funds SIIT Large Cap Funds Class A	-	14,300	7	10,954	14,086	207

See independent auditors' report.

Camden Clark Medical Center Cash PLUS Plan
EIN: 31-1524546

SCHEDULE H, LINE 4j - SCHEDULE OF REPORTABLE TRANSACTIONS (CONTINUED)

PN001
Year Ended December 31, 2014

(a)	(b)	(c)	(d)	(f)	(g)	(h)	(i)
Identity of Party Involved	Description of asset	Purchase Price	Selling Price	Expense Incurred with Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain or (Loss)
SERIES IN SAME SECURITY							
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	77,325	-	7	77,332	77,332	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	49,468	-		49,468	49,468	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	3,184,464	-	7	3,184,471	3,184,471	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	49,789	-	-	49,789	49,789	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	13,139	-	7	13,146	13,146	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	-	27,500	7	27,468	26,365	1,128
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	28,498	-	7	28,505	28,505	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	54,928	-	-	54,928	54,928	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	-	57,000	7	56,337	54,086	2,907
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	-	7,500	7	7,500	7,200	293
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	63,886	-	-	63,886	63,886	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	-	3,750	7	3,681	3,534	209
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	63,812	-	-	63,812	63,812	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	-	162,500	7	157,913	151,429	11,064
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	66,050	-	-	66,050	66,050	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	-	23,000	7	22,991	21,465	1,528
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	61,772	-	-	61,772	61,772	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	52,500	-	7	52,507	52,507	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	64,004	-	-	64,004	64,004	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	29,000	-	7	29,007	29,007	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	63,935	-	-	63,935	63,935	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	61,951	-	-	61,951	61,951	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	20,000	-	7	20,007	20,007	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	64,606	-	-	64,606	64,606	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	-	20,500	7	19,679	18,618	1,875
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	63,502	-	-	63,502	63,502	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	-	30,568	7	29,344	27,772	2,789
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	-	7,000	7	6,690	6,332	661
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	173,418	-	-	173,418	173,418	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	40,167	-	-	40,167	40,167	-
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	-	7,500	7	7,097	6,725	768
SEI Funds	SEI Funds SIIT Long Duration Fund Class A	-	32,500	7	31,095	29,464	3,029

See independent auditors' report.

DHG

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

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

A Name of plan: Camden Clark Medical Center Cash PLUS Plan

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: Camden Clark Medical Center

D Employer Identification Number (EIN): 31-1524546

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2014

2 Assets:

a Market value	2a	34,685,843
b Actuarial value	2b	31,977,957

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	122	5,963,587	5,963,587
b For terminated vested participants	393	6,000,227	6,000,227
c For active participants	971	17,529,305	17,659,652
d Total	1,486	29,493,119	29,623,466

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	4a	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b	
5 Effective interest rate	5	6.55 %
6 Target normal cost	6	261,854

Statement by Enrolled Actuary

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

SIGN HERE

Bart Pushaw
Signature of actuary

10/13/2015
Date

Bart Pushaw, ASA
Type or print name of actuary

14-04673
Most recent enrollment number

Milliman, Inc.
Firm name

(214) 863-5500
Telephone number (including area code)

10000 N. Central Expwy., Suite 1500

Dallas TX 75231-2605
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of 17.09%		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		2527031
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.38%		161225
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		2688256
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	107.94 %
15 Adjusted funding target attainment percentage	15	107.94 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	96.51 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
01/06/2014	270,000		07/07/2014	270,000	
02/06/2014	270,000		08/05/2014	270,000	
03/05/2014	270,000		09/09/2014	270,000	
04/04/2014	270,000		10/09/2014	270,000	
05/05/2014	270,000		11/06/2014	270,000	
06/09/2014	270,000		12/08/2014	270,000	
			Totals ► 18(b)	3,240,000	18(c) 0

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

a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	3,145,054

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.99 %	6.32 %	6.99 %	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	0
22 Weighted average retirement age	22	62

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

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	31a	261,854
b Excess assets, if applicable, but not greater than line 31a	31b	261,854

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	3,145,054
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	3,145,054
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

42 Amount of acceleration adjustment	42	
43 Excess installment acceleration amount to be carried over to future plan years	43	

Attachment to 2014 Form 5500
Schedule SB, line 19 - Discounted Employer Contributions

Plan Name Camden Clark Medical Center Cash PLUS Plan **EIN:** 31-1524546
Plan Sponsor's Name Camden Clark Medical Center **PN:** 001

Date of Contributon	Amount	Year Applied	Effective Interest Rate	Interest Adjusted Contribution:
02/06/2014	270,000	2014	6.55	268,316
03/05/2014	270,000	2014	6.55	267,059
04/04/2014	270,000	2014	6.55	265,670
05/05/2014	270,000	2014	6.55	264,243
06/09/2014	270,000	2014	6.55	262,640
07/07/2014	270,000	2014	6.55	261,365
08/05/2014	270,000	2014	6.55	260,051
09/09/2014	270,000	2014	6.55	258,474
10/09/2014	270,000	2014	6.55	257,129
11/06/2014	270,000	2014	6.55	255,881
12/08/2014	270,000	2014	6.55	254,461

Attachment to 2014 Form 5500
Schedule SB, line 19 - Discounted Employer Contributions

Plan Name Camden Clark Medical Center Cash PLUS Plan **EIN:** 31-1524546
Plan Sponsor's Name Camden Clark Medical Center **PN:** 001

Date of Contributon	Amount	Year Applied	Effective Interest Rate	Interest Adjusted Contribution:
02/06/2014	270,000	2014	6.55	268,316
03/05/2014	270,000	2014	6.55	267,059
04/04/2014	270,000	2014	6.55	265,670
05/05/2014	270,000	2014	6.55	264,243
06/09/2014	270,000	2014	6.55	262,640
07/07/2014	270,000	2014	6.55	261,365
08/05/2014	270,000	2014	6.55	260,051
09/09/2014	270,000	2014	6.55	258,474
10/09/2014	270,000	2014	6.55	257,129
11/06/2014	270,000	2014	6.55	255,881
12/08/2014	270,000	2014	6.55	254,461