

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2009 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2009 or fiscal plan year beginning <u>05/01/2009</u> and ending <u>04/30/2010</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>05/01/1993</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>05/01/1993</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>05/01/1993</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>HARRISON MEDICAL CENTER</u> <u>2520 CHERRY AVENUE</u> <u>BREMERTON, WA 98310-4270</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>91-0565546</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>360-744-6507</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>91-0565546</u>	2c Sponsor's telephone number <u>360-744-6507</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>91-0565546</u>					
2c Sponsor's telephone number <u>360-744-6507</u>					
2d Business code (see instructions) <u>622000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/11/2011	FORREST EHLINGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/11/2011	FORREST EHLINGER
	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2009)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") HARRISON MEDICAL CENTER 2520 CHERRY AVENUE BREMERTON, WA 98310-4270	3b Administrator's EIN 91-0565546 3c Administrator's telephone number 360-744-6507
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 1386
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 758
b Retired or separated participants receiving benefits.....	6b 252
c Other retired or separated participants entitled to future benefits.....	6c 358
d Subtotal. Add lines 6a , 6b , and 6c	6d 1368
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 11
f Total. Add lines 6d and 6e	6f 1379
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g 0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 1
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: 1A 1G	

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) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010

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

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

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>HARRISON MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>91-0565546</u>
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>05</u> Day <u>01</u> Year <u>2009</u>	
2 Assets:	
a Market value	2a <u>63189031</u>
b Actuarial value	2b <u>69507934</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>224</u> <u>20756661</u>
b For terminated vested participants	3b <u>463</u> <u>11994258</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>616689</u>
(2) Vested benefits	3c(2) <u>37266482</u>
(3) Total active	3c(3) <u>700</u> <u>37883171</u>
d Total	3d <u>1387</u> <u>70634090</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	<input type="checkbox"/>
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>7.61</u> %
6 Target normal cost	6 <u>4076326</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>01/28/2011</u>
Signature of actuary <u>BRENT R. CHUBBS, ASA, EA, MAAA</u>	Date <u>08-07082</u>
Type or print name of actuary <u>MERCER</u>	Most recent enrollment number <u>206-214-3500</u>
Firm name <u>1301 FIFTH AVENUE, SUITE 1900</u> <u>SEATTLE, WA 98101</u>	Telephone number (including area code)
Address of the firm	

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2009
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	4248215	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	4248215	0
10	Interest on item 9 using prior year's actual return of <u>-28.94</u> %	-1229433	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		2900804
b	Interest on (a) using prior year's effective rate of <u>6.20</u> %		179850
c	Total available at beginning of current plan year to add to prefunding balance		3080654
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	3018782	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	94.13 %
15	Adjusted funding target attainment percentage.....	15	98.40 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	114.42 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/02/2009	440000		01/12/2010	440000	
08/06/2009	440000		02/02/2010	440000	
09/09/2009	440000		03/08/2010	440000	
10/07/2009	440000		04/06/2010	440000	
11/06/2009	440000		05/28/2009		31937
12/11/2009	440000		06/15/2009		30852
			Totals ►	18(b)	4400000
				18(c)	745805

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 4223433
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

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

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)		
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)		
9	Amount remaining (Item 7 minus item 8).....		
10	Interest on item 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		
b	Interest on (a) using prior year's effective rate of _____%		
c	Total available at beginning of current plan year to add to prefunding balance		
d	Portion of (c) to be added to prefunding balance.....		
12	Reduction in balances due to elections or deemed elections.....		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....		

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

Part IV		Contributions and liquidity shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/30/2009		32354	09/29/2009		31101
07/14/2009		32043	10/16/2009		31952
07/29/2009		31093	10/27/2009		31976
08/17/2009		33746	11/16/2009		32631
09/09/2009		30700	12/01/2009		31112
09/09/2009		32342	12/07/2009		30806
			Totals ►	18(b)	18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c If 20a is "Yes," see instructions and complete the following table as applicable:	

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

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)		
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)		
9	Amount remaining (Item 7 minus item 8).....		
10	Interest on item 9 using prior year's actual return of _____%		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		
b	Interest on (a) using prior year's effective rate of _____%		
c	Total available at beginning of current plan year to add to prefunding balance		
d	Portion of (c) to be added to prefunding balance.....		
12	Reduction in balances due to elections or deemed elections.....		
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....		

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

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
12/23/2009		32069	03/22/2010		31701
01/07/2010		32423	04/07/2009		33538
01/22/2010		30836	04/22/2010		31294
02/05/2010		31406	05/12/2010		19727
02/22/2010		30254			
03/05/2010		27912			
Totals ►			18(b)		18(c)

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c If 20a is "Yes," see instructions and complete the following table as applicable:		

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

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 1
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.....	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	4076326
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	4076326
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	4076326
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	4223433
38 Interest-adjusted excess contributions for current year (see instructions).....	38	147107
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

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

For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010	
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 HARRISON MEDICAL CENTER	D Employer Identification Number (EIN) 91-0565546

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
WELLS FARGO BANK
41-6370378

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

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

WELLS FARGO BANK

41-6370378

(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?
28	TRUSTEE	75599	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

(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 <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	JANET FLICKINGER BLEAKNEY	b EIN:	13-2824414
c Position:	ENROLLED ACTUARY		
d Address:	1301 FIFTH AVENUE, SUITE 1900 SEATTLE, WA 98101	e Telephone:	206-214-3500

Explanation: INTERNAL REASSIGNMENT OF ACTUARIAL RESPONSIBILITIES

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 05/01/2009 and ending 04/30/2010

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL</u>	B Three-digit plan number (PN) <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HARRISON MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>91-0565546</u>

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)	20953	19727
(3) Other.....	1b(3)	108	16239
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2342082	1739044
(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)	21406744	0
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	7559178	11630792
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	5820070	4598861
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	26039896	65506093
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	63189031	83510756

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	63189031	83510756
---	-----------	----------	----------

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)	4400000	
(B) Participants	2a(1)(B)	745805	
(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)		5145805
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1049551	
(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)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1049551
(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)	1022047	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1022047
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	49972406	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	50131558	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-159152

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	-1221209	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-1221209
(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)		
c Other income.....	2c		17166845
d Total income. Add all income amounts in column (b) and enter total.....	2d		23003887

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2606563	
(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)		2606563
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	75524	
(4) Other	2i(4)	75	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		75599
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2682162

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		20321725
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: CLARK NUBER, P.S.

(2) EIN: 91-1194016

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.).....	<input checked="" type="checkbox"/>		30700
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.).....		<input checked="" type="checkbox"/>	
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.)		<input checked="" type="checkbox"/>	
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.).....		<input checked="" type="checkbox"/>	
e Was this plan covered by a fidelity bond?.....	<input checked="" type="checkbox"/>		2000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>	
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?		<input checked="" type="checkbox"/>	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	<input checked="" type="checkbox"/>		
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.).....	<input checked="" type="checkbox"/>		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		<input checked="" type="checkbox"/>	
l Has the plan failed to provide any benefit when due under the plan?		<input checked="" type="checkbox"/>	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		<input checked="" type="checkbox"/>	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2009</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010		
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 HARRISON MEDICAL CENTER		D Employer Identification Number (EIN) 91-0565546
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 2
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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..... <input checked="" type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> 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?..... <input type="checkbox"/> Yes <input type="checkbox"/> No		
11 a Does the ESOP hold any preferred stock? <input type="checkbox"/> Yes <input type="checkbox"/> 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.) <input type="checkbox"/> Yes <input type="checkbox"/> No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? <input type="checkbox"/> Yes <input type="checkbox"/> No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2009 v.092308.1		

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): _____

- 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: 56% Investment-Grade Debt: 31% High-Yield Debt: 3% Real Estate: 7% Other: 3%

- 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):

***RETIREMENT PLAN FOR EMPLOYEES OF
HARRISON MEMORIAL HOSPITAL***

Financial Statements with Supplemental Schedules
and Independent Auditors' Report

April 30, 2010 and 2009

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*Independent Auditors' Report****Board of Directors' Audit and Corporate Responsibility Committee
Retirement Plan for Employees of Harrison Memorial Hospital
Bremerton, Washington***

We were engaged to audit the accompanying statements of net assets available for benefits of the Retirement Plan for Employees of Harrison Memorial Hospital (the Plan) as of April 30, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years ended April 30, 2010 and 2009, and supplemental schedules as of and for the year ended April 30, 2010. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations of Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Wells Fargo Bank, the asset custodian of the Plan, except for comparing the information with related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the asset custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the asset custodian as of and for the years ended April 30, 2010 and 2009, that the information provided to the plan administrator by the asset custodian is complete and accurate.

Because of the significance of the information in the Plan's financial statements that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the asset custodian, has been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, is presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Certified Public Accountants
January 31, 2011

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Statements of Net Assets Available for Benefits

	<i>April 30,</i>	<u>2010</u>	<u>2009</u>
Assets:			
Investments, at fair value:			
Registered investment companies		\$ 65,506,093	\$ 47,446,640
Common stock		11,630,792	7,559,178
Real estate investment trusts		4,598,861	5,820,070
Money market fund		<u>1,739,044</u>	<u>2,342,082</u>
Total investments, at fair value		83,474,790	63,167,970
Participant contributions receivable		19,835	21,061
Pending trades, net		<u>16,131</u>	<u> </u>
		<u>35,966</u>	<u>21,061</u>
Net Assets Available for Benefits		<u>\$ 83,510,756</u>	<u>\$ 63,189,031</u>

See accompanying notes to financial statements.

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Statements of Changes in Net Assets Available for Benefits For the Years Ended April 30, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Additions to Net Assets:		
Contributions:		
Employer	\$ 4,400,000	\$ 3,000,000
Participants	745,805	796,518
Total contributions	5,145,805	3,796,518
Investment income (loss):		
Net change in fair value of investments:		
Registered investment companies	13,925,187	(22,050,344)
Common stock	3,082,506	(2,135,626)
Real estate investment trusts	(1,221,209)	(2,749,160)
Interest income and other	1,049,551	1,353,908
Dividends	1,022,047	210,579
Total investment income	17,858,082	(25,370,643)
Total Additions	23,003,887	(21,574,125)
Deductions from Net Assets:		
Benefit payments	2,606,563	2,303,014
Administrative expenses	75,599	74,504
Total Deductions	2,682,162	2,377,518
Increase in net assets	20,321,725	(23,951,643)
Net Assets Available for Benefits:		
Beginning of year	63,189,031	87,140,674
End of Year	<u>\$ 83,510,756</u>	<u>\$ 63,189,031</u>

See accompanying notes to financial statements.

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Notes to Financial Statements

Note 1 - Plan Description

The following description of the Retirement Plan for Employees of Harrison Memorial Hospital (the Plan) provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions. The Plan is subject to the provisions of the Employee Retirement Income Securities Act of 1974 (ERISA).

General - The Plan is a contributory defined benefit pension plan covering eligible employees of Harrison Medical Center (the Hospital, Employer or Plan Sponsor).

Plan Amendments - Effective March 1, 2005, the Plan was amended to no longer accept new entrants into the Plan effective on the transition date applicable to each group of employees. The transition period for closing the Plan to new entrants began on March 1, 2005. The final transition date was January 1, 2006, thereby effectively closing the Plan to new entrants at that time.

Eligibility - Prior to the Plan closing to new entrants, employees were eligible to participate in the Plan upon reaching the age of 21 and completing 12 months of employment with at least 1,000 hours of service per year.

Vesting - Participants are always 100% vested in their contributions to the Plan. Employer contributions are 0% vested until reaching 5 years of service, at which time they become 100% vested.

Contributions - As a condition of participation, the Plan requires all active participants to contribute 2% of his or her eligible earnings. Mandatory contributions are credited with interest based on 120% of the Federal mid-term rate in effect as of the first day of each Plan year, but in no event less than 5%. Prior to May 1, 1993, participants could elect to make voluntary contributions to the Plan up to 10% of their earnings. The mandatory and voluntary contributions are maintained in separate accounts and are credited with interest each year. Voluntary contributions are credited with the interest rate used by the Pension Benefit Guaranty Corporation (PBGC) to value immediate annuities for single employer plans terminating on the first day of the Plan year. For the Plan years ended April 30, 2010 and 2009, interest credited on mandatory contributions was 5.00% in both years and interest credited on voluntary contributions was 3.00% in both years. Cumulative mandatory and voluntary employee contributions including interest as of April 30, 2010 and 2009 were \$13,026,581 and \$12,333,337, respectively.

Pension Benefits - Participants are eligible to begin receiving normal retirement benefits upon attaining the age of 65. The Plan also permits early retirement if the participant reaches age 55 and has completed 10 years of service. The participant's monthly accrued benefit payable at his or her normal retirement date shall be equal to 2% of the participant's final average monthly earnings multiplied by years of Plan participation (and fractions thereof), and then adjusted for form of payment. The participant is also entitled to his or her voluntary contributions and accrued earnings thereon. Participants may elect a combination of annuity payments or lump-sum distributions.

Retirement benefits for participants electing early retirement will be reduced as defined in the Plan document.

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Notes to Financial Statements

Note 1 - Continued

Distributions - If an active participant dies after completing five years of service, a contingent annuitant benefit is paid to the participant's beneficiary. If a participant dies who does not qualify for such a benefit, a death benefit equal to the value of the participant's required contributions balance at the date of death is to be paid to the participant's beneficiary. Active employees who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they became disabled. If termination of service occurs prior to age 65, a participant may elect to receive a lump-sum amount equal to the value of his or her vested account balance.

Funding Policy - The Hospital's funding policy is to make contributions to the Plan that meet or exceed the minimum funding standards of ERISA and the Internal Revenue Code (IRC). The Hospital's contributions to the Plan are based on actuarial determination. Contributions for the years ended April 30, 2010 and 2009 were \$4,400,000 and \$3,000,000, respectively, and met the minimum funding requirements of ERISA in both years.

Plan Administration and Administrative Expenses - The Plan is administered by a Plan committee. Administrative expenses are paid either by the Hospital or out of Plan assets, at the discretion of the Hospital. The Plan paid \$75,599 and \$74,504 in investment management and administration fees for the years ended April 30, 2010 and 2009, respectively.

Reclassification - Certain reclassifications have been made to the 2009 balances to be consistent with 2010 presentation. The reclassifications did not impact net assets available for benefits.

Subsequent Events - The Plan's management has evaluated subsequent events through January 31, 2011, the date on which the Plan's financial statements were available to be issued.

Note 2 - Summary of Accounting Policies

Basis of Accounting - The accompanying financial statements have been prepared using the accrual basis of accounting.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

Purchases and sales are recorded on a trade-date basis. Interest income is recorded on the accrual basis. Dividends are recorded on the ex-dividend date. Net appreciation in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits - Benefit payments to participants are recorded when paid.

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Notes to Financial Statements

Note 3 - Fair Value Measurements

Financial Accounting Standards Board provides the 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) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy are described as follows:

Level 1 - Unadjusted quoted prices available in active markets for identical assets or liabilities;

Level 2 - Inputs other than Level 1 that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities; and

Level 3 - Unobservable inputs that are significant to the fair value measurement.

A financial instrument's level within the fair value hierarchy is based upon the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at April 30, 2010 and 2009.

Registered Investment Companies - The fair value of registered investment companies are valued at quoted market prices in active markets, which represent the net asset value (NAV) of shares held by the Plan at year-end or are determined by Wells Fargo Bank based on the valuation of the underlying investments at the end of the year.

Common Stock - Valued at quoted market prices in active markets, which represent the net asset value (NAV) of shares held by the Plan at year-end.

Real Estate Investment Trusts - The fair value of real estate investment trusts are derived from valuation methodologies including pricing models and discounted cash flow models, or are independently valued by independent real estate appraisers on a quarterly basis.

Money Market Fund - Valued at cost plus accrued interest, which approximates fair value.

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Notes to Financial Statements

Note 3 - Continued

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of April 30 (Levels 1, 2 and 3 are defined above):

<i>Fair Value Measurements at April 30, 2010</i>				
	<i>(Level 1)</i>	<i>(Level 2)</i>	<i>(Level 3)</i>	<i>Total</i>
Registered Investment Companies:				
Large growth	\$ 12,135,426	\$ -	\$ -	\$ 12,135,426
International		15,499,784		15,499,784
Intermediate term-bond	24,074,313			24,074,313
Small/mid-cap		13,796,570		13,796,570
Total Registered Investment Companies	36,209,739	29,296,354		65,506,093
Common Stock:				
Information technology	2,182,985			2,182,985
Other	2,104,738			2,104,738
Energy	1,633,252			1,633,252
Consumer staples	1,581,567			1,581,567
Industrials	1,293,006			1,293,006
Healthcare	1,151,118			1,151,118
Consumer discretionary	762,439			762,439
Financial	680,292			680,292
Materials	241,395			241,395
Total Common Stock	11,630,792			11,630,792
Real estate investment trusts			4,598,861	4,598,861
Money market fund		1,739,044		1,739,044
Total Investments	\$ 47,840,531	\$ 31,035,398	\$ 4,598,861	\$ 83,474,790
<i>Fair Value Measurements at April 30, 2009</i>				
	<i>(Level 1)</i>	<i>(Level 2)</i>	<i>(Level 3)</i>	<i>Total</i>
Registered investment companies	\$ 8,616,631	\$ 38,830,009	\$ -	\$ 47,446,640
Common stock	7,559,178			7,559,178
Real estate investment trusts			5,820,070	5,820,070
Money market fund		2,342,082		2,342,082
Total Investments	\$ 16,175,809	\$ 41,172,091	\$ 5,820,070	\$ 63,167,970

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Notes to Financial Statements

Note 3 - Continued

A reconciliation of the beginning and ending balances for fair value measurements made using significant unobservable inputs (Level 3) is as follows for the year ended April 30, 2010:

	<i>Real Estate Investment Trusts</i>
Balance as of April 30, 2008	\$ 8,699,506
Realized and unrealized losses	(2,096,384)
Purchases, issuances, and settlements, net	<u>(783,052)</u>
Balance as of April 30, 2009	5,820,070
Realized and unrealized losses	<u>(1,221,209)</u>
Balance as of April 30, 2010	<u>\$ 4,598,861</u>

Note 4 - Investments

The following presents the fair value of investments at April 30 that represent 5% or more of the Plan's net assets available for benefits:

	<u>2010</u>	<u>2009</u>
Registered Investment Companies:		
Artio International Equity Fund	\$ 15,499,784	\$ 9,580,391
AXA Rosenberg Small/Mid Cap Fund	13,692,997	7,842,874
Rainier Large Cap Core Equity Portfolio	12,135,426	8,616,631
PIMCO Total Return Fund Institutional	11,736,084	*
Western Asset Core Plus Bond Portfolio	12,338,229	21,406,744
Real Estate Investment Trust:		
RREEF America REIT II Investment Fund	*	3,775,514

* Does not represent 5% or more of the Plan's net assets.

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Notes to Financial Statements

Note 5 - Information Prepared and Certified by the Asset Custodian

The Plan Sponsor has elected the method of compliance permitted by Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Under this provision of ERISA, certain information certified by a bank need not be subjected to independent audits. The Plan's management has obtained a certification from the asset custodian, Wells Fargo Bank, that the following information provided by the asset custodian and included in the Plan's financial statements and supplemental schedules is complete and accurate:

- Fair value of investments as of April 30, 2010 and 2009;
- Investments and other income earned or losses incurred for the years ended April 30, 2010 and 2009; and
- Investment transactions for the years ended April 30, 2010 and 2009.

Note 6 - Actuarial Valuation

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending on the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

The actuarial present values of accumulated plan benefits as of April 30, 2010 and 2009, were determined by an independent actuary and are those amounts which result from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Significant actuarial assumptions used in preparing the April 30, 2010 and 2009, valuations were as follows: (1) a segmented interest rate with interest of 5.5% for payments during the first 5 years, 6.0% for payments during the next 15 years and 6.5% for payments made after 20 years; (2) the mortality rate used was estimated based on the RP 2000 no collar table; (3) the retirement age was 65; (4) salary increases were estimated at 5.50% per year; and (5) the investment return used was estimated at 7.5% compounded annually.

The actuarial assumptions are based on the Plan continuing. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits.

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Notes to Financial Statements

Note 6 - Continued

The actuarial present values of vested and non-vested accumulated plan benefits at April 30 are as follows:

	<u>2010</u>	<u>2009</u>
Actuarial present value of accumulated plan benefits:		
Vested:		
Participants currently receiving payments	\$ 23,596,428	\$ 20,084,454
Other participants	<u>53,000,905</u>	<u>48,541,719</u>
Total vested benefits	76,597,333	68,626,173
Nonvested:		
Other benefits attributable to service rendered	<u>555,895</u>	<u>583,344</u>
Total Accumulated Plan Benefits	<u>\$ 77,153,228</u>	<u>\$ 69,209,517</u>

The changes in the actuarial present value of accumulated plan benefits for the plan year ended April 30, 2010, are as follows:

	<u>2010</u>	<u>2009</u>
Actuarial present value of accumulated plan benefits at beginning of plan year	\$ 69,209,517	\$ 61,887,666
Increase (decrease) attributable to:		
Benefits accumulated and (gains) / losses	5,457,306	5,066,571
Decrease in discount period	5,092,968	4,555,212
Benefits paid	(2,606,563)	(2,303,014)
Change in actuarial assumptions	<u>3,082</u>	<u>3,082</u>
Actuarial Present Value of Accumulated Plan Benefits at End of Plan Year	<u>\$ 77,153,228</u>	<u>\$ 69,209,517</u>

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Notes to Financial Statements

Note 7 - Plan Termination

Although it has not expressed any intention to do so, the Hospital has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of Plan termination, participants will become 100% vested.

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

- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of an annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
- Other vested benefits insured by the PBGC, a U.S. government agency, up to the applicable limitations (discussed below).
- All other vested benefits.
- All non-vested benefits.

Whether all participants receive their benefits, should the Plan terminate at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC. Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

The Plan provides that following a Plan termination (as defined), the assets of the Plan shall be applied in accordance with the provisions of the Plan agreement to satisfy all liabilities to participants and beneficiaries, and the Hospital shall be entitled to any balance of Plan assets remaining.

Note 8 - Party-In-Interest Transactions

The Plan invests in a short term money market fund managed by Wells Fargo Bank. Wells Fargo Bank is the asset custodian of the Plan; therefore, these transactions qualify as party-in-interest transactions. The Plan paid \$75,599 and \$74,504 in investment management and administration fees to Wells Fargo Bank for the year ended April 30, 2010.

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Notes to Financial Statements

Note 9 - Tax Status

The Plan obtained its latest determination letter on April 15, 2008, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Plan has been amended since receiving the determination letter. However, the plan administrator and the Plan's tax counsel believe that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Note 10 - Risks and Uncertainties

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

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

Note 11 - Nonexempt Transactions

During the years ended April 30, 2010 and 2009, the Plan Sponsor's management identified deferral contributions in the amount of \$30,700 and \$34,795, respectively, deemed as delinquent. The deemed delinquency periods for these deposits are 15 days and 10 days, respectively. The Plan Sponsor has taken actions to mitigate future delays in remittances.

Note 12 - Subsequent Events

Effective December 31, 2010, the Plan was amended to cease benefit accruals for all participants. No earnings are considered in determining a Plan participant's final average monthly earnings and no hours of service will be credited for service after December 31, 2010.

SUPPLEMENTAL SCHEDULES

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Supplemental Schedule I - Attachment to Form 5500, Schedule H, Item 4(a)
Schedule of Delinquent Participant Contributions

EMPLOYER: Harrison Medical Center

EIN: 91-0565546

PLAN: 002

<i>Participant Contributions Transferred Late to Plan</i>	<i>Total that Constitutes Nonexempt Prohibited Transactions</i>			<i>Total Fully Corrected Under VFCP and PTE 2002 - 51</i>
<i>Check Here if Late Participant Loan Repayments are Included:</i> <input type="checkbox"/>	<i>Contributions not Corrected</i>	<i>Contributions Corrected Outside VFCP</i>	<i>Contributions Pending Correction in VFCP</i>	

2009

\$34,795

2010

\$30,700

See independent auditors' report.

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Supplemental Schedule II - Attachment to Form 5500, Schedule H, Item 4(i) Assets Held for Investment Purposes as of April 30, 2010

EMPLOYER: Harrison Medical Center

EIN: 91-0565546

PLAN: 002

(a)	(b) Identity of Issuer, 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
	Artio International Equity Fund	Shares of a registered investment company, 116,638 shares	\$ 15,547,981	\$ 15,499,784
	Rainier Large Cap Core Equity Portfolio	Shares of a registered investment company, 526,711 shares	12,291,415	12,135,426
	AXA Rosenberg Small/Mid Cap Fund	Shares of a registered investment company, 1,206,952 shares	13,024,604	13,692,997
	Western Asset Core Plus Bond Portfolio	Shares of a registered investment company, 1,156,348 shares	11,966,853	12,338,229
	PIMCO Total Return Fund Institutional	Shares of a registered investment company, 1,054,455 shares	11,609,605	11,736,084
	AXA Small/Mid Cap Liquidating Fund	Shares of a registered investment company, 37,067 shares	370,668	103,573
	RREEF America REIT II Investment Fund	Real estate investment trust, 45,086 shares	5,416,454	3,092,458
	Lion Value Fund	Real estate investment trust, 2,289 shares	2,500,000	1,506,403
*	Wells Fargo Short Term Investment Fund	Money market fund, 1,739,044 shares	1,739,044	1,739,044
	Chevron Corporation	Common Stock, 6,020 shares	424,379	490,269
	Honeywell International	Common Stock, 8,790 shares	289,082	417,262
	Western Union	Common Stock, 21,000 shares	290,105	383,250
	Norfolk Southern Corporation	Common Stock, 6,400 shares	229,248	379,712
	Applied Materials Inc	Common Stock, 27,500 shares	350,410	378,950
	CVS/Caremark Corporation	Common Stock, 10,050 shares	312,349	371,925
	Abbott Labs	Common Stock, 7,200 shares	337,736	370,948
	Symantec Corp	Common Stock, 22,100 shares	351,182	370,617
	Ace Limited	Common Stock, 6,945 shares	351,622	369,405
	Flextronics International	Common Stock, 47,380 shares	358,250	366,721
	Baxter International Inc	Common Stock, 7,500 shares	420,962	354,150
	Altria Group Inc.	Common Stock, 16,600 shares	268,982	351,754
	XTO Energy	Common Stock, 7,400 shares	341,479	351,648
	Archer Daniels Midland Company	Common Stock, 12,500 shares	384,023	349,250
	Hess Corp	Common Stock, 5,400 shares	317,393	343,170
	Philip Morris International	Common Stock, 6,960 shares	331,867	341,597
	Ameriprise Financial, Inc.	Common Stock, 6,300 shares	221,225	292,068
	Willis Group Holdings LTD	Common Stock, 8,100 shares	197,092	279,045
	Target Corporation	Common Stock, 4,780 shares	222,376	271,838
	KBR Inc	Common Stock, 11,500 shares	206,851	253,920
	Time Warner, Inc.	Common Stock, 7,666 shares	211,623	253,591
	Unilever N.V.	Common Stock, 8,200 shares	203,744	248,132
	TEVA Pharmaceutical Industries	Common Stock, 4,180 shares	179,967	245,491
	Bank of New York Mellon Corp	Common Stock, 7,800 shares	222,649	243,516
	Cooper Industries PLC New Ireland	Common Stock, 4,940 shares	184,108	242,554
	Union Pacific Corp	Common Stock, 3,200 shares	184,594	242,112
	Pactiv Corp	Common Stock, 9,500 shares	214,520	241,395
	Corning Inc	Common Stock, 12,500 shares	230,143	240,625
	BP PLC - ADR	Common Stock, 4,600 shares	261,401	239,890
	Directv Group Inc.	Common Stock, 6,540 shares	141,156	237,010
	Intel Corporation	Common Stock, 10,270 shares	179,417	234,567
	Microsoft Corp	Common Stock, 7,600 shares	155,319	232,066
	Devon Energy Corporation	Common Stock, 3,425 shares	218,509	230,605
	Aetna, Inc.	Common Stock, 7,700 shares	258,041	227,535
	Anadarko Petroleum Corporation	Common Stock, 3,500 shares	178,113	217,560
	Hospira, Inc.	Common Stock, 3,690 shares	121,842	198,485
	Ingram Micro, Incorporated	Common Stock, 10,000 shares	169,089	181,600
	Ralcorp Holdings Inc	Common Stock, 2,510 shares	142,763	167,041
	DST Systems Inc	Common Stock, 3,800 shares	148,260	161,310
	Alliance/Bernstein Holdings, LP	Common Stock, 4,610 shares	130,646	144,708
	Bank of America Corp	Common Stock, 11,350 shares	119,119	113,500
	Total		\$ 84,528,260	\$ 83,474,790

* Party-in-interest as defined by section 3(14) of ERISA.

See independent auditors' report.

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Supplemental Schedule III - Attachment to Form 5500, Schedule H, Item 4(j) Reportable Transactions for the Year Ended April 30, 2010

EMPLOYER: Harrison Medical Center
EIN: 91-0565546
PLAN: 002

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
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Category (i) - Single transactions in excess of 5% of Plan Assets

* Wells Fargo Short Term Investment Fund	Money market	\$11,589,000		\$11,589,000		
* Wells Fargo Short Term Investment Fund	Money market		11,589,000	11,589,000		
PIMCO Total Return Fund Institutional	Registered investment company	11,589,000		11,589,000		
Western Asset Core Plus Bond Portfolio	Registered investment company		11,589,000	11,551,891		37,109

Category (ii) - Series of transactions by broker in excess of 5% of Plan Assets

Artio Global Investors	Registered investment company	3,292,836		3,416,772		(123,936)
Artio International Equity Fund	Registered investment company	2,600,000		2,600,000		

Category (iii) - Series of transactions by issue in excess of 5% of Plan Assets

* Wells Fargo Short Term Investment Fund	Money market	27,795,590		27,795,590		
* Wells Fargo Short Term Investment Fund	Money market		28,397,892	28,397,892		
PIMCO Total Return Fund Institutional	Registered investment company	11,609,605		11,609,605		
Western Asset Core Plus Bond Portfolio	Registered investment company		16,204,615	16,393,461		(188,846)

Columns (e) and (f) have not been presented because this information is not applicable.

There were no Category (iv) reportable transactions during the year ended April 30, 2010.

* Party-in-interest as defined by section 3(14) of ERISA.

See independent auditors' report.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2009 This Form Is Open to Public Inspection
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For calendar plan year 2009 or fiscal plan year beginning 05/01/2009 and ending 04/30/2010

▶ Round off amounts to nearest dollar.

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

A Name of plan Retirement Plan for Employees of Harrison Memorial Hospital	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Harrison Medical Center	D Employer Identification Number (EIN) 91-0565546
E Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B	
F Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500	

Part I Basic Information			
1	Enter the valuation date: Month <u>5</u> Day <u>1</u> Year <u>2009</u>		
2	Assets:		
a	Market value.....	2a	63,189,031
b	Actuarial value.....	2b	69,507,934
3	Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment.....	3a	224
b	For terminated vested participants.....	3b	463
c	For active participants:		
	(1) Non-vested benefits.....	3c(1)	616,689
	(2) Vested benefits.....	3c(2)	37,266,482
	(3) Total active.....	3c(3)	700
d	Total.....	3d	1,387
4	If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/>		
a	Funding target disregarding prescribed at-risk assumptions.....	4a	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate.....	5	7.61 %
6	Target normal cost.....	6	4,076,326

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

SIGN HERE	<u>Brent Chubbs</u> <u>BRC</u> Signature of actuary <u>Brent R. Chubbs, ASA, EA, MAAA</u> Type or print name of actuary <u>Mercer</u> Firm name <u>1301 Fifth Avenue, Suite 1900</u> <u>Seattle</u> <u>WA 98101</u> Address of the firm	<u>1/28/2011</u> Date <u>08-07082</u> Most recent enrollment number <u>(206) 214-3500</u> Telephone number (including area code)
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Part II Beginning of year carryover and prefunding balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	4,248,215	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	4,248,215	0
10 Interest on item 9 using prior year's actual return of <u>(28.94)%</u>	(1,229,433)	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		2,900,804
b Interest on (a) using prior year's effective rate of <u>6.20</u> %		179,850
c Total available at beginning of current plan year to add to prefunding balance		3,080,654
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	3,018,782	0

Part III Funding percentages

14 Funding target attainment percentage	14	94.13 %
15 Adjusted funding target attainment percentage	15	98.40 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	114.42 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
07/02/2009	440,000		01/12/2010	440,000	
08/06/2009	440,000		02/02/2010	440,000	
09/09/2009	440,000		03/08/2010	440,000	
10/07/2009	440,000		04/06/2010	440,000	
11/06/2009	440,000				
12/11/2009	440,000				
Totals ▶			18(b)	4,400,000	18(c) 745,805

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

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	4,223,433

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No
- c** If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

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

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:				
a Segment rates:	1st segment: %	2nd segment: %	3rd segment: %	<input checked="" type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 1
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	4,076,326
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	4,076,326
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	4,076,326
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (item 19c)	37	4,223,433
38 Interest-adjusted excess contributions for current year (see instructions)	38	147,107
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

Plan Name	Retirement Plan for Employees of Harrison Memorial Hospital	EIN:	91-0565546
Plan Sponsor's Name	Harrison Medical Center	PN:	002

[illegible]

Schedule SB, Line 22 – Description of weighted average retirement age

Each employee is assumed to retire in accordance with the table of retirement rates. The number of employees expected to retire at each potential retirement age is shown below, based on 10,000 employees actively employed at age 55 (column E). The average retirement age is 65.

A	B	C	D	E	F	G
	Rates of				Number of Employees Expected to Retire (Count)	Count* Age
Age	Retirement	Death ¹	Disability	Lx		
55	0.0250	0.2055%	0.0000%	10,000	250	13,750
56	0.0250	0.2345%	0.0000%	9,729	243	13,621
57	0.0250	0.2626%	0.0000%	9,463	237	13,485
58	0.0250	0.2885%	0.0000%	9,202	230	13,343
59	0.0250	0.3159%	0.0000%	8,945	224	13,194
60	0.0250	0.3457%	0.0000%	8,693	217	13,040
61	0.0250	0.3790%	0.0000%	8,446	211	12,880
62	0.0500	0.4126%	0.0000%	8,203	410	25,429
63	0.1000	0.4492%	0.0000%	7,759	776	48,881
64	0.1500	0.4846%	0.0000%	6,948	1,042	66,703
65	0.2500	0.5200%	0.0000%	5,872	1,468	95,425
66	0.2500	0.5570%	0.0000%	4,374	1,093	72,166
67	0.1500	0.5909%	0.0000%	3,256	488	32,722
68	0.1500	0.6208%	0.0000%	2,748	412	28,032
69	0.1500	0.6515%	0.0000%	2,319	348	24,001
70	1.0000	0.6775%	0.0000%	1,956	1,956	136,921
Total					9,606	623,594
Weighted Average Retirement Age						65

The weighted average retirement age is the total for column G divided by the total for column F, rounded to the nearest integral age. It should be noted that while only integral values are shown in the table, the full content of each cell, including decimal portions, is used in the calculations.

¹ Weighted average death decrement is determined using gender-specific non-annuitant rates and number of males and females as of the valuation date.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Discount rate elections	Full yield curve with one month look-back. The effective interest rate is 7.61%	
Mortality elections	2009 PPA separate static annuitant and nonannuitant mortality tables	
Contribution balance conversion	<u>Segmented interest rates</u> : 4.46% for payments during the first 5 years, 5.20% for payments during the next 15 years and 5.32% for payments after 20 years. <u>Mortality</u> : IRS mandated table for lump sums paid during 2009, with no pre-retirement mortality assumed.	
Other economic assumptions		
▪ Salary increases	5.50% per year	
▪ Expected investment return	7.50% per year	
▪ Expenses	Administrative expenses will be paid by the employer.	
Demographic assumptions		
Withdrawal	Termination Rate Table SOA3TSS. See table of sample rates.	
Disability incidence	None assumed.	
Retirement age	Retirement from active service is assumed in accordance with the table of sample rates. Vested terminated participants are assumed to retire at age 65.	
Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>
▪ Percentage married	70%	70%
▪ Spouse age difference	3 years younger	3 years older

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (*continued*)

Form of payment

Active Participants:

- Upon termination retirement, 75% of current active participants are assumed to elect an annuity form of benefit at retirement, and 25% are assumed to elect an immediate refund of their contribution balance, with an actuarially reduced annuity form of benefit at retirement.
- 80% of participants who receive an annuity are assumed to elect Single Life Annuity; the remaining 20% are assumed to elect 100% Joint & Survivor Annuity.

Vested Terminated Participants:

- Current terminated vested participants, who are entitled to a deferred benefit are assumed to elect to receive their benefits as a full annuity at age 65 (which is reduced if they received a refund of contributions previously).
 - Assume 80% of terminated vested participants elect a Single Life Annuity and 20% elect a 100% Joint & Survivor Annuity.
-

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (*continued*)

Table of sample rates

Attained Age	Withdrawal	Retirement
	Unisex	Unisex
25	19.5%	0.0%
30	15.5%	0.0%
35	12.1%	0.0%
40	9.4%	0.0%
45	7.3%	0.0%
50	5.6%	0.0%
55	4.2%	2.5%
56	4.0%	2.5%
57	3.7%	2.5%
58	3.5%	2.5%
59	3.3%	2.5%
60	3.0%	2.5%
61	2.8%	2.5%
62	2.6%	5.0%
63	2.3%	10.0%
64	2.1%	15.0%
65	0.0%	25.0%
66	0.0%	25.0%
67	0.0%	15.0%
68	0.0%	15.0%
69	0.0%	15.0%
70	0.0%	100.0%
75	0.0%	100.0%
80	0.0%	100.0%
85	0.0%	100.0%
90	0.0%	100.0%
95	0.0%	100.0%
100	0.0%	100.0%

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (*continued*)

Asset methods – effective May 1, 2009

We used financial data submitted by the trustee as of the valuation date without further audit; that is the market value reported in the year-end trustee statement plus discounted receivable employer contributions plus receivable participant contributions. Customarily, this information would not be verified by a plan's actuary. We have reviewed the information for internal consistency and we have no reason to doubt its substantial accuracy.

The asset valuation method is an annual average of the adjusted market value over the last 24 months preceding the valuation date using annual determination dates. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant methods – effective May 1, 2008

We used the participant data supplied by the plan sponsor. We have reviewed the data and have no reason to doubt its substantial accuracy. Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date.
- **Insurance contracts:** The plan does not have any insurance contracts.
- **Transferred participants:** The liabilities for employees who have transferred into another plan of the plan sponsor have been included with the liabilities for terminated vested participants.

Benefits included or excluded – effective May 1, 2008

Unless noted below, all benefits provided by the plan are included in this valuation.

- **Plan amendments:** Amendments adopted after the valuation date or effective after the current plan year are excluded from the valuation.
- **Late retirement increases:**
 - *Active participants:* Current active participants over normal retirement age are valued including the late retirement actuarial increase.

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (*continued*)

- *Deferred vested participants*: Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Shutdown benefits**: We are not aware of any corporate actions that would create shutdown benefits; therefore, they are excluded.
- **IRC Sections 415(b) and 401(a)(17)**: The limitations of Internal Revenue Code Sections 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416**: We did not test whether this plan is top heavy (when the present value of benefits for key employees equals or exceeds 60 percent of the present value for all participants). However, we expect that the plan is not top heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.
- **Benefit restrictions**: Benefit restrictions (if applicable) are ignored in this valuation.

Plan sponsor elections – effective May 1, 2009

Funding interest rate

- Full yield curve
- One month look-back

Valuation of lump sums based on IRC Section 417(e) assumptions

- Not valued as plan pays limited lump sums.

Minimum funding method

Target liability for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- An individual's **accrued liability** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the accrued liability and the normal cost for an individual are the sum of the component accrued liabilities and normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual normal costs, and the plan's **funding target** is the sum of the accrued liabilities for all participants under the plan.

Schedule SB, Part V – Summary of Plan Provisions

Following is a summary of the major plan provisions used to determine the plan's financial position. It should not be used in determining plan benefits.

<i>Effective date and plan year</i>	May 1, 1968. Plan year is May 1 through April 30.
<i>Most recent amendment</i>	Summary includes amendments through May 1, 2009.
<i>Type of plan</i>	Contributory defined benefit plan.
<i>Status of the plan</i>	The plan is closed to new entrants as of January 1, 2006.
<i>Significant events</i>	To the best of our knowledge, no significant events occurred during the year.
<i>Eligibility</i>	<p>May 1 or November 1 following the date employee reaches age 21 and completes 1,000 hours of service in the 12 months following the date of hire and agrees to make mandatory contributions to the plan.</p> <p>On the effective dates shown below, the plan's eligibility provisions were amended for the employee groups shown. Employees who satisfied the eligibility requirements prior to those dates could choose whether to participate in the plan or begin participating in Harrison's new retirement program. Employees becoming eligible on and after those dates automatically participate in the new program.</p>

Union	Date
Non-bargained employees	March 1, 2005
SEIU – Dietary	July 1, 2005
SEIU – Service	July 1, 2005
UFCW – 21	July 1, 2005
IUOE – Local 286	November 1, 2005
USNU Union – Local UFCW 141 Registered Nurses	January 1, 2006

Schedule SB, Part V – Summary of Plan Provisions *(continued)*

<i>Participant contributions</i>	2% of pay.
<i>Service considered</i>	Years in which mandatory contributions were made to the plan and completed 1,000 hours.
<i>Compensation considered</i>	Employee's regular salary, wages, and contractual bonuses.
<i>Normal retirement</i>	
<i>Eligibility</i>	Age 65
<i>Benefit</i>	For each year participant has contributed to the plan, he or she will receive 2% of the highest final average earnings over five consecutive years.
<i>Late retirement</i>	
<i>Eligibility</i>	Retirement after age 65
<i>Benefit</i>	The benefits payable are calculated the same as for normal retirement, taking into account earnings and service to the late retirement date. The benefit will not be less than the benefit which would have been payable had the participant retired on his Normal Retirement Date, actuarially increased for late retirement.
<i>Early retirement</i>	
<i>Eligibility</i>	Age 55 and 10 years of service
<i>Benefit</i>	Benefit accrued to termination date is reduced by 5/12 of 1% for each month by which retirement precedes age 65.
<i>Deferred vested</i>	
<i>Benefit</i>	A participant's accrued benefit is 100% vested after five years of service earned during plan years in which the employee works at least 1,000 hours. The participant's vested accrued benefit will be payable at age 65 or earlier, as described under early retirement benefit above. A participant's accrued benefit attributable to mandatory participant contributions is 100% vested at all times.

Schedule SB, Part V – Summary of Plan Provisions (*continued*)

Death

Benefit

The spouse of a married participant who dies after becoming vested but prior to retirement will receive an annuity equal to half of what the employee would have received had he or she retired on the date of death or, if later, the earliest retirement date under the plan and elected a joint annuity option with 50% continuing to the surviving spouse. If the participant dies prior to becoming eligible for early retirement, the benefit will begin on the date the participant would have been eligible for early retirement.

Upon the death of an unmarried participant, the accumulated participant contribution balance is refunded.

Automatic form for unmarried participants

Single Life Annuity. Participants may elect to receive a mandatory contribution refund at any time after termination.

Automatic form for married participants

50% Joint and Survivor Annuity. Participants may elect to receive a mandatory contribution refund at any time after termination.

Optional forms

Optional forms are 66 2/3%, 75%, and 100% Joint and Survivor Annuities

Optional forms conversion factor

Actuarial equivalence for annuity options is determined based on 7% interest and the 1994 Group Annuity Reserving Table projected to 2002, blended 50% male and 50% female.

Maximum compensation

Compensation may not exceed the limits in IRC Section 401(a)(17). This limit is indexed annually. For 2009, the limit is \$245,000.

Maximum benefits

Annual benefits may not exceed the limits in IRC Section 415. For 2009, this limit is \$190,000. This limit is indexed annually.

Benefits not included in valuation

Participants who terminate employment as a result of a total and permanent disability are protected with the benefit accrued to termination reduced by 5/12 of 1% for each month by which disability date precedes age 65. Disability benefits are not included as they are deemed immaterial.

Changes since prior valuation

The compensation limit was increased from \$230,000 to \$245,000 and the benefit limit was increased from \$185,000 to \$190,000.

Schedule SB, Line 24 – Change in Actuarial Assumptions

The mortality table for determining the funding target was updated from 2008 to 2009 PPA separate static annuitant and nonannuitant tables.

The mortality and interest rates for the contribution balance conversion were updated.

Schedule SB, Line 25 – Change in Method

The funding interest rate method was changed from segment rates with a three month look-back to full yield curve with a one month look-back.

The asset valuation method is an annual average of the adjusted market value over the last 24 months preceding the valuation date using annual determination dates. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430.

The liability valuation system was changed this year, resulting in a change in funding method. This change in valuation software satisfies the requirements of Announcement 2010 – 3 for automatic IRS approval for changes in funding method.

Schedule SB, Line 26 – Schedule of Active Participant Data

Attained age	Years of Credited Service as of May 1, 2009										Total
	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 +	
< 25											0
25 - 29			7								7
30 - 34		2	27 44,995	1							30 44,995
35 - 39		5	29 46,349	7	2						43 46,971
40 - 44		5	35 47,710	18	11	1					70 51,815
45 - 49		3	50 45,272	32 49,971	13	9	5				112 49,456
50 - 54		2	59 50,395	39 54,935	24 65,656	16	14	5			159 56,291
55 - 59		5	57 51,069	35 50,399	33 58,015	13	24 64,407	9	3		179 56,549
60 - 64			18	13	29 58,717	11	13	7	1		92 58,725
65 - 69			1	2	1			1			5
70-71			1		1						2
75+				1							1
Total	0	22 46,326	284 49,268	148 53,241	114 58,722	50 56,208	56 59,780	22 72,544	4	0	700 53,696

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is the compensation for the year ending on the valuation date limited to the 2009 401(a)(17) limit of \$245,000.

Average compensation is not shown for cells with less than 20 participants.

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Supplemental Schedule II - Attachment to Form 5500, Schedule H, Item 4(i) Assets Held for Investment Purposes as of April 30, 2010

EMPLOYER: Harrison Medical Center

EIN: 91-0565546

PLAN: 002

(a)	(b) Identity of Issuer, 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
	Artio International Equity Fund	Shares of a registered investment company, 116,638 shares	\$ 15,547,981	\$ 15,499,784
	Rainier Large Cap Core Equity Portfolio	Shares of a registered investment company, 526,711 shares	12,291,415	12,135,426
	AXA Rosenberg Small/Mid Cap Fund	Shares of a registered investment company, 1,206,952 shares	13,024,604	13,692,997
	Western Asset Core Plus Bond Portfolio	Shares of a registered investment company, 1,156,348 shares	11,966,853	12,338,229
	PIMCO Total Return Fund Institutional	Shares of a registered investment company, 1,054,455 shares	11,609,605	11,736,084
	AXA Small/Mid Cap Liquidating Fund	Shares of a registered investment company, 37,067 shares	370,668	103,573
	RREEF America REIT II Investment Fund	Real estate investment trust, 45,086 shares	5,416,454	3,092,458
	Lion Value Fund	Real estate investment trust, 2,289 shares	2,500,000	1,506,403
*	Wells Fargo Short Term Investment Fund	Money market fund, 1,739,044 shares	1,739,044	1,739,044
	Chevron Corporation	Common Stock, 6,020 shares	424,379	490,269
	Honeywell International	Common Stock, 8,790 shares	289,082	417,262
	Western Union	Common Stock, 21,000 shares	290,105	383,250
	Norfolk Southern Corporation	Common Stock, 6,400 shares	229,248	379,712
	Applied Materials Inc	Common Stock, 27,500 shares	350,410	378,950
	CVS/Caremark Corporation	Common Stock, 10,050 shares	312,349	371,925
	Abbott Labs	Common Stock, 7,200 shares	337,736	370,948
	Symantec Corp	Common Stock, 22,100 shares	351,182	370,617
	Ace Limited	Common Stock, 6,945 shares	351,622	369,405
	Flextronics International	Common Stock, 47,380 shares	358,250	366,721
	Baxter International Inc	Common Stock, 7,500 shares	420,962	354,150
	Altria Group Inc.	Common Stock, 16,600 shares	268,982	351,754
	XTO Energy	Common Stock, 7,400 shares	341,479	351,648
	Archer Daniels Midland Company	Common Stock, 12,500 shares	384,023	349,250
	Hess Corp	Common Stock, 5,400 shares	317,393	343,170
	Philip Morris International	Common Stock, 6,960 shares	331,867	341,597
	Ameriprise Financial, Inc.	Common Stock, 6,300 shares	221,225	292,068
	Willis Group Holdings LTD	Common Stock, 8,100 shares	197,092	279,045
	Target Corporation	Common Stock, 4,780 shares	222,376	271,838
	KBR Inc	Common Stock, 11,500 shares	206,851	253,920
	Time Warner, Inc.	Common Stock, 7,666 shares	211,623	253,591
	Unilever N.V.	Common Stock, 8,200 shares	203,744	248,132
	TEVA Pharmaceutical Industries	Common Stock, 4,180 shares	179,967	245,491
	Bank of New York Mellon Corp	Common Stock, 7,800 shares	222,649	243,516
	Cooper Industries PLC New Ireland	Common Stock, 4,940 shares	184,108	242,554
	Union Pacific Corp	Common Stock, 3,200 shares	184,594	242,112
	Pactiv Corp	Common Stock, 9,500 shares	214,520	241,395
	Corning Inc	Common Stock, 12,500 shares	230,143	240,625
	BP PLC - ADR	Common Stock, 4,600 shares	261,401	239,890
	Directv Group Inc.	Common Stock, 6,540 shares	141,156	237,010
	Intel Corporation	Common Stock, 10,270 shares	179,417	234,567
	Microsoft Corp	Common Stock, 7,600 shares	155,319	232,066
	Devon Energy Corporation	Common Stock, 3,425 shares	218,509	230,605
	Aetna, Inc.	Common Stock, 7,700 shares	258,041	227,535
	Anadarko Petroleum Corporation	Common Stock, 3,500 shares	178,113	217,560
	Hospira, Inc.	Common Stock, 3,690 shares	121,842	198,485
	Ingram Micro, Incorporated	Common Stock, 10,000 shares	169,089	181,600
	Ralcorp Holdings Inc	Common Stock, 2,510 shares	142,763	167,041
	DST Systems Inc	Common Stock, 3,800 shares	148,260	161,310
	Alliance/Bernstein Holdings, LP	Common Stock, 4,610 shares	130,646	144,708
	Bank of America Corp	Common Stock, 11,350 shares	119,119	113,500
	Total		\$ 84,528,260	\$ 83,474,790

* Party-in-interest as defined by section 3(14) of ERISA.

See independent auditors' report.

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Supplemental Schedule III - Attachment to Form 5500, Schedule H, Item 4(j) Reportable Transactions for the Year Ended April 30, 2010

EMPLOYER: Harrison Medical Center
EIN: 91-0565546
PLAN: 002

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
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Category (i) - Single transactions in excess of 5% of Plan Assets

* Wells Fargo Short Term Investment Fund	Money market	\$11,589,000		\$11,589,000		
* Wells Fargo Short Term Investment Fund	Money market		11,589,000	11,589,000		
PIMCO Total Return Fund Institutional	Registered investment company	11,589,000		11,589,000		
Western Asset Core Plus Bond Portfolio	Registered investment company		11,589,000	11,551,891		37,109

Category (ii) - Series of transactions by broker in excess of 5% of Plan Assets

Artio Global Investors	Registered investment company	3,292,836		3,416,772		(123,936)
Artio International Equity Fund	Registered investment company	2,600,000		2,600,000		

Category (iii) - Series of transactions by issue in excess of 5% of Plan Assets

* Wells Fargo Short Term Investment Fund	Money market	27,795,590		27,795,590		
* Wells Fargo Short Term Investment Fund	Money market		28,397,892	28,397,892		
PIMCO Total Return Fund Institutional	Registered investment company	11,609,605		11,609,605		
Western Asset Core Plus Bond Portfolio	Registered investment company		16,204,615	16,393,461		(188,846)

Columns (e) and (f) have not been presented because this information is not applicable.

There were no Category (iv) reportable transactions during the year ended April 30, 2010.

* Party-in-interest as defined by section 3(14) of ERISA.

See independent auditors' report.

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Supplemental Schedule I - Attachment to Form 5500, Schedule H, Item 4(a)
Schedule of Delinquent Participant Contributions

EMPLOYER: Harrison Medical Center

EIN: 91-0565546

PLAN: 002

Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002 - 51
Check Here if Late Participant Loan Repayments are Included: <input type="checkbox"/>	Contributions not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	

2009

\$34,795

2010

\$30,700

See independent auditors' report.