# 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), and 6058(a) of the Internal Revenue Code (the Code).

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

OMB Nos. 1210-0110
1210-0089

**2009**

**This Form is Open to Public Inspection**

## Part I Annual Report Identification Information

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

**B** This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

**C** If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

**D** Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

## Part II Basic Plan Information—enter all requested information

**1a** Name of plan
BRAXTON COUNTY MEMORIAL HOSPITAL INC RETIREMENT SAVINGS PLAN

**1b** Three-digit plan number (PN) ▶ 002

**1c** Effective date of plan 01/01/1998

**2a** Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
BRAXTON COUNTY MEMORIAL HOSPITAL INC

100 HOYLMAN DRIVE
GASSAWAY, WV 26624

100 HOYLMAN DRIVE
GASSAWAY, WV 26624

**2b** Employer Identification Number (EIN)
55-0611919

**2c** Sponsor's telephone number
304-364-5156

**2d** Business code (see instructions)
622000

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

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

| | | | |
|---|---|---|---|
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/14/2010 | BEN VINCENT |
| | **Signature of plan administrator** | Date | Enter name of individual signing as plan administrator |
| **SIGN HERE** | Filed with authorized/valid electronic signature. | 10/14/2010 | BEN VINCENT |
| | **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 |

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")
BRAXTON COUNTY MEMORIAL HOSPITAL INC

100 HOYLMAN DRIVE
GASSAWAY, WV 26624

**3b** Administrator's EIN
55-0611919

**3c** Administrator's telephone number
304-364-5156

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

**a** Sponsor's name

**4b** EIN

**4c** PN

| | | | |
|---|---|---|---|
| **5** | Total number of participants at the beginning of the plan year | **5** | 200 |
| **6** | Number of participants as of the end of the plan year (welfare plans complete only lines **6a, 6b, 6c,** and **6d**). | | |
| **a** | Active participants | **6a** | 146 |
| **b** | Retired or separated participants receiving benefits | **6b** | |
| **c** | Other retired or separated participants entitled to future benefits | **6c** | 42 |
| **d** | Subtotal. Add lines **6a**, **6b**, and **6c** | **6d** | 188 |
| **e** | Deceased participants whose beneficiaries are receiving or are entitled to receive benefits | **6e** | |
| **f** | Total. Add lines **6d** and **6e** | **6f** | 188 |
| **g** | Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) | **6g** | 142 |
| **h** | Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested | **6h** | |
| **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 Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 3D

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

**9a** Plan funding arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | General assets of the sponsor |

**9b** Plan benefit arrangement (check all that apply)

| | | |
|---|---|---|
| **(1)** | | Insurance |
| **(2)** | | Code section 412(e)(3) insurance contracts |
| **(3)** | X | Trust |
| **(4)** | | General assets of the sponsor |

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

**a Pension Schedules**

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

**b General Schedules**

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

| SCHEDULE C (Form 5500) | Service Provider Information | OMB No. 1210-0110 |
|---|---|---|
| Department of the Treasury<br>Internal Revenue Service<br>Department of Labor<br>Employee Benefits Security Administration<br>Pension Benefit Guaranty Corporation | This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br>▶ **File as an attachment to Form 5500.** | **2009**<br>**This Form is Open to Public Inspection.** |

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

| **A** Name of plan | **B** Three-digit plan number (PN) ▶ | |
|---|---|---|
| BRAXTON COUNTY MEMORIAL HOSPITAL INC RETIREMENT SAVINGS PLAN | | 002 |
| **C** Plan sponsor's name as shown on line 2a of Form 5500 | **D** Employer Identification Number (EIN) | |
| BRAXTON COUNTY MEMORIAL HOSPITAL INC | 55-0611919 | |

## Part I Service Provider Information (see instructions)

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

### 1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

## Part I Service Provider Information (continued)

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

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| FIDELITY INV. INSTITUTIONAL CO. INC | 28 51 52 | 0 |

| **(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 |
|---|---|---|
| | | 0 |

| **(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. |
|---|---|
| FID PURITAN<br><br>04-2647786 | .41% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | 0 |

| **(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. |
|---|---|
| FID GMNA<br><br>04-2647786 | .32% |

## 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 |
|---|---|---|
| | | 0 |

| **(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. |
|---|---|
| FID CONTRAFUND<br><br>04-2647786 | .80% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | 0 |

| **(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. |
|---|---|
| FID EQUITY INCOME<br><br>04-2647786 | .46% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | 0 |

| **(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. |
|---|---|
| FID GROWTH COMPANY<br><br>04-2647786 | .62% |

## 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 |
|---|---|---|
| | | 0 |
| **(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. | |
| FID INVST GR BD<br><br>04-2647786 | .32% | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | 0 |
| **(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. | |
| FID GROWTH & INCOME<br><br>04-2647786 | .46% | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | 0 |
| **(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. | |
| FID INTERMED BOND<br><br>04-2647786 | .32% | |

## 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 |
|---|---|---|
| | | 0 |

| **(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. |
|---|---|
| FID OTC PORTFOLIO<br><br>04-2647786 | .83% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | 0 |

| **(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. |
|---|---|
| FID OVERSEAS<br><br>04-2647786 | .67% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | 0 |

| **(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. |
|---|---|
| FID EUROPE<br><br>04-2647786 | .74% |

## 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 |
|---|---|---|
| | | 0 |
| **(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. | |
| FID PACIFIC BASIN<br><br>04-2647786 | .45% | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | 0 |
| **(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. | |
| FID BALANCED<br><br>04-2647786 | .41% | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | 0 |
| **(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. | |
| FID BLUE CHIP GROWTH<br><br>04-2647786 | .44% | |

## 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 |
|---|---|---|
| | | 0 |

| **(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. |
|---|---|
| FID ASSET MGR 50%<br><br>04-2647786 | .51% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | 0 |

| **(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. |
|---|---|
| FID DISCIPLINED EQTY<br><br>04-2647786 | .52% |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | 0 |

| **(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. |
|---|---|
| FID ASSET MGR 70%<br><br>04-2647786 | .56% |

## 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 |
|---|---|---|
| | | 0 |

| **(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. |
|---|---|
| FID FREEDOM INCOME<br><br>04-2647786 | .48% * 5 |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | 0 |

| **(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. |
|---|---|
| FID FREEDOM 2000<br><br>04-2647786 | .49% * 5 |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | 0 |

| **(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. |
|---|---|
| FID FREEDOM 2010<br><br>04-2647786 | .64% * 5 |

## 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 |
|---|---|---|
| | | 0 |

| **(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. |
|---|---|
| FID FREEDOM 2020<br><br>04-2647786 | .72% * 5 |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | 0 |

| **(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. |
|---|---|
| FID FREEDOM 2030<br><br>04-2647786 | .76% * 5 |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | 0 |

| **(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. |
|---|---|
| FID SHORT TERM BOND<br><br>04-2647786 | .32% |

## 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 |
|---|---|---|
| | | 0 |
| **(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. | |
| FIDELITY RETIRE MMKT<br><br>04-2647786 | .42% | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | 0 |
| **(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. | |
| FIDELITY RET GOVT MM<br><br>04-2647786 | .42% | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | 0 |
| **(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. | |
| SPARTAN US EQ INDEX<br><br>04-2647786 | .07% | |

## 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 |
|---|---|---|
| | | 0 |
| **(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. | |
| FIDELITY US BD INDEX<br><br>04-2647786 | .29% | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | 0 |
| **(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. | |
| FID FREEDOM 2040<br><br>04-2647786 | .79% * 5 | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | 0 |
| **(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. | |
| FID FREEDOM 2015<br><br>04-2647786 | .67% * 5 | |

## 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 |
|---|---|---|
| | | 0 |
| **(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. | |
| FID FREEDOM 2025<br><br>04-2647786 | .74% * 5 | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | 0 |
| **(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. | |
| FID FREEDOM 2035<br><br>04-2647786 | .78% * 5 | |

| **(a)** Enter service provider name as it appears on line 2 | **(b)** Service Codes (see instructions) | **(c)** Enter amount of indirect compensation |
|---|---|---|
| | | 0 |
| **(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. | |
| FID FREEDOM 2045<br><br>04-2647786 | .80% * 5 | |

## 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 |
|---|---|---|
| | | 0 |
| **(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. | |
| FID FREEDOM 2050<br><br>04-2647786 | .82% * 5 | |

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

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

## Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

# SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Financial Information

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

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

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
BRAXTON COUNTY MEMORIAL HOSPITAL INC RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
BRAXTON COUNTY MEMORIAL HOSPITAL INC

**D** Employer Identification Number (EIN)
55-0611919

## Part I Asset and Liability Statement

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|
| **a** Total noninterest-bearing cash | 1a | | |
| **b** Receivables (less allowance for doubtful accounts): | | | |
| **(1)** Employer contributions | 1b(1) | 3123 | 3442 |
| **(2)** Participant contributions | 1b(2) | 9481 | 11287 |
| **(3)** Other | 1b(3) | | |
| **c** General investments: | | | |
| **(1)** Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 133489 | 119584 |
| **(2)** U.S. Government securities | 1c(2) | | |
| **(3)** Corporate debt instruments (other than employer securities): | | | |
| **(A)** Preferred | 1c(3)(A) | | |
| **(B)** All other | 1c(3)(B) | | |
| **(4)** Corporate stocks (other than employer securities): | | | |
| **(A)** Preferred | 1c(4)(A) | | |
| **(B)** Common | 1c(4)(B) | | |
| **(5)** Partnership/joint venture interests | 1c(5) | | |
| **(6)** Real estate (other than employer real property) | 1c(6) | | |
| **(7)** Loans (other than to participants) | 1c(7) | | |
| **(8)** Participant loans | 1c(8) | 87455 | 108698 |
| **(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) | 1374197 | 2100469 |
| **(14)** Value of funds held in insurance company general account (unallocated contracts) | 1c(14) | | |
| **(15)** Other | 1c(15) | | |

| | | | (a) Beginning of Year | (b) End of Year |
|---|---|---|---|---|
| **1d** | Employer-related investments: | | | |
| | **(1)** Employer securities | 1d(1) | | |
| | **(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 | 1607745 | 2343480 |
| | **Liabilities** | | | |
| **g** | Benefit claims payable | 1g | | |
| **h** | Operating payables | 1h | | |
| **i** | Acquisition indebtedness | 1i | | |
| **j** | Other liabilities | 1j | 4043 | 3981 |
| **k** | Total liabilities (add all amounts in lines 1g through1j) | 1k | 4043 | 3981 |
| | **Net Assets** | | | |
| **l** | Net assets (subtract line 1k from line 1f) | 1l | 1603702 | 2339499 |

## 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) | 88602 | |
| | **(B)** Participants | 2a(1)(B) | 245240 | |
| | **(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) | | 333842 |
| **b** | **Earnings on investments:** | | | |
| | **(1)** Interest: | | | |
| | **(A)** Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 433 | |
| | **(B)** U.S. Government securities | 2b(1)(B) | | |
| | **(C)** Corporate debt instruments | 2b(1)(C) | | |
| | **(D)** Loans (other than to participants) | 2b(1)(D) | | |
| | **(E)** Participant loans | 2b(1)(E) | 5320 | |
| | **(F)** Other | 2b(1)(F) | 36280 | |
| | **(G)** Total interest. Add lines **2b(1)(A)** through **(F)** | 2b(1)(G) | | 42033 |
| | **(2)** Dividends: **(A)** Preferred stock | 2b(2)(A) | | |
| | **(B)** Common stock | 2b(2)(B) | | |
| | **(C)** Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | | |
| | **(D)** Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)** | 2b(2)(D) | | |
| | **(3)** Rents | 2b(3) | | |
| | **(4)** Net gain (loss) on sale of assets: **(A)** Aggregate proceeds | 2b(4)(A) | | |
| | **(B)** Aggregate carrying amount (see instructions) | 2b(4)(B) | | |
| | **(C)** Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result | 2b(4)(C) | | |

| | | (a) Amount | (b) Total |
|---|---|---|---|
| 2b (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) | | |
| (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) | | 431149 |
| c Other income | 2c | | 556 |
| d Total income. Add all **income** amounts in column (b) and enter total | 2d | | 807580 |
| **Expenses** | | | |
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 68962 | |
| (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) | | 68962 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions) | 2g | | 983 |
| h Interest expense | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 1838 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 1838 |
| j Total expenses. Add all **expense** amounts in column (b) and enter total | 2j | | 71783 |
| **Net Income and Reconciliation** | | | |
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 735797 |
| 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)** [X] Disclaimer **(4)** [ ] Adverse

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

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

**(1)** Name: ARNETT & FOSTER, P.L.L.C. **(2)** EIN: 55-0486667

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

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

## Part IV Compliance Questions

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

During the plan year:

| | | Yes | No | Amount |
|---|---|---|---|---|
| **a** | Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) | 4a | | X | |
| **b** | Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.) | 4b | | X | |
| **c** | Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) | 4c | | X | |
| **d** | Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.) | 4d | | X | |
| **e** | Was this plan covered by a fidelity bond? | 4e | X | | 1000000 |
| **f** | Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? | 4f | | X | |
| **g** | Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4g | | X | |
| **h** | Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? | 4h | | X | |
| **i** | Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) | 4i | X | | |
| **j** | Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.) | 4j | | X | |
| **k** | Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? | 4k | | X | |
| **l** | Has the plan failed to provide any benefit when due under the plan? | 4l | | X | |
| **m** | If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) | 4m | | X | |
| **n** | If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. | 4n | | X | |

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

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

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

# SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

# Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

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

OMB No. 1210-0110

**2009**

**This Form is Open to Public Inspection.**

For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009

**A** Name of plan
BRAXTON COUNTY MEMORIAL HOSPITAL INC RETIREMENT SAVINGS PLAN

**B** Three-digit plan number (PN) ▶ 002

**C** Plan sponsor's name as shown on line 2a of Form 5500
BRAXTON COUNTY MEMORIAL HOSPITAL INC

**D** Employer Identification Number (EIN)
55-0611919

## Part I Distributions

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

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

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

EIN(s): 04-6568107

**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** 10

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

**4** Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

**If the plan is a defined benefit plan, go to line 8.**

**5** If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

**If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.**

**6** **a** Enter the minimum required contribution for this plan year ..... **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 providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

## Part III Amendments

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

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

**10** Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

**11** **a** Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

**b** If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

**12** Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

## Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

**a** Name of contributing employer

**b** EIN **c** Dollar amount contributed by employer

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

**e** Contribution rate information *(If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

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

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

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

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

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

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

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

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

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

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

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

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

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

# BRAXTON COUNTY MEMORIAL HOSPITAL, INC.
# RETIREMENT SAVINGS PLAN

***Financial Report***

***December 31, 2009***

ARNETT & FOSTER
*Certified Public Accountants, P.L.L.C.*

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ARNETT & FOSTER
Certified Public Accountants, P.L.L.C.

**INDEPENDENT AUDITOR'S REPORT**

To the Board of Directors of Braxton County
Memorial Hospital, Inc. and Plan Administrator
Braxton County Memorial Hospital, Inc.
Retirement Savings Plan
Gassaway, West Virginia

We were engaged to audit the accompanying statements of net assets available for benefits of Braxton County Memorial Hospital, Inc. Retirement Savings Plan as of December 31, 2009 and 2008 and the related statements of changes in net assets available for benefits, for the years then ended, and the supplemental schedule of assets (held at end of year). These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 5 to the financial statements, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. As described in Note 5, the plan administrator has obtained certifications from the trustee regarding the completeness and accuracy of the investment information provided to the plan administrator by the trustee as of and for the years ended December 31, 2009 and 2008.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

**ARNETT & FOSTER, P.L.L.C.**

Arnett + Foster, P.L.L.C.

Charleston, West Virginia
October 13, 2010

**BRAXTON COUNTY MEMORIAL HOSPITAL, INC.**
**RETIREMENT SAVINGS PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**
**December 31, 2009 and 2008**

| | 2009 | 2008 |
|---|---|---|
| **ASSETS** | | |
| Investments at fair value | **$ 2,328,751** | $ 1,595,141 |
| Receivables: | | |
| Contributions – employee | **11,287** | 9,481 |
| Contributions – employer | **3,442** | 3,123 |
| | **14,729** | 12,604 |
| **Total assets** | **2,343,480** | 1,607,745 |
| **LIABILITIES - Excess participant contributions payable** | **3,981** | 4,043 |
| **NET ASSETS AVAILABLE FOR PLAN BENEFITS** | **$ 2,339,499** | $ 1,603,702 |

See Notes to Financial Statements

**BRAXTON COUNTY MEMORIAL HOSPITAL, INC.**
**RETIREMENT SAVINGS PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**
**Years ended December 31, 2009 and 2008**

| | 2009 | 2008 |
|---|---|---|
| **Additions to net assets attributable to:** | | |
| Net appreciation in fair value of investments | **$ 431,149** | $ - |
| Interest/dividends | **42,033** | 60,132 |
| Other Income | **556** | - |
| | **473,738** | 60,132 |
| Contributions: | | |
| Employer | **88,602** | 91,116 |
| Participants, including rollovers of $0 and $7,570 in 2009 and 2008, respectively | **245,240** | 252,343 |
| | **333,842** | 343,459 |
| **Total additions** | **807,580** | 403,591 |
| **Deductions from Net Assets attributable to:** | | |
| Net depreciation in fair value of investments | **-** | 733,142 |
| Benefits paid to participants | **68,962** | 67,061 |
| Deemed Distribution | **983** | - |
| Administrative expenses | **1,838** | 1,413 |
| **Total deductions** | **71,783** | 801,616 |
| **Net increase (decrease)** | **735,797** | (398,025) |
| **Net assets available for benefits:** | | |
| Beginning of year | **1,603,702** | 2,001,727 |
| **End of year** | **$ 2,339,499** | $ 1,603,702 |

See Notes to Financial Statements

**BRAXTON COUNTY MEMORIAL HOSPITAL, INC.**
**RETIREMENT SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS**

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### Note 1. Description of Plan and Significant Accounting Policies

**Plan description:** The following description of the Braxton County Memorial Hospital, Inc. Retirement Savings Plan (the Plan), provides only general information. Participants should refer to the Plan document for more complete information.

**General:** The Plan, which was adopted January 1, 1998, and last amended effective January 1, 2006 (to allow for ROTH contributions and to address Code Sections 401(k) and 401(m) 2004 Final Regulations) is a defined contribution 401(k) and profit sharing plan available to all personnel, except for per diem employees, leased employees, and employees covered by a collective bargaining agreement, of Braxton County Memorial Hospital, Inc. (the Plan Sponsor). The Plan was restated effective April 15, 2010 to adopt the provisions of the Pension Protection Act. Employees are eligible to participate on their first day of employment, or upon reaching the age of 21. The Plan requires completion of 12 months of service and the attainment of age 21 in order to receive employer matching contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

A member of the Braxton County Memorial Hospital, Inc. has been designated by the Plan Sponsor to administer the Plan in accordance with its terms and in accordance with the documents and instruments governing the Plan insofar as such documents and instruments are consistent with the provisions of ERISA.

**Contributions:** Participants may elect to defer an amount from one percent (1%) up to nineteen percent (19%) of their compensation, as defined in the Plan document, limited to the maximum allowed under the Internal Revenue Code for such plan year. Once an employee completes one year of service, the employer makes matching contributions in an amount equal to 100% of the employee's pretax contributions but subject to limitations based on years of service as follows:

| | Matching Percentages of Compensation | |
|---|---|---|
| Length of Service of Participant | % Match | Of the first |
| Less than 1 year | 0% | 0% |
| 1 – 5 years | 100% | 1% |
| 6 – 10 years | 100% | 2% |
| 11 – 15 years | 100% | 3% |
| 16 – 20 years | 100% | 4% |
| 21 + years | 100% | 5% |

The employer may, at its discretion, make additional matching contributions. To be eligible for the discretionary contributions, the employee must be a participant, have completed 1,000 hours of service and be employed the last day of the Plan year.

**Participant investment options:** Each Plan participant has the right to direct all contributions and earnings of their account among investment funds provided under the Plan. Participants should refer to the most recent annual report of each investment fund for information on risk factors, asset concentrations and other financial data. Participants may transfer funds between investment options at any time.

**Participant accounts:** Each participant account is credited with the participant's elective deferrals and any employer contributions. In addition, each participant's account is credited with their share of investment earnings and appreciation/depreciation in the value of investments. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

**Vesting:** Participants are immediately vested in all contributions and earnings which are credited to their respective account.

**Payment of benefits:** Upon retirement (normal retirement age is 59½), death, disability or other termination of employment, as defined in the Plan document, participants or their spouses and/or beneficiaries may elect to receive their account as a lump sum cash payment. Further, upon termination of employment, the participant may elect to transfer his or her account balances to another qualified plan or individual retirement account. Even if a participant continues employment after age 59½, distributions

will be made no later than April 1 of the calendar year after a participant attains age 70½. Lump sum distributions will be made to terminated participants when the vested account balance is less than $1,000. Benefit payments are recorded upon distribution.

The Plan allows for hardship withdrawals for certain employee needs as defined in the Plan document. The Plan Sponsor has sole authority to authorize hardship withdrawals, pursuant to the Plan specifications. Hardship withdrawals approximated $0 and $15,500 for the years ended December 31, 2009 and 2008, respectively.

**Participant loans:** Participant loans will be allowed for any purpose subject to a $1,000 minimum and a maximum amount which is the lesser of one-half of a participant's vested account balance or $50,000 reduced by the highest outstanding loan balance in the participant's loans during the prior twelve months. The participant's account balance serves as collateral for the loan. Loans bear interest at a rate determined by the Plan Administrator based on prevailing industry loan rates. Loans must be repaid in level payments on a bimonthly basis over a five year period (principal residence loans over a fifteen year period).

**Significant accounting policies:** The accounting and reporting policies of the Plan conform to accounting principles generally accepted in the United States of America and to general practices within the employee benefit plan industry. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (US GAAP) requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates. The principles and policies which significantly affect the determination of net assets and the changes in net assets are summarized below.

**Significant New Accounting Pronouncements:** The Financial Accounting Standards Board's (FASB) Accounting Standards Codification (ASC) became effective on July 1, 2009. At that date, the ASC Became the officially recognized source of authoritative accounting principles recognized by the FASB to be applied by non-governmental entities in the preparation of financial statements in conformity with generally accepted accounting principles. All guidance contained in the ASC carries an equal level of authority. All non-grandfathered, non-SEC accounting literature not included in the ASC is superseded and deemed non-authoritative. The switch to the ASC affects the way Plans refer to accounting principles generally accepted in the United States of America in financial statements and accounting policies. Citing particular content in the ASC involves specifying the unique numeric path to the content through the Topic, Subtopic, Section and Paragraph structure.

New authoritative accounting guidance under ASC Topic 855, *Subsequent Events,* establishes general standards of accounting for disclosure of events occurring subsequent to the statement of net assets available for benefits date. It does not change the definition of a subsequent event (i.e. an event or transaction that occurs after the statement of net assets available for benefits date but before the financial statements are issued) but requires disclosure of the state through which subsequent events were evaluated when determining whether adjustment to or disclosure in the financial statements is required. The new authoritative guidance under ASC Topic 855 was effective in 2009 and did not affect the Plan's statement of net assets available for benefits or statement of changes in net assets available for benefits. The Plan has evaluated subsequent events through October 13, 2010, the date the financial statements were available to be issued.

**Basis of accounting:** The financial statements of the Plan are prepared on the accrual basis of accounting.

**Investment valuation:** The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date.

Investment income derived from participant investments is recorded net of investment expenses charged by each respective fund. Participants should refer to the latest fund prospectus or annual report for additional information related to mutual fund fee assessments.

The Plan does not require collateral to secure investment instruments.

### Note 2. Tax Status

The Braxton County Memorial Hospital, Inc. Retirement Savings Plan has adopted the Fidelity Management & Research Co. prototype standardized profit sharing plan. Fidelity has received determination letters dated August 13, 1999 and October 9, 2003 (amendments) that the Plan and related amendments qualifies under Internal Revenue Code Section 401(a). An employer who has adopted the prototype plan will also be considered to have a plan qualified under Section 401(a) provided all of the terms of the Plan are followed, and the eligibility requirements and contribution or benefit provisions are not more favorable for highly compensated employees than other employees. The Plan has been amended and restated since receiving the determination letter. The Plan Administrator believes that the Braxton County Memorial Hospital, Inc. Retirement Savings Plan is currently being operated in compliance with the aforementioned prototype plan and the applicable provisions of the Internal Revenue Code.

### Note 3. Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participant accounts will become fully vested and nonforfeitable.

### Note 4. Related Party Transactions and Investment Administration

Parties-in-interest are defined under Department of Labor Regulations as any fiduciary of the Plan, any party rendering service to the Plan, and certain others. During 2009 and 2008, the Plan Sponsor contracted with Fidelity Management Trust Company (Fidelity) to administer the Plan assets. Administrative functions include participant account maintenance, custodial services, and participant loan services. The only fees paid to Fidelity are paid by the participant for the application of participant loans and those fees are already built into Fidelity's mutual fund structure. Also, quarterly administrative fees paid to Fidelity related to participant loans are charged to the participant's account. These fees approximated $1,800 and $1,400 for the years ended December 31, 2009 and 2008, respectively. Certain other administrative expenses for legal, accounting, and other professional services are paid directly by the Plan Sponsor and not charged to the Plan and certain administrative functions are performed by officers or employees of the Plan Sponsor at no cost to the Plan.

### Note 5. Investment Information

**Investment Information Certified by the Plan Trustee:** For the years ended December 31, 2009 and 2008, Fidelity Management Trust Company, trustee of the Plan, held the assets of Plan participants in trust funds and executed transactions therein. Financial information relating to investment assets is included in the accompanying financial statements based on information certified by the trustee for 2009 and 2008. That information, which has not been audited by independent auditors, is summarized as follows. Investments that represent 5% or more of the Plan's net assets are separately identified.

| | December 31, | |
|---|---|---|
| | **2009** | 2008 |
| **Investments at fair value as determined by quoted market price:** | | |
| Fidelity Puritan Fund | **$ 162,958** | $ 110,861 |
| Fidelity Contrafund | **241,494** | 173,467 |
| Fidelity Balanced Fund | ***** | 86,773 |
| Fidelity Blue Chip Growth Fund | **328,187** | 205,014 |
| Fidelity Freedom 2010 Fund | **132,929** | 84,719 |
| Fidelity Freedom 2020 Fund | **143,041** | 91,071 |
| Fidelity Retirement Government Money Market Portfolio | ***** | 112,828 |
| Other funds, less than 5% of net assets | **1,211,444** | 642,953 |
| | **2,220,053** | 1,507,686 |
| Participant loans (none in excess of 5% of net assets) | **108,698** | 87,455 |
| **Total investments** | **$ 2,328,751** | $ 1,595,141 |

*Not in excess of 5% of net assets

**Other Investment Information:** During the years ended December 31, 2009 and 2008, the Plan's investments, which consist principally of mutual funds, (including gains and losses on investments bought, sold and held during each year) appreciated (depreciated) in value by $431,149 and $(733,142), respectively. Interest and dividend income was $42,033 and $60,132 for the years ended December 31, 2009 and 2008, respectively.

### Note 6. Fair Value Measurements

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

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value.

*Mutual Funds,* valued at the net asset value ("NAV") of shares held by the plan at year end.

*Participant loans*, valued at amortized cost, which approximates fair value.

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

**BRAXTON COUNTY MEMORIAL HOSPITAL, INC.**
**RETIREMENT SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS**

The following tables set forth by level, within the fair value hierarchy, the Plan's investment at fair value as of December 31, 2009 and 2008, respectively.

| | Assets at Fair Value as of December 31, 2009 | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Mutual Funds | | | | |
| High total returns | $ 900,098 | $ - | $ - | $ 900,098 |
| Long-term capital growth | 486,630 | - | - | 486,630 |
| Capital appreciation | 362,043 | - | - | 362,043 |
| Income and capital growth | 276,907 | - | - | 276,907 |
| High level current income | 194,375 | - | - | 194,375 |
| **Total mutual funds** | 2,220,053 | - | - | 2,220,053 |
| Participant loans | - | - | 108,698 | 108,698 |
| **Total assets at fair value** | $ 2,220,053 | $ - | $ 108,698 | $ 2,328,751 |

| | Assets at Fair Value as of December 31, 2008 | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Mutual Funds | | | | |
| High total returns | $ 571,857 | $ - | $ - | $ 571,857 |
| Long-term capital growth | 314,801 | - | - | 314,801 |
| Capital appreciation | 235,999 | - | - | 235,999 |
| Income and capital growth | 197,634 | - | - | 197,634 |
| High level current income | 187,395 | - | - | 187,395 |
| **Total mutual funds** | 1,507,686 | - | - | 1,507,866 |
| Participant loans | - | - | 87,455 | 87,455 |
| **Total assets at fair value** | $ 1,507,686 | $ - | $ 87,455 | $ 1,595,141 |

**Level 3 Gains and Losses**

The table below sets forth a summary of changes in the fair value of the plan's level 3 assets for the year ended December 31, 2009.

| | **Level 3 Assets Year Ended December 31, 2009** |
|---|---|
| Balance, beginning of year | $ 87,455 |
| Realized gains/(losses) | - |
| Unrealized gains/(losses) relating to instruments still held at the reporting date | - |
| Purchases, sales, issuances and settlements (net) | 21,243 |
| Balance, end of year | $ 108,698 |

## Note 7. Risks and Uncertainties

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

**BRAXTON COUNTY MEMORIAL HOSPITAL, INC.**
**RETIREMENT SAVINGS PLAN**
**EIN: 55-0611919**

**SUPPLEMENTARY INFORMATION**
**SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**December 31, 2009**

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of Interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | Mutual Funds: | | | |
| * | Fidelity | Puritan Fund | ** | $ 162,958 |
| * | Fidelity | Ginnie Mae Fund | ** | 22,138 |
| * | Fidelity | Contrafund | ** | 241,494 |
| * | Fidelity | Equity Income Fund | ** | 13,854 |
| * | Fidelity | Growth Company Fund | ** | 39,397 |
| * | Fidelity | Investment Grade Bond Fund | ** | 10,090 |
| * | Fidelity | Growth and Income Fund | ** | 95,539 |
| * | Fidelity | Intermediate Bond | ** | 20,509 |
| * | Fidelity | OTC Portfolio | ** | 81,152 |
| * | Fidelity | Overseas Portfolio | ** | 23,172 |
| * | Fidelity | Europe Fund | ** | 32,806 |
| * | Fidelity | Pacific Basin Fund | ** | 7,306 |
| * | Fidelity | Balanced Fund | ** | 113,949 |
| * | Fidelity | Blue Chip Growth Fund | ** | 328,187 |
| * | Fidelity | Asset Manager Fund | ** | 25,950 |
| * | Fidelity | Disciplined Equity Fund | ** | 95,159 |
| * | Fidelity | Asset Growth Manager | ** | 106,688 |
| * | Fidelity | Freedom Income Fund | ** | 6,214 |
| * | Fidelity | Freedom 2000 Fund | ** | 37,245 |
| * | Fidelity | Freedom 2010 Fund | ** | 132,929 |
| * | Fidelity | Freedom 2015 Fund | ** | 85,949 |
| * | Fidelity | Freedom 2020 Fund | ** | 143,041 |
| * | Fidelity | Freedom 2025 Fund | ** | 72,300 |
| * | Fidelity | Freedom 2030 Fund | ** | 72,230 |
| * | Fidelity | Freedom 2035 Fund | ** | 18,069 |
| * | Fidelity | Freedom 2040 Fund | ** | 28,756 |
| * | Fidelity | Freedom 2045 Fund | ** | 20,281 |
| * | Fidelity | Freedom 2050 Fund | ** | 20,372 |
| * | Fidelity | Short-Term Bond Fund | ** | 1,987 |
| * | Fidelity | Retirement Money Market Portfolio | ** | 20,672 |
| * | Fidelity | Retirement Government Money Market Portfolio | ** | 98,912 |
| * | Fidelity | Spartan US Equity Index Fund | ** | 11,166 |
| * | Fidelity | US Bond Index Fund | ** | 29,582 |
| | | | | $ 2,220,053 |
| * | Participant Loans | Interest rate ranging from 3.25% to 8.25% and various maturity dates through October 2014 | ** | $ 108,698 |
| | | | | $ 2,328,751 |

* Denotes issuer or sponsor considered to be a party-in-interest to the Plan.
** Historical cost information is not required to be presented for participant directed investments.

# BRAXTON COUNTY MEMORIAL HOSPITAL, INC.
# RETIREMENT SAVINGS PLAN

***Financial Report***

***December 31, 2009***

ARNETT & FOSTER
*Certified Public Accountants, P.L.L.C.*

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ARNETT & FOSTER
Certified Public Accountants, P.L.L.C.

**INDEPENDENT AUDITOR'S REPORT**

To the Board of Directors of Braxton County
Memorial Hospital, Inc. and Plan Administrator
Braxton County Memorial Hospital, Inc.
Retirement Savings Plan
Gassaway, West Virginia

We were engaged to audit the accompanying statements of net assets available for benefits of Braxton County Memorial Hospital, Inc. Retirement Savings Plan as of December 31, 2009 and 2008 and the related statements of changes in net assets available for benefits, for the years then ended, and the supplemental schedule of assets (held at end of year). These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 5 to the financial statements, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. As described in Note 5, the plan administrator has obtained certifications from the trustee regarding the completeness and accuracy of the investment information provided to the plan administrator by the trustee as of and for the years ended December 31, 2009 and 2008.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

**ARNETT & FOSTER, P.L.L.C.**

Arnett + Foster, P.L.L.C.

Charleston, West Virginia
October 13, 2010

**BRAXTON COUNTY MEMORIAL HOSPITAL, INC.**
**RETIREMENT SAVINGS PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**
**December 31, 2009 and 2008**

| | 2009 | 2008 |
|---|---|---|
| **ASSETS** | | |
| Investments at fair value | **$ 2,328,751** | $ 1,595,141 |
| Receivables: | | |
| Contributions – employee | **11,287** | 9,481 |
| Contributions – employer | **3,442** | 3,123 |
| | **14,729** | 12,604 |
| **Total assets** | **2,343,480** | 1,607,745 |
| **LIABILITIES - Excess participant contributions payable** | **3,981** | 4,043 |
| **NET ASSETS AVAILABLE FOR PLAN BENEFITS** | **$ 2,339,499** | $ 1,603,702 |

See Notes to Financial Statements

**BRAXTON COUNTY MEMORIAL HOSPITAL, INC.**
**RETIREMENT SAVINGS PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**
**Years ended December 31, 2009 and 2008**

| | 2009 | 2008 |
|---|---|---|
| **Additions to net assets attributable to:** | | |
| Net appreciation in fair value of investments | **$ 431,149** | $ - |
| Interest/dividends | **42,033** | 60,132 |
| Other Income | **556** | - |
| | **473,738** | 60,132 |
| Contributions: | | |
| Employer | **88,602** | 91,116 |
| Participants, including rollovers of $0 and $7,570 in 2009 and 2008, respectively | **245,240** | 252,343 |
| | **333,842** | 343,459 |
| **Total additions** | **807,580** | 403,591 |
| **Deductions from Net Assets attributable to:** | | |
| Net depreciation in fair value of investments | **-** | 733,142 |
| Benefits paid to participants | **68,962** | 67,061 |
| Deemed Distribution | **983** | - |
| Administrative expenses | **1,838** | 1,413 |
| **Total deductions** | **71,783** | 801,616 |
| **Net increase (decrease)** | **735,797** | (398,025) |
| **Net assets available for benefits:** | | |
| Beginning of year | **1,603,702** | 2,001,727 |
| **End of year** | **$ 2,339,499** | $ 1,603,702 |

See Notes to Financial Statements

**BRAXTON COUNTY MEMORIAL HOSPITAL, INC.**
**RETIREMENT SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS**

---

### Note 1. Description of Plan and Significant Accounting Policies

**Plan description:** The following description of the Braxton County Memorial Hospital, Inc. Retirement Savings Plan (the Plan), provides only general information. Participants should refer to the Plan document for more complete information.

**General:** The Plan, which was adopted January 1, 1998, and last amended effective January 1, 2006 (to allow for ROTH contributions and to address Code Sections 401(k) and 401(m) 2004 Final Regulations) is a defined contribution 401(k) and profit sharing plan available to all personnel, except for per diem employees, leased employees, and employees covered by a collective bargaining agreement, of Braxton County Memorial Hospital, Inc. (the Plan Sponsor). The Plan was restated effective April 15, 2010 to adopt the provisions of the Pension Protection Act. Employees are eligible to participate on their first day of employment, or upon reaching the age of 21. The Plan requires completion of 12 months of service and the attainment of age 21 in order to receive employer matching contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

A member of the Braxton County Memorial Hospital, Inc. has been designated by the Plan Sponsor to administer the Plan in accordance with its terms and in accordance with the documents and instruments governing the Plan insofar as such documents and instruments are consistent with the provisions of ERISA.

**Contributions:** Participants may elect to defer an amount from one percent (1%) up to nineteen percent (19%) of their compensation, as defined in the Plan document, limited to the maximum allowed under the Internal Revenue Code for such plan year. Once an employee completes one year of service, the employer makes matching contributions in an amount equal to 100% of the employee's pretax contributions but subject to limitations based on years of service as follows:

| | Matching Percentages of Compensation | |
|---|---|---|
| Length of Service of Participant | % Match | Of the first |
| Less than 1 year | 0% | 0% |
| 1 – 5 years | 100% | 1% |
| 6 – 10 years | 100% | 2% |
| 11 – 15 years | 100% | 3% |
| 16 – 20 years | 100% | 4% |
| 21 + years | 100% | 5% |

The employer may, at its discretion, make additional matching contributions. To be eligible for the discretionary contributions, the employee must be a participant, have completed 1,000 hours of service and be employed the last day of the Plan year.

**Participant investment options:** Each Plan participant has the right to direct all contributions and earnings of their account among investment funds provided under the Plan. Participants should refer to the most recent annual report of each investment fund for information on risk factors, asset concentrations and other financial data. Participants may transfer funds between investment options at any time.

**Participant accounts:** Each participant account is credited with the participant's elective deferrals and any employer contributions. In addition, each participant's account is credited with their share of investment earnings and appreciation/depreciation in the value of investments. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

**Vesting:** Participants are immediately vested in all contributions and earnings which are credited to their respective account.

**Payment of benefits:** Upon retirement (normal retirement age is 59½), death, disability or other termination of employment, as defined in the Plan document, participants or their spouses and/or beneficiaries may elect to receive their account as a lump sum cash payment. Further, upon termination of employment, the participant may elect to transfer his or her account balances to another qualified plan or individual retirement account. Even if a participant continues employment after age 59½, distributions

will be made no later than April 1 of the calendar year after a participant attains age 70½. Lump sum distributions will be made to terminated participants when the vested account balance is less than $1,000. Benefit payments are recorded upon distribution.

The Plan allows for hardship withdrawals for certain employee needs as defined in the Plan document. The Plan Sponsor has sole authority to authorize hardship withdrawals, pursuant to the Plan specifications. Hardship withdrawals approximated $0 and $15,500 for the years ended December 31, 2009 and 2008, respectively.

**Participant loans:** Participant loans will be allowed for any purpose subject to a $1,000 minimum and a maximum amount which is the lesser of one-half of a participant's vested account balance or $50,000 reduced by the highest outstanding loan balance in the participant's loans during the prior twelve months. The participant's account balance serves as collateral for the loan. Loans bear interest at a rate determined by the Plan Administrator based on prevailing industry loan rates. Loans must be repaid in level payments on a bimonthly basis over a five year period (principal residence loans over a fifteen year period).

**Significant accounting policies:** The accounting and reporting policies of the Plan conform to accounting principles generally accepted in the United States of America and to general practices within the employee benefit plan industry. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (US GAAP) requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates. The principles and policies which significantly affect the determination of net assets and the changes in net assets are summarized below.

**Significant New Accounting Pronouncements:** The Financial Accounting Standards Board's (FASB) Accounting Standards Codification (ASC) became effective on July 1, 2009. At that date, the ASC Became the officially recognized source of authoritative accounting principles recognized by the FASB to be applied by non-governmental entities in the preparation of financial statements in conformity with generally accepted accounting principles. All guidance contained in the ASC carries an equal level of authority. All non-grandfathered, non-SEC accounting literature not included in the ASC is superseded and deemed non-authoritative. The switch to the ASC affects the way Plans refer to accounting principles generally accepted in the United States of America in financial statements and accounting policies. Citing particular content in the ASC involves specifying the unique numeric path to the content through the Topic, Subtopic, Section and Paragraph structure.

New authoritative accounting guidance under ASC Topic 855, *Subsequent Events,* establishes general standards of accounting for disclosure of events occurring subsequent to the statement of net assets available for benefits date. It does not change the definition of a subsequent event (i.e. an event or transaction that occurs after the statement of net assets available for benefits date but before the financial statements are issued) but requires disclosure of the state through which subsequent events were evaluated when determining whether adjustment to or disclosure in the financial statements is required. The new authoritative guidance under ASC Topic 855 was effective in 2009 and did not affect the Plan's statement of net assets available for benefits or statement of changes in net assets available for benefits. The Plan has evaluated subsequent events through October 13, 2010, the date the financial statements were available to be issued.

**Basis of accounting:** The financial statements of the Plan are prepared on the accrual basis of accounting.

**Investment valuation:** The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date.

Investment income derived from participant investments is recorded net of investment expenses charged by each respective fund. Participants should refer to the latest fund prospectus or annual report for additional information related to mutual fund fee assessments.

The Plan does not require collateral to secure investment instruments.

### Note 2. Tax Status

The Braxton County Memorial Hospital, Inc. Retirement Savings Plan has adopted the Fidelity Management & Research Co. prototype standardized profit sharing plan. Fidelity has received determination letters dated August 13, 1999 and October 9, 2003 (amendments) that the Plan and related amendments qualifies under Internal Revenue Code Section 401(a). An employer who has adopted the prototype plan will also be considered to have a plan qualified under Section 401(a) provided all of the terms of the Plan are followed, and the eligibility requirements and contribution or benefit provisions are not more favorable for highly compensated employees than other employees. The Plan has been amended and restated since receiving the determination letter. The Plan Administrator believes that the Braxton County Memorial Hospital, Inc. Retirement Savings Plan is currently being operated in compliance with the aforementioned prototype plan and the applicable provisions of the Internal Revenue Code.

### Note 3. Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participant accounts will become fully vested and nonforfeitable.

### Note 4. Related Party Transactions and Investment Administration

Parties-in-interest are defined under Department of Labor Regulations as any fiduciary of the Plan, any party rendering service to the Plan, and certain others. During 2009 and 2008, the Plan Sponsor contracted with Fidelity Management Trust Company (Fidelity) to administer the Plan assets. Administrative functions include participant account maintenance, custodial services, and participant loan services. The only fees paid to Fidelity are paid by the participant for the application of participant loans and those fees are already built into Fidelity's mutual fund structure. Also, quarterly administrative fees paid to Fidelity related to participant loans are charged to the participant's account. These fees approximated $1,800 and $1,400 for the years ended December 31, 2009 and 2008, respectively. Certain other administrative expenses for legal, accounting, and other professional services are paid directly by the Plan Sponsor and not charged to the Plan and certain administrative functions are performed by officers or employees of the Plan Sponsor at no cost to the Plan.

### Note 5. Investment Information

**Investment Information Certified by the Plan Trustee:** For the years ended December 31, 2009 and 2008, Fidelity Management Trust Company, trustee of the Plan, held the assets of Plan participants in trust funds and executed transactions therein. Financial information relating to investment assets is included in the accompanying financial statements based on information certified by the trustee for 2009 and 2008. That information, which has not been audited by independent auditors, is summarized as follows. Investments that represent 5% or more of the Plan's net assets are separately identified.

| | December 31, | |
|---|---|---|
| | **2009** | 2008 |
| **Investments at fair value as determined by quoted market price:** | | |
| Fidelity Puritan Fund | **$ 162,958** | $ 110,861 |
| Fidelity Contrafund | **241,494** | 173,467 |
| Fidelity Balanced Fund | ***** | 86,773 |
| Fidelity Blue Chip Growth Fund | **328,187** | 205,014 |
| Fidelity Freedom 2010 Fund | **132,929** | 84,719 |
| Fidelity Freedom 2020 Fund | **143,041** | 91,071 |
| Fidelity Retirement Government Money Market Portfolio | ***** | 112,828 |
| Other funds, less than 5% of net assets | **1,211,444** | 642,953 |
| | **2,220,053** | 1,507,686 |
| Participant loans (none in excess of 5% of net assets) | **108,698** | 87,455 |
| **Total investments** | **$ 2,328,751** | $ 1,595,141 |

*Not in excess of 5% of net assets

**Other Investment Information:** During the years ended December 31, 2009 and 2008, the Plan's investments, which consist principally of mutual funds, (including gains and losses on investments bought, sold and held during each year) appreciated (depreciated) in value by $431,149 and $(733,142), respectively. Interest and dividend income was $42,033 and $60,132 for the years ended December 31, 2009 and 2008, respectively.

### Note 6. Fair Value Measurements

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

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value.

*Mutual Funds,* valued at the net asset value ("NAV") of shares held by the plan at year end.

*Participant loans*, valued at amortized cost, which approximates fair value.

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

**BRAXTON COUNTY MEMORIAL HOSPITAL, INC.**
**RETIREMENT SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS**

The following tables set forth by level, within the fair value hierarchy, the Plan's investment at fair value as of December 31, 2009 and 2008, respectively.

| | Assets at Fair Value as of December 31, 2009 | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Mutual Funds | | | | |
| High total returns | $ 900,098 | $ - | $ - | $ 900,098 |
| Long-term capital growth | 486,630 | - | - | 486,630 |
| Capital appreciation | 362,043 | - | - | 362,043 |
| Income and capital growth | 276,907 | - | - | 276,907 |
| High level current income | 194,375 | - | - | 194,375 |
| **Total mutual funds** | 2,220,053 | - | - | 2,220,053 |
| Participant loans | - | - | 108,698 | 108,698 |
| **Total assets at fair value** | $ 2,220,053 | $ - | $ 108,698 | $ 2,328,751 |

| | Assets at Fair Value as of December 31, 2008 | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Mutual Funds | | | | |
| High total returns | $ 571,857 | $ - | $ - | $ 571,857 |
| Long-term capital growth | 314,801 | - | - | 314,801 |
| Capital appreciation | 235,999 | - | - | 235,999 |
| Income and capital growth | 197,634 | - | - | 197,634 |
| High level current income | 187,395 | - | - | 187,395 |
| **Total mutual funds** | 1,507,686 | - | - | 1,507,866 |
| Participant loans | - | - | 87,455 | 87,455 |
| **Total assets at fair value** | $ 1,507,686 | $ - | $ 87,455 | $ 1,595,141 |

**Level 3 Gains and Losses**

The table below sets forth a summary of changes in the fair value of the plan's level 3 assets for the year ended December 31, 2009.

| | **Level 3 Assets Year Ended December 31, 2009** |
|---|---|
| Balance, beginning of year | $ 87,455 |
| Realized gains/(losses) | - |
| Unrealized gains/(losses) relating to instruments still held at the reporting date | - |
| Purchases, sales, issuances and settlements (net) | 21,243 |
| Balance, end of year | $ 108,698 |

## Note 7. Risks and Uncertainties

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

**BRAXTON COUNTY MEMORIAL HOSPITAL, INC.**
**RETIREMENT SAVINGS PLAN**
**EIN: 55-0611919**

**SUPPLEMENTARY INFORMATION**
**SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**December 31, 2009**

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of Interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | Mutual Funds: | | | |
| * | Fidelity | Puritan Fund | ** | $ 162,958 |
| * | Fidelity | Ginnie Mae Fund | ** | 22,138 |
| * | Fidelity | Contrafund | ** | 241,494 |
| * | Fidelity | Equity Income Fund | ** | 13,854 |
| * | Fidelity | Growth Company Fund | ** | 39,397 |
| * | Fidelity | Investment Grade Bond Fund | ** | 10,090 |
| * | Fidelity | Growth and Income Fund | ** | 95,539 |
| * | Fidelity | Intermediate Bond | ** | 20,509 |
| * | Fidelity | OTC Portfolio | ** | 81,152 |
| * | Fidelity | Overseas Portfolio | ** | 23,172 |
| * | Fidelity | Europe Fund | ** | 32,806 |
| * | Fidelity | Pacific Basin Fund | ** | 7,306 |
| * | Fidelity | Balanced Fund | ** | 113,949 |
| * | Fidelity | Blue Chip Growth Fund | ** | 328,187 |
| * | Fidelity | Asset Manager Fund | ** | 25,950 |
| * | Fidelity | Disciplined Equity Fund | ** | 95,159 |
| * | Fidelity | Asset Growth Manager | ** | 106,688 |
| * | Fidelity | Freedom Income Fund | ** | 6,214 |
| * | Fidelity | Freedom 2000 Fund | ** | 37,245 |
| * | Fidelity | Freedom 2010 Fund | ** | 132,929 |
| * | Fidelity | Freedom 2015 Fund | ** | 85,949 |
| * | Fidelity | Freedom 2020 Fund | ** | 143,041 |
| * | Fidelity | Freedom 2025 Fund | ** | 72,300 |
| * | Fidelity | Freedom 2030 Fund | ** | 72,230 |
| * | Fidelity | Freedom 2035 Fund | ** | 18,069 |
| * | Fidelity | Freedom 2040 Fund | ** | 28,756 |
| * | Fidelity | Freedom 2045 Fund | ** | 20,281 |
| * | Fidelity | Freedom 2050 Fund | ** | 20,372 |
| * | Fidelity | Short-Term Bond Fund | ** | 1,987 |
| * | Fidelity | Retirement Money Market Portfolio | ** | 20,672 |
| * | Fidelity | Retirement Government Money Market Portfolio | ** | 98,912 |
| * | Fidelity | Spartan US Equity Index Fund | ** | 11,166 |
| * | Fidelity | US Bond Index Fund | ** | 29,582 |
| | | | | $ 2,220,053 |
| * | Participant Loans | Interest rate ranging from 3.25% to 8.25% and various maturity dates through October 2014 | ** | $ 108,698 |
| | | | | $ 2,328,751 |

* Denotes issuer or sponsor considered to be a party-in-interest to the Plan.
** Historical cost information is not required to be presented for participant directed investments.

# BRAXTON COUNTY MEMORIAL HOSPITAL, INC.
# RETIREMENT SAVINGS PLAN

***Financial Report***

***December 31, 2009***

ARNETT & FOSTER
*Certified Public Accountants, P.L.L.C.*

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ARNETT & FOSTER
Certified Public Accountants, P.L.L.C.

**INDEPENDENT AUDITOR'S REPORT**

To the Board of Directors of Braxton County
Memorial Hospital, Inc. and Plan Administrator
Braxton County Memorial Hospital, Inc.
Retirement Savings Plan
Gassaway, West Virginia

We were engaged to audit the accompanying statements of net assets available for benefits of Braxton County Memorial Hospital, Inc. Retirement Savings Plan as of December 31, 2009 and 2008 and the related statements of changes in net assets available for benefits, for the years then ended, and the supplemental schedule of assets (held at end of year). These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the investment information summarized in Note 5 to the financial statements, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. As described in Note 5, the plan administrator has obtained certifications from the trustee regarding the completeness and accuracy of the investment information provided to the plan administrator by the trustee as of and for the years ended December 31, 2009 and 2008.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The form and content of the information included in the financial statements and supplemental schedule, 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

**ARNETT & FOSTER, P.L.L.C.**

Arnett + Foster, P.L.L.C.

Charleston, West Virginia
October 13, 2010

**BRAXTON COUNTY MEMORIAL HOSPITAL, INC.**
**RETIREMENT SAVINGS PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS**
**December 31, 2009 and 2008**

| | 2009 | 2008 |
|---|---|---|
| **ASSETS** | | |
| Investments at fair value | **$ 2,328,751** | $ 1,595,141 |
| Receivables: | | |
| Contributions – employee | **11,287** | 9,481 |
| Contributions – employer | **3,442** | 3,123 |
| | **14,729** | 12,604 |
| **Total assets** | **2,343,480** | 1,607,745 |
| **LIABILITIES - Excess participant contributions payable** | **3,981** | 4,043 |
| **NET ASSETS AVAILABLE FOR PLAN BENEFITS** | **$ 2,339,499** | $ 1,603,702 |

See Notes to Financial Statements

**BRAXTON COUNTY MEMORIAL HOSPITAL, INC.**
**RETIREMENT SAVINGS PLAN**

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS**
**Years ended December 31, 2009 and 2008**

| | 2009 | 2008 |
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| **Additions to net assets attributable to:** | | |
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| | **473,738** | 60,132 |
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| Net depreciation in fair value of investments | **-** | 733,142 |
| Benefits paid to participants | **68,962** | 67,061 |
| Deemed Distribution | **983** | - |
| Administrative expenses | **1,838** | 1,413 |
| **Total deductions** | **71,783** | 801,616 |
| **Net increase (decrease)** | **735,797** | (398,025) |
| **Net assets available for benefits:** | | |
| Beginning of year | **1,603,702** | 2,001,727 |
| **End of year** | **$ 2,339,499** | $ 1,603,702 |

See Notes to Financial Statements

**BRAXTON COUNTY MEMORIAL HOSPITAL, INC.**
**RETIREMENT SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS**

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**General:** The Plan, which was adopted January 1, 1998, and last amended effective January 1, 2006 (to allow for ROTH contributions and to address Code Sections 401(k) and 401(m) 2004 Final Regulations) is a defined contribution 401(k) and profit sharing plan available to all personnel, except for per diem employees, leased employees, and employees covered by a collective bargaining agreement, of Braxton County Memorial Hospital, Inc. (the Plan Sponsor). The Plan was restated effective April 15, 2010 to adopt the provisions of the Pension Protection Act. Employees are eligible to participate on their first day of employment, or upon reaching the age of 21. The Plan requires completion of 12 months of service and the attainment of age 21 in order to receive employer matching contributions. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

A member of the Braxton County Memorial Hospital, Inc. has been designated by the Plan Sponsor to administer the Plan in accordance with its terms and in accordance with the documents and instruments governing the Plan insofar as such documents and instruments are consistent with the provisions of ERISA.

**Contributions:** Participants may elect to defer an amount from one percent (1%) up to nineteen percent (19%) of their compensation, as defined in the Plan document, limited to the maximum allowed under the Internal Revenue Code for such plan year. Once an employee completes one year of service, the employer makes matching contributions in an amount equal to 100% of the employee's pretax contributions but subject to limitations based on years of service as follows:

| | Matching Percentages of Compensation | |
|---|---|---|
| Length of Service of Participant | % Match | Of the first |
| Less than 1 year | 0% | 0% |
| 1 – 5 years | 100% | 1% |
| 6 – 10 years | 100% | 2% |
| 11 – 15 years | 100% | 3% |
| 16 – 20 years | 100% | 4% |
| 21 + years | 100% | 5% |

The employer may, at its discretion, make additional matching contributions. To be eligible for the discretionary contributions, the employee must be a participant, have completed 1,000 hours of service and be employed the last day of the Plan year.

**Participant investment options:** Each Plan participant has the right to direct all contributions and earnings of their account among investment funds provided under the Plan. Participants should refer to the most recent annual report of each investment fund for information on risk factors, asset concentrations and other financial data. Participants may transfer funds between investment options at any time.

**Participant accounts:** Each participant account is credited with the participant's elective deferrals and any employer contributions. In addition, each participant's account is credited with their share of investment earnings and appreciation/depreciation in the value of investments. The benefit to which a participant is entitled is the benefit that can be provided from the participant's account.

**Vesting:** Participants are immediately vested in all contributions and earnings which are credited to their respective account.

**Payment of benefits:** Upon retirement (normal retirement age is 59½), death, disability or other termination of employment, as defined in the Plan document, participants or their spouses and/or beneficiaries may elect to receive their account as a lump sum cash payment. Further, upon termination of employment, the participant may elect to transfer his or her account balances to another qualified plan or individual retirement account. Even if a participant continues employment after age 59½, distributions

will be made no later than April 1 of the calendar year after a participant attains age 70½. Lump sum distributions will be made to terminated participants when the vested account balance is less than $1,000. Benefit payments are recorded upon distribution.

The Plan allows for hardship withdrawals for certain employee needs as defined in the Plan document. The Plan Sponsor has sole authority to authorize hardship withdrawals, pursuant to the Plan specifications. Hardship withdrawals approximated $0 and $15,500 for the years ended December 31, 2009 and 2008, respectively.

**Participant loans:** Participant loans will be allowed for any purpose subject to a $1,000 minimum and a maximum amount which is the lesser of one-half of a participant's vested account balance or $50,000 reduced by the highest outstanding loan balance in the participant's loans during the prior twelve months. The participant's account balance serves as collateral for the loan. Loans bear interest at a rate determined by the Plan Administrator based on prevailing industry loan rates. Loans must be repaid in level payments on a bimonthly basis over a five year period (principal residence loans over a fifteen year period).

**Significant accounting policies:** The accounting and reporting policies of the Plan conform to accounting principles generally accepted in the United States of America and to general practices within the employee benefit plan industry. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America (US GAAP) requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates. The principles and policies which significantly affect the determination of net assets and the changes in net assets are summarized below.

**Significant New Accounting Pronouncements:** The Financial Accounting Standards Board's (FASB) Accounting Standards Codification (ASC) became effective on July 1, 2009. At that date, the ASC Became the officially recognized source of authoritative accounting principles recognized by the FASB to be applied by non-governmental entities in the preparation of financial statements in conformity with generally accepted accounting principles. All guidance contained in the ASC carries an equal level of authority. All non-grandfathered, non-SEC accounting literature not included in the ASC is superseded and deemed non-authoritative. The switch to the ASC affects the way Plans refer to accounting principles generally accepted in the United States of America in financial statements and accounting policies. Citing particular content in the ASC involves specifying the unique numeric path to the content through the Topic, Subtopic, Section and Paragraph structure.

New authoritative accounting guidance under ASC Topic 855, *Subsequent Events,* establishes general standards of accounting for disclosure of events occurring subsequent to the statement of net assets available for benefits date. It does not change the definition of a subsequent event (i.e. an event or transaction that occurs after the statement of net assets available for benefits date but before the financial statements are issued) but requires disclosure of the state through which subsequent events were evaluated when determining whether adjustment to or disclosure in the financial statements is required. The new authoritative guidance under ASC Topic 855 was effective in 2009 and did not affect the Plan's statement of net assets available for benefits or statement of changes in net assets available for benefits. The Plan has evaluated subsequent events through October 13, 2010, the date the financial statements were available to be issued.

**Basis of accounting:** The financial statements of the Plan are prepared on the accrual basis of accounting.

**Investment valuation:** The Plan's investments are stated at fair value. Quoted market prices are used to value investments. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date.

Investment income derived from participant investments is recorded net of investment expenses charged by each respective fund. Participants should refer to the latest fund prospectus or annual report for additional information related to mutual fund fee assessments.

The Plan does not require collateral to secure investment instruments.

### Note 2. Tax Status

The Braxton County Memorial Hospital, Inc. Retirement Savings Plan has adopted the Fidelity Management & Research Co. prototype standardized profit sharing plan. Fidelity has received determination letters dated August 13, 1999 and October 9, 2003 (amendments) that the Plan and related amendments qualifies under Internal Revenue Code Section 401(a). An employer who has adopted the prototype plan will also be considered to have a plan qualified under Section 401(a) provided all of the terms of the Plan are followed, and the eligibility requirements and contribution or benefit provisions are not more favorable for highly compensated employees than other employees. The Plan has been amended and restated since receiving the determination letter. The Plan Administrator believes that the Braxton County Memorial Hospital, Inc. Retirement Savings Plan is currently being operated in compliance with the aforementioned prototype plan and the applicable provisions of the Internal Revenue Code.

### Note 3. Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participant accounts will become fully vested and nonforfeitable.

### Note 4. Related Party Transactions and Investment Administration

Parties-in-interest are defined under Department of Labor Regulations as any fiduciary of the Plan, any party rendering service to the Plan, and certain others. During 2009 and 2008, the Plan Sponsor contracted with Fidelity Management Trust Company (Fidelity) to administer the Plan assets. Administrative functions include participant account maintenance, custodial services, and participant loan services. The only fees paid to Fidelity are paid by the participant for the application of participant loans and those fees are already built into Fidelity's mutual fund structure. Also, quarterly administrative fees paid to Fidelity related to participant loans are charged to the participant's account. These fees approximated $1,800 and $1,400 for the years ended December 31, 2009 and 2008, respectively. Certain other administrative expenses for legal, accounting, and other professional services are paid directly by the Plan Sponsor and not charged to the Plan and certain administrative functions are performed by officers or employees of the Plan Sponsor at no cost to the Plan.

### Note 5. Investment Information

**Investment Information Certified by the Plan Trustee:** For the years ended December 31, 2009 and 2008, Fidelity Management Trust Company, trustee of the Plan, held the assets of Plan participants in trust funds and executed transactions therein. Financial information relating to investment assets is included in the accompanying financial statements based on information certified by the trustee for 2009 and 2008. That information, which has not been audited by independent auditors, is summarized as follows. Investments that represent 5% or more of the Plan's net assets are separately identified.

| | December 31, | |
|---|---|---|
| | **2009** | 2008 |
| **Investments at fair value as determined by quoted market price:** | | |
| Fidelity Puritan Fund | **$ 162,958** | $ 110,861 |
| Fidelity Contrafund | **241,494** | 173,467 |
| Fidelity Balanced Fund | ***** | 86,773 |
| Fidelity Blue Chip Growth Fund | **328,187** | 205,014 |
| Fidelity Freedom 2010 Fund | **132,929** | 84,719 |
| Fidelity Freedom 2020 Fund | **143,041** | 91,071 |
| Fidelity Retirement Government Money Market Portfolio | ***** | 112,828 |
| Other funds, less than 5% of net assets | **1,211,444** | 642,953 |
| | **2,220,053** | 1,507,686 |
| Participant loans (none in excess of 5% of net assets) | **108,698** | 87,455 |
| **Total investments** | **$ 2,328,751** | $ 1,595,141 |

*Not in excess of 5% of net assets

**Other Investment Information:** During the years ended December 31, 2009 and 2008, the Plan's investments, which consist principally of mutual funds, (including gains and losses on investments bought, sold and held during each year) appreciated (depreciated) in value by $431,149 and $(733,142), respectively. Interest and dividend income was $42,033 and $60,132 for the years ended December 31, 2009 and 2008, respectively.

### Note 6. Fair Value Measurements

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

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

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

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

The asset's or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodologies used for assets measured at fair value.

*Mutual Funds,* valued at the net asset value ("NAV") of shares held by the plan at year end.

*Participant loans*, valued at amortized cost, which approximates fair value.

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

**BRAXTON COUNTY MEMORIAL HOSPITAL, INC.**
**RETIREMENT SAVINGS PLAN**

**NOTES TO FINANCIAL STATEMENTS**

The following tables set forth by level, within the fair value hierarchy, the Plan's investment at fair value as of December 31, 2009 and 2008, respectively.

| | Assets at Fair Value as of December 31, 2009 | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Mutual Funds | | | | |
| High total returns | $ 900,098 | $ - | $ - | $ 900,098 |
| Long-term capital growth | 486,630 | - | - | 486,630 |
| Capital appreciation | 362,043 | - | - | 362,043 |
| Income and capital growth | 276,907 | - | - | 276,907 |
| High level current income | 194,375 | - | - | 194,375 |
| **Total mutual funds** | 2,220,053 | - | - | 2,220,053 |
| Participant loans | - | - | 108,698 | 108,698 |
| **Total assets at fair value** | $ 2,220,053 | $ - | $ 108,698 | $ 2,328,751 |

| | Assets at Fair Value as of December 31, 2008 | | | |
|---|---|---|---|---|
| | **Level 1** | **Level 2** | **Level 3** | **Total** |
| Mutual Funds | | | | |
| High total returns | $ 571,857 | $ - | $ - | $ 571,857 |
| Long-term capital growth | 314,801 | - | - | 314,801 |
| Capital appreciation | 235,999 | - | - | 235,999 |
| Income and capital growth | 197,634 | - | - | 197,634 |
| High level current income | 187,395 | - | - | 187,395 |
| **Total mutual funds** | 1,507,686 | - | - | 1,507,866 |
| Participant loans | - | - | 87,455 | 87,455 |
| **Total assets at fair value** | $ 1,507,686 | $ - | $ 87,455 | $ 1,595,141 |

**Level 3 Gains and Losses**

The table below sets forth a summary of changes in the fair value of the plan's level 3 assets for the year ended December 31, 2009.

| | **Level 3 Assets Year Ended December 31, 2009** |
|---|---|
| Balance, beginning of year | $ 87,455 |
| Realized gains/(losses) | - |
| Unrealized gains/(losses) relating to instruments still held at the reporting date | - |
| Purchases, sales, issuances and settlements (net) | 21,243 |
| Balance, end of year | $ 108,698 |

## Note 7. Risks and Uncertainties

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

**BRAXTON COUNTY MEMORIAL HOSPITAL, INC.**
**RETIREMENT SAVINGS PLAN**
**EIN: 55-0611919**

**SUPPLEMENTARY INFORMATION**
**SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)**
**December 31, 2009**

| (a) | (b) Identity of issue, borrower, lessor, or similar party | (c) Description of investment including maturity date, rate of Interest, collateral, par or maturity value | (d) Cost | (e) Current value |
|---|---|---|---|---|
| | Mutual Funds: | | | |
| * | Fidelity | Puritan Fund | ** | $ 162,958 |
| * | Fidelity | Ginnie Mae Fund | ** | 22,138 |
| * | Fidelity | Contrafund | ** | 241,494 |
| * | Fidelity | Equity Income Fund | ** | 13,854 |
| * | Fidelity | Growth Company Fund | ** | 39,397 |
| * | Fidelity | Investment Grade Bond Fund | ** | 10,090 |
| * | Fidelity | Growth and Income Fund | ** | 95,539 |
| * | Fidelity | Intermediate Bond | ** | 20,509 |
| * | Fidelity | OTC Portfolio | ** | 81,152 |
| * | Fidelity | Overseas Portfolio | ** | 23,172 |
| * | Fidelity | Europe Fund | ** | 32,806 |
| * | Fidelity | Pacific Basin Fund | ** | 7,306 |
| * | Fidelity | Balanced Fund | ** | 113,949 |
| * | Fidelity | Blue Chip Growth Fund | ** | 328,187 |
| * | Fidelity | Asset Manager Fund | ** | 25,950 |
| * | Fidelity | Disciplined Equity Fund | ** | 95,159 |
| * | Fidelity | Asset Growth Manager | ** | 106,688 |
| * | Fidelity | Freedom Income Fund | ** | 6,214 |
| * | Fidelity | Freedom 2000 Fund | ** | 37,245 |
| * | Fidelity | Freedom 2010 Fund | ** | 132,929 |
| * | Fidelity | Freedom 2015 Fund | ** | 85,949 |
| * | Fidelity | Freedom 2020 Fund | ** | 143,041 |
| * | Fidelity | Freedom 2025 Fund | ** | 72,300 |
| * | Fidelity | Freedom 2030 Fund | ** | 72,230 |
| * | Fidelity | Freedom 2035 Fund | ** | 18,069 |
| * | Fidelity | Freedom 2040 Fund | ** | 28,756 |
| * | Fidelity | Freedom 2045 Fund | ** | 20,281 |
| * | Fidelity | Freedom 2050 Fund | ** | 20,372 |
| * | Fidelity | Short-Term Bond Fund | ** | 1,987 |
| * | Fidelity | Retirement Money Market Portfolio | ** | 20,672 |
| * | Fidelity | Retirement Government Money Market Portfolio | ** | 98,912 |
| * | Fidelity | Spartan US Equity Index Fund | ** | 11,166 |
| * | Fidelity | US Bond Index Fund | ** | 29,582 |
| | | | | $ 2,220,053 |
| * | Participant Loans | Interest rate ranging from 3.25% to 8.25% and various maturity dates through October 2014 | ** | $ 108,698 |
| | | | | $ 2,328,751 |

* Denotes issuer or sponsor considered to be a party-in-interest to the Plan.
** Historical cost information is not required to be presented for participant directed investments.