

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>10/01/2014</u> and ending <u>09/30/2015</u>	
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 ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1968</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1968</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1968</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>GREAT SMOKIES HEALTH FOUNDATION</u> <u>PO BOX 176</u> <u>SYLVA, NC 28779</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>56-1967734</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>828-507-2270</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>56-1967734</u>	2c Plan Sponsor's telephone number <u>828-507-2270</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>56-1967734</u>					
2c Plan Sponsor's telephone number <u>828-507-2270</u>					
2d Business code (see instructions) <u>622000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	<u>07/13/2016</u>	<u>JOANN PALMER</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor		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	761
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)	0
a(2) Total number of active participants at the end of the plan year		6a(2)	0
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	0
d Subtotal. Add lines 6a(2) , 6b , and 6c		6d	0
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.		6e	0
f Total. Add lines 6d and 6e		6f	0
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I 3D			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply)		9b Plan benefit arrangement (check all that apply)	
(1) ☐ Insurance		(1) ☐ Insurance	
(2) ☐ Code section 412(e)(3) insurance contracts		(2) ☐ Code section 412(e)(3) insurance contracts	
(3) ☒ Trust		(3) ☒ Trust	
(4) ☐ General assets of the sponsor		(4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules		b General Schedules	
(1) ☒ R (Retirement Plan Information)		(1) ☒ H (Financial Information)	
(2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary		(2) ☐ I (Financial Information – Small Plan)	
(3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		(3) ☐ A (Insurance Information)	
		(4) ☒ 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 _____

<div>SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Single-Employer Defined Benefit Plan Actuarial Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500 or 5500-SF.</div>	<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015

▶ Round off amounts to nearest dollar.
▶ Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF GREAT SMOKIES HEALTH FOUNDATION	D Employer Identification Number (EIN) 56-1967734

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B **F** Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month 10 Day 01 Year 2014			
2 Assets:			
a Market value	2a	22219436	
b Actuarial value	2b	21885311	
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.....	242	9793462	9793462
b For terminated vested participants.....	519	7921579	7921579
c For active participants.....	0	0	0
d Total.....	761	17715041	17715041
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	6.50%	
6 Target normal cost	6	127117	

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		07/07/2016
Signature of actuary		Date
PAUL B. BURDULIS		14-03785
Type or print name of actuary		Most recent enrollment number
STANLEY, HUNT, DUPREE & RHINE		864-527-0630
Firm name		Telephone number (including area code)
47 AIRPARK CT. GREENVILLE, SC 29607		
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 <u>10.47</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		6791526
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 <u>6.33</u> %		429904
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		7221430
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	123.54 %
15 Adjusted funding target attainment percentage	15	123.54 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	75.05 %
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
09/28/2015	2421221	0			
09/30/2015	2136	0			
			Totals ▶	18(b)	2423357
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2276630
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
0	0	0
		(4) 4th
		0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 3
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	127117	
b Excess assets, if applicable, but not greater than line 31a	31b	127117	
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
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	2276630	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	2276630	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☒ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☒ 2010 ☒ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015		
A Name of plan WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 GREAT SMOKIES HEALTH FOUNDATION	D Employer Identification Number (EIN) 56-1967734	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

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

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

BB&T INSURANCE SERVICES D/B/A SHDR

56-1623293

(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 50	NONE	154990	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MCGRIFF, SEIBELS & WILLIAMS

58-1834091

(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?
22 50	NONE	120000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51 62 52 71 60	BROKERAGE	80920	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

BANK OF AMERICA

94-1687665

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	25671	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>10/01/2014</u> and ending <u>09/30/2015</u>		
A Name of plan <u>WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GREAT SMOKIES HEALTH FOUNDATION</u>		D Employer Identification Number (EIN) <u>56-1967734</u>

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a	7091	2137
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions.....	1b(1)		
	(2) Participant contributions.....	1b(2)		
	(3) Other.....	1b(3)	0	508787
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1370521	0
	(2) U.S. Government securities	1c(2)	0	0
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(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)	0	0
	(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)	20841824	238191
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	22219436	749115

Liabilities

g Benefit claims payable	1g	0	237912
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	237912

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	22219436	511203
---	-----------	----------	--------

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)	2423357	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2423357
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)	2246	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		2246
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	39	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	527923	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		527962
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	61451132	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	61875877	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-424745
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		101956
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2630776

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	23920139	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		23920139
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	300661	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)	87961	
(4) Other.....	2i(4)	30248	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		418870
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		24339009

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-21708233
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: PYA, PC

(2) EIN: 62-1511779

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
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: 0

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.
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For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015

A Name of plan <u>WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>GREAT SMOKIES HEALTH FOUNDATION</u>	D Employer Identification Number (EIN) <u>56-1967734</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>94-1687665</u> <u>22-3513863</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>529</u>

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%
- b** Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

**Audited Financial Statements
and Supplemental Schedules**

**Years Ended September 30, 2015 (in liquidation)
and 2014 (ongoing)**



WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Audited Financial Statements and Supplemental Schedules

Years Ended September 30, 2015 (in liquidation) and 2014 (ongoing)

Independent Auditor's Report.....	1
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Audited Financial Statements

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INDEPENDENT AUDITOR'S REPORT

To the Plan Administrator of
Westcare Health System Retirement Income Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Westcare Health System Retirement Income Plan (the Plan), which comprise the Statements of Net Assets Available for Benefits as of September 30, 2015 (in liquidation) and September 30, 2014 (ongoing), and the related Statements of Changes in Net Assets Available for Benefits for the years then ended, and the Statement of Accumulated Plan Benefits as of September 30, 2014, and the related Statement of Changes in Accumulated Plan Benefits for the year 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 accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note C, which was certified by Bank of America, N.A., 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 and for the years ended September 30, 2015 and 2014, 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.

Emphasis of Matter

As discussed in Note A, the Plan was terminated as of April 30, 2015. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting from the ongoing plan basis used in presenting the 2014 financial statements to the liquidation basis used in presenting the 2015 financial statements. Our opinion is not modified with respect to this matter.

Other Matter

The Schedule of Assets Held at End of Year as of September 30, 2015 and the Schedule of Reportable Transactions for the year ended September 30, 2015 are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by 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.

Pershing Gockley & Associates, P.C.

Knoxville, Tennessee
July 8, 2016

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Statements of Net Assets Available for Benefits

		<i>September 30,</i>	
		<i>2015</i>	<i>2014</i>
		<i>(in Liquidation)</i>	<i>(Ongoing)</i>
ASSETS			
Investments, at fair value:			
Cash and cash equivalents	\$	240,328	\$ 1,377,612
Mutual funds		-	20,841,824
		240,328	22,219,436
Receivables:			
Accrued investment income		9,673	-
Due from participants		255,214	-
Other		243,900	-
		508,787	-
TOTAL ASSETS		749,115	22,219,436
LIABILITIES			
Benefits payable		237,912	-
Due to sponsor		511,203	-
TOTAL LIABILITIES		749,115	-
NET ASSETS AVAILABLE FOR BENEFITS	\$	-	\$ 22,219,436

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Statements of Changes in Net Assets Available for Benefits

	<i>Year Ended September 30,</i>	
	<i>2015</i>	<i>2014</i>
	<i>(in Liquidation)</i>	<i>(Ongoing)</i>
Additions to net assets attributed to:		
Investment income:		
Net appreciation (depreciation) in fair value of investments \$	(322,789)	\$ 1,272,073
Interest and dividends	530,208	289,199
Less investment expenses	-	(171,159)
	207,419	1,390,113
Contributions:		
Employer	1,912,154	7,912,159
TOTAL ADDITIONS	2,119,573	9,302,272
Deductions from net assets attributed to:		
Benefits paid or payable to participants	23,920,139	962,452
Administrative expenses	418,870	109,404
TOTAL DEDUCTIONS	24,339,009	1,071,856
NET INCREASE (DECREASE)	(22,219,436)	8,230,416
NET ASSETS AVAILABLE FOR BENEFITS,		
BEGINNING OF YEAR	22,219,436	13,989,020
NET ASSETS AVAILABLE FOR BENEFITS,		
END OF YEAR	\$ -	\$ 22,219,436

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Statement of Accumulated Plan Benefits

	<i>September 30, 2014 (Ongoing)</i>
Actuarial present value of accumulated Plan benefits:	
Vested benefits:	
Retired participants and beneficiaries receiving payments	\$ 8,964,548
Terminated vested participants	6,979,456
Other participants	-
Total vested benefits	15,944,004
Nonvested benefits	-
Total actuarial present value of accumulated Plan benefits	<u>\$ 15,944,004</u>

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Statement of Changes in Accumulated Plan Benefits

	<i>Year Ended September 30, 2014 (Ongoing)</i>
Actuarial present value of accumulated Plan benefits, beginning of year	\$ 15,865,165
Benefits paid	(962,452)
Benefits earned	(113,157)
Change in assumptions, including change in discount rate and other	-
Increase for interest due to the decrease in the discount period	1,154,448
Actuarial present value of accumulated Plan benefits, end of year	<u>\$ 15,944,004</u>

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Notes to Financial Statements

Years Ended September 30, 2015 (in Liquidation) and 2014 (Ongoing)

NOTE A--DESCRIPTION OF PLAN

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

General: The Plan is a non-contributory defined benefit plan covering certain full-time employees of Westcare Health System (Westcare). The Plan was formed effective October 1, 1997, by the merger of Harris Regional Hospital, Inc. Retirement Income Plan and Swain County Hospital Pension Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

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

During 2014, Westcare sold substantially all assets and transferred certain liabilities to DLP Healthcare (DLP) subject to the terms and conditions of an Asset Purchase Agreement. All employees of Westcare became employees of DLP. Therefore, the Plan had no active participants as of September 30, 2014. Westcare was subsequently renamed Great Smokies Health Foundation (the Foundation) and remains the sponsor of the plan. On December 12, 2014, the Foundation elected to terminate the Plan effective April 30, 2015.

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

Death Benefits: Prior to the Plan termination, if a participant had been married for at least one year, actively employed, eligible for early retirement, and died before the normal retirement date, the employee's spouse would receive 50% of the amount the participant would have received

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Notes to Financial Statements - Continued

Years Ended September 30, 2015 (in Liquidation) and 2014 (Ongoing)

had he or she retired on the date of death. If a participant was not married or not eligible for early retirement and died before the normal retirement date, no death benefit was paid. If a participant worked subsequent to the normal retirement date and died before actual retirement, the date of death was considered to be the date of retirement, and any benefits were paid to the participant's spouse under the payment plan designated by the participant.

Termination Benefits: Upon termination of the Plan, participants who are not currently receiving benefit payments may elect to be paid a termination benefit in one of the following forms: a lump sum payment equal to the actuarial equivalent lump sum value of the participant's accrued benefit or an immediate monthly annuity that is the actuarial equivalent of the participant's accrued benefit payable beginning on the normal retirement date. If the actuarial equivalent lump sum value of a participant's vested accrued benefit does not exceed \$5,000, the participant will receive a lump sum distribution.

Participants who are receiving benefit payments on the termination date may elect the actuarial equivalent lump sum value of all future benefit payments as of the annuity starting date otherwise payable under the form of payment then in effect or to continue receiving payments under the form then in effect.

NOTE B--SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

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

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

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

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

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Notes to Financial Statements - Continued

Years Ended September 30, 2015 (in Liquidation) and 2014 (Ongoing)

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

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

The actuarial present value of accumulated plan benefits is determined by an independent actuary and is that amount that results from applying the actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of September 30, 2014, were life expectancy of participants (the 2013 Static Mortality Table, updated annually as prescribed by the IRS), retirement age assumptions (the assumed retirement age was 65 or the completion of five years of service, if later), and investment return (7.5% per annum, compounded annually for 2014). The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Upon Plan termination, different actuarial assumptions and other factors were applicable in determining the actuarial present value of accumulated plan benefits.

Payment of Benefits: Benefit payments to participants are recorded upon distribution or when such amount can be reasonably determined during Plan liquidation.

Administrative Expenses: Certain administrative expenses are paid directly by the Foundation.

Subsequent Events: Plan management has evaluated subsequent events through July 9, 2016, the date the financial statements were available to be issued. Other than as disclosed in Note H, management did not note any material recognizable subsequent events that required recognition or disclosure in the financial statements.

NOTE C--CERTIFIED INVESTMENT INFORMATION

The Plan's investments as of September 30, 2015 and 2014 are held by Bank of America, N.A., the Plan's trustee. All investment related information in the accompanying financial statements

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Notes to Financial Statements - Continued

Years Ended September 30, 2015 (in Liquidation) and 2014 (Ongoing)

and supplemental schedules was obtained or derived from information certified to as complete and accurate by the trustee. Investments that represent 5% or more of the Plan's net assets are separately identified as follows as of September 30:

	<i>2015</i>	<i>2014</i>
	<i>(in Liquidation)</i>	<i>(Ongoing)</i>
Investments, at fair value:		
BIF Money Fund	\$ 238,191	\$ 1,370,521
PNC Ultra Short Bond Fund	-	5,642,287
Pimco Low Duration Fund	-	5,869,465
Prudential Short Term Corporate Bond Fund	-	9,330,072

During 2015 and 2014, the Plan's investments in shares of mutual funds, including investments bought, sold, and held at year end, appreciated (depreciated) in value by (\$322,789) and \$1,272,073, respectively.

NOTE D--FAIR VALUE MEASUREMENTS

Fair Value Measurements: The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

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

- *Level 3:* Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Notes to Financial Statements - Continued

Years Ended September 30, 2015 (in Liquidation) and 2014 (Ongoing)

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

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

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

The following table sets forth by level within the fair value hierarchy, the Plan's assets at fair value as of September 30, 2015 and 2014:

	<i>Carrying Value</i>	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>
September 30, 2015				
Cash and money market funds	\$ 240,328	\$ 240,328	\$ -	\$ -
Total Assets	\$ 240,328	\$ 240,328	\$ -	\$ -
September 30, 2014				
Cash and money market funds	\$ 1,377,612	\$ 1,377,612	\$ -	\$ -
Mutual funds: Bond funds	20,841,824	20,841,824		
Total Assets	\$ 22,219,436	\$ 22,219,436	\$ -	\$ -

NOTE E--FUNDING POLICY

Prior to the Plan's termination, the funding policy was for Westcare to make annual contributions to the Plan in amounts based upon the minimum contributions, as determined annually by the Plan's actuary, such that all employees' benefits would be fully provided by the time they retire. Upon Plan termination, the Foundation contributed to the Plan, the actuarially determined amount needed to pay all termination benefits and related termination expenses.

NOTE F--TAX STATUS

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

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Notes to Financial Statements - Continued

Years Ended September 30, 2015 (in Liquidation) and 2014 (Ongoing)

letter; however, the Plan administrator believes that the Plan was designed and operated in compliance with the applicable requirements of the Internal Revenue Code, and the Plan and related trust continue to be tax-exempt. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Plan Administrator believes it is no longer subject to income tax examinations for years prior to September 30, 2012.

NOTE G--RELATED-PARTY TRANSACTIONS

Certain plan investments were managed by a division of Bank of America, N.A., the trustee of the Plan. Additionally, actuarial services were provided to the Plan by a subsidiary of the trustee. Fees paid by the Plan to Bank of America, N.A. and its related companies totaled approximately \$260,000 and \$170,000 for the years ended September 30, 2015 and 2014, respectively.

NOTE H--VOLUNTARY CORRECTION PROGRAM

Subsequent to yearend, the Plan submitted an application for the Voluntary Compliance Program (VCP) under the Employees Plans Compliance Resolution System to correct the benefit distributions to three participants related to the plan liquidation. The distributions resulted in overpayments totaling \$255,214. The overpayments are reported as a receivable from participants in the accompanying financial statements and were subsequently repaid by the participants. The VCP filing requests approval to release the repaid amounts to the Plan sponsor as part of the plan liquidation.

NOTE I--RECONCILIATION TO FORM 5500

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

	<i>September 30, 2015</i>
Net assets available for benefits per the financial statements	\$ -
Liquidation adjustment - due to sponsor	511,203
Net assets available for benefits per the Form 5500	<u>\$ 511,203</u>

The following is a reconciliation of contributions per the financial statements to the Form 5500:

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Notes to Financial Statements - Continued

Years Ended September 30, 2015 (in Liquidation) and 2014 (Ongoing)

	<i>Year Ended September 30, 2015</i>
Contributions per the financial statements	\$ 1,912,154
Liquidation adjustment - excess contributions	511,203
Total investment income per the Form 5500	<u>\$ 2,423,357</u>

Supplemental Schedules

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

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

EIN: 56-0714394

PN: 001

September 30, 2015 (in liquidation)

(a)	(b) <i>Identity of Issuer, Borrower, Lessor, or Similar Party</i>	(c) <i>Description of Investment</i>	(d) <i>Historical</i>		(e) <i>Current</i>	
			<i>Cost Value</i>		<i>Value</i>	
	CASH	Cash	\$	2,137	\$	2,137
	BIF MONEY FUND	Money Market Funds		238,191		238,191
			\$	240,328	\$	240,328

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

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Schedule H, line 4j - Schedule of Reportable Transactions

EIN: 56-0714394

PN: 001

For the year ended September 30, 2015 (in liquidation)

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transaction	(g) Historical Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Historical Gain (Loss)
Bank of America, N.A.	BIF Money Fund	\$ 39,455,987	\$ 40,588,317	- \$	39,455,987	\$ 39,455,987	\$ -
		-		-	40,588,317	40,588,317	-
Bank of America, N.A.	PNC Ultra Short Bond Fund	99,700	5,732,334	-	99,700	99,700	-
		-		-	5,743,890	5,732,334	(11,556)
Bank of America, N.A.	Pimco Low Duration Fund	100,458	5,751,654	-	100,458	100,458	-
		-		-	5,991,767	5,751,654	(240,113)
Bank of America, N.A.	Prudential Short Term Corporate Bond Fund	163,871	9,378,745	-	163,871	163,871	-
		-		-	9,551,903	9,378,745	(173,158)

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

Statement of Actuarial Assumptions

Prescribed Interest Rates

	Current Year	Prior Year
Applicable Month	July	July
First Segment (0-5 years)	4.99%	4.94%
Second Segment (6-20 years)	6.32%	6.15%
Third Segment (over 20 years)	6.99%	6.76%
Effective Interest Rate:	6.50%	6.33%
PBGC Variable Premium Rate:	Alternate Method	Alternate Method
First Segment (0-5 years)	1.40%	1.41%
Second Segment (6-20 years)	3.98%	4.07%
Third Segment (over 20 years)	5.04%	5.11%

Disability

Not applicable.

Prescribed Mortality

IRS 2014 Static Mortality Table. (updated annually as prescribed by IRS)

Termination

Not applicable.

Assumed Retirement

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

Marriage

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

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

Expenses

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

Statement of Actuarial Assumptions (continued)

Salary Scale

Not Applicable.

Covered Compensation

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

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

IRS Limits

The IRS maximum Benefit Limit for the 2014 Plan Year is \$210,000.

The IRS maximum Compensation Limit for the 2014 Plan Year is \$260,000.

Form of Payment

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

Census Data

- No future new entrants.
- No rehire of former employees.
- No liability is held for non-vested former employees even if a break-in-service has not occurred as of the valuation date.

Changes in Non-prescribed Assumptions Since the Prior Valuation

Disability Rates, Termination Rates, and Form of Payment for active participants are no longer applicable.

Statement of Actuarial Funding Method

Actuarial Cost Method

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

When the Adjusted Plan Assets (Actuarial Value of Assets, reduced by any retained credit balances), are less than the Funding Target, a Shortfall Amortization Base must be established unless the exemption is met. The Shortfall Amortization Base is amortized over a 7-year period using the funding segment rates of the prescribed corporate bond yield curve. New Shortfall Amortization Bases are established each year based on the plan's funded status each year, and all bases are maintained until either fully amortized or until the Adjusted Plan Assets exceed the Funding Target.

Actuarial Value of Assets

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

Valuation Date

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

Changes Since the Prior Valuation

Stabilized IRS prescribed limits on funding segment rates under the Highway and Transportation Funding Act of 2014 (HATFA-14) were applied.

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

Schedule H, line 4j - Schedule of Reportable Transactions

EIN: 56-0714394

PN: 001

For the year ended September 30, 2015 (in liquidation)

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(f) Expense Incurred with Transaction	(g) Historical Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Historical Gain (Loss)
Bank of America, N.A.	BIF Money Fund	\$ 39,455,987	\$ -	\$ -	\$ 39,455,987	\$ 39,455,987	\$ -
			40,588,317	-	40,588,317	40,588,317	-
Bank of America, N.A.	PNC Ultra Short Bond Fund	99,700	-	-	99,700	99,700	-
		-	5,732,334	-	5,743,890	5,732,334	(11,556)
Bank of America, N.A.	Pimco Low Duration Fund	100,458	-	-	100,458	100,458	-
		-	5,751,654	-	5,991,767	5,751,654	(240,113)
Bank of America, N.A.	Prudential Short Term Corporate Bond Fund	163,871	-	-	163,871	163,871	-
		-	9,378,745	-	9,551,903	9,378,745	(173,158)

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

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	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
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For calendar plan year 2014 or fiscal plan year beginning 10/01/2014 and ending 09/30/2015

► **Round off amounts to nearest dollar.**
 ► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Great Smokies Health Foundation	D Employer Identification Number (EIN) 56-1967734	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1 Enter the valuation date: Month <u>10</u> Day <u>01</u> Year <u>2014</u>			
2 Assets:			
a Market value	2a	22,219,436	
b Actuarial value	2b	21,885,311	
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.....	242	9,793,462	9,793,462
b For terminated vested participants.....	519	7,921,579	7,921,579
c For active participants.....	0	0	0
d Total.....	761	17,715,041	17,715,041
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	6.50%	
6 Target normal cost.....	6	127,117	

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	<u>07/07/2016</u> Date
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PAUL B. BURDULIS Type or print name of actuary STANLEY, HUNT, DUPREE & RHINE Firm name	1403785 Most recent enrollment number 864-527-0630 Telephone number (including area code)
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47 Airpark Ct.
 Greenville SC 29607
 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 <u>10.47%</u>	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		6,791,526
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 <u>6.33%</u>		429,904
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		7,221,430
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	123.54 %
15	Adjusted funding target attainment percentage	15	123.54 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	75.05 %
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:

Total amount paid 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	
09/28/2015	2,421,221	0				
09/30/2015	2,136	0				
			Totals ►	18(b)	2,423,357	18(c)
						0

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

a Contributions allocated toward unpaid minimum required contributions from prior years.....	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2,276,630

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:			
a Segment rates:	1st segment: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%
			☐ N/A, full yield curve used
b Applicable month (enter code)			21b 3
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute			

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)		31a	127,117
b Excess assets, if applicable, but not greater than line 31a		31b	127,117
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
35 Balances elected for use to offset funding requirement			Total balance
			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	2,276,630
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	2,276,630
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances		38b	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)		39	0
40 Unpaid minimum required contributions for all years		40	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected		☐ 2 plus 7 years ☒ 15 years	
b Eligible plan year(s) for which the election in line 41a was made		☐ 2008 ☐ 2009 ☒ 2010 ☒ 2011	
42 Amount of acceleration adjustment		42	0
43 Excess installment acceleration amount to be carried over to future plan years		43	0

Description of Weighted Average Retirement Age

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

Summary of Plan Provisions

General Information

Valuation Date	October 1, 2014
Original Effective Date	January 1, 1968
Effective Date of Last Amendment	August 20, 2013
Plan Year	October 1 to September 30
Employer Fiscal Year	October 1 to September 30
Employer ID Number	56-1967734
Plan Administrator's ID Number	56-1967734
Plan Number	001
Plan Administrator	Great Smokies Health Foundation

Eligibility Requirements

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

Plan Entry Dates

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

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

Service Definitions

Years of Service

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

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

Benefit Service

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

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

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

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

Annual Accrual

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

Compensation

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

Summary of Plan Provisions (continued)

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

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

Vesting

All Participants shall be vested according to the following schedule:

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

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

Vested Benefit

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

Normal Retirement

Eligibility

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

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

Benefit

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

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

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

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

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

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

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

Summary of Plan Provisions (continued)

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

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

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

Accrued Benefit

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

Delayed Retirement

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

Early Retirement

Eligibility

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

Benefit

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

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

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

Disability Retirement

Eligibility

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

Benefit

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

Payments

Payments commence on the Participant's Normal Retirement Date.

Summary of Plan Provisions (continued)

Death Benefit

Eligibility

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

Benefit Definition

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

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

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

Post-retirement Death Benefits

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

Methods of Payments

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

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

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

Contributions

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

Amendments

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

Changes Since Prior Valuation - None

WESTCARE HEALTH SYSTEM RETIREMENT INCOME PLAN

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

EIN: 56-0714394

PN: 001

September 30, 2015 (in liquidation)

(a)	(b)		(d)		(e)	
	Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment	Historical Cost Value		Current Value	
	CASH	Cash	\$	2,137	\$	2,137
	BIF MONEY FUND	Money Market Funds		238,191		238,191
			\$	240,328	\$	240,328

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

Change in Method

The basis of the funding segmented interest rates have been updated to utilize the 2014 funding segmented rates under HATFA-14 for the Minimum Required Contribution.