

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>BELMONT COMMUNITY HOSPITAL 403(B) PLAN AND TRUST AGREEMENT</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>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/2009</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>01/01/2009</u>	
1b Three-digit plan number (PN) ▶	<u>003</u>				
1c Effective date of plan <u>01/01/2009</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>BELMONT COMMUNITY HOSPITAL</u> <u>4697 HARRISON ST 653</u> <u>BELLAIRE, OH 43906-1338</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>34-0714643</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>740-671-1229</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0714643</u>	2c Sponsor's telephone number <u>740-671-1229</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>34-0714643</u>					
2c Sponsor's telephone number <u>740-671-1229</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.	10/13/2011	JAMES MURDY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") BELMONT COMMUNITY HOSPITAL 4697 HARRISON ST 653 BELLAIRE, OH 43906-1338	3b Administrator's EIN 34-0714643 3c Administrator's telephone number 740-671-1229
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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
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5 Total number of participants at the beginning of the plan year	5	312
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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	180
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	5
d Subtotal. Add lines 6a , 6b , and 6c	6d	185
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	185
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	57
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2G 2M

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

9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
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10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
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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
			2010
			This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>BELMONT COMMUNITY HOSPITAL 403(B) PLAN AND TRUST AGREEMENT</u>	B Three-digit plan number (PN) <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BELMONT COMMUNITY HOSPITAL</u>	D Employer Identification Number (EIN) <u>34-0714643</u>

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

PNC BANK, N.A.

25-1211909

(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?
25 59 60 63	TRUSTEE	125	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation AMERICAN FUNDS - EUROPACIFIC GROWTH 333 SOUTH HOPE STREET LOS ANGELES, CA 90071		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 10 BASIS POINTS ANNUALLY-60 50 BASIS POINTS ANNUALLY-63		
(a) Enter service provider name as it appears on line 2 PNC BANK, N.A.		
(b) Service Codes (see instructions) 60 63		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation AMERICAN FUNDS - THE GROWTH FUND OF 333 SOUTH HOPE STREET LOS ANGELES, CA 90071		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 10 BASIS POINTS ANNUALLY-60 50 BASIS POINTS ANNUALLY-63		
(a) Enter service provider name as it appears on line 2 PNC BANK, N.A.		
(b) Service Codes (see instructions) 60 63		
(c) Enter amount of indirect compensation 0		
(d) Enter name and EIN (address) of source of indirect compensation T. ROWE PRICE GROWTH STOCK FUND R 100 EAST PRATT STREET BALTIMORE, MD 21202		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. 15 BASIS POINTS ANNUALLY-60 50 BASIS POINTS ANNUALLY-63		

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
PNC BANK, N.A.	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ROYCE VALUE PLUS FUND SVC	745 5TH AVENUE, 24TH FLOOR NEW YORK, NY 10151	10 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS - AMERICAN BALANCED	333 SOUTH HOPE STREET LOS ANGELES, CA 90071	10 BASIS POINTS ANNUALLY-60 50 BASIS POINTS ANNUALLY-63
(a) Enter service provider name as it appears on line 2		(c) Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation		(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY LIVESTRONG 2015 PO	P.O. BOX 419385 KANSAS CITY, MO 64141	35 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63

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
PNC BANK, N.A.	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY LIVESTRONG 2025 PO P.O. BOX 419385 KANSAS CITY, MO 64141	35 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY LIVESTRONG INCOME P.O. BOX 419385 KANSAS CITY, MO 64141	35 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY LIVESTRONG 2045 PO P.O. BOX 419385 KANSAS CITY, MO 64141	35 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63	

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
PNC BANK, N.A.	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN CENTURY LIVESTRONG 2035 PO P.O. BOX 419385 KANSAS CITY, MO 64141	35 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PNC BANK, N.A.	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
ARTISAN MID CAP VALUE FUND INV 875 E. WISCONSIN AVENUE, SUITE 800 MILWAUKEE, WI 53202	35 BASIS POINTS ANNUALLY-60	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BARON ASSET FUND 767 FIFTH AVENUE, 49TH FLOOR NEW YORK, NY 10153	15 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63	

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
PNC BANK, N.A.	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK INDEX EQUITY FUND A 40 EAST 52ND STREET NEW YORK, NY 10022	4 BASIS POINTS ANNUALLY-60 15 BASIS POINTS ANNUALLY-63	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PNC BANK, N.A.	59 60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FEDERATED TOTAL RETURN BOND FUND SS FEDERATED INVESTORS TOWER PITTSBURGH, PA 15222	25 BASIS POINTS ANNUALLY-59 5 BASIS POINTS ANNUALLY-60	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS OVERSEAS FUND S 151 DETROIT STREET DENVER, CO 80206	25 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63	

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
PNC BANK, N.A.	59 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FEDERATED PRIME OBLIGATIONS MONEY M FEDERATED INVESTORS TOWER PITTSBURGH, PA 15222	25 BASIS POINTS ANNUALLY-59 25 BASIS POINTS ANNUALLY-63	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIONEER GROWTH OPPORTUNITY FUND CLA 60 STATE STREET FLOOR 18 BOSTON, MA 02109	30 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
PIONEER CULLEN VALUE FUND A 60 STATE STREET FLOOR 18 BOSTON, MA 02109	30 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan BELMONT COMMUNITY HOSPITAL 403(B) PLAN AND TRUST AGREEMENT	B Three-digit plan number (PN)	003
C Plan sponsor's name as shown on line 2a of Form 5500 BELMONT COMMUNITY HOSPITAL	D Employer Identification Number (EIN) 34-0714643	

Part I	Asset and Liability Statement
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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)	721	734
(2) Participant contributions	1b(2)	8684	8413
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	34007	67628
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		1200
(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)	499751	866563
(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	543163	944538

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	543163	944538
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	23324	
(B) Participants	2a(1)(B)	216310	
(C) Others (including rollovers)	2a(1)(C)	112244	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		351878
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		0
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	11344	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		11344
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	355663	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	347221	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		8442

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(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)		66579
c Other income.....	2c		1
d Total income. Add all income amounts in column (b) and enter total.....	2d		438244

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	36744	
(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)		36744
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)		
(4) Other	2i(4)	125	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		125
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		36869

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		401375
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: BODKIN, WILSON & KOZICKI, PLLC

(2) EIN: 55-0526247

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.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		3000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>BELMONT COMMUNITY HOSPITAL 403(B) PLAN AND TRUST AGREEMENT</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BELMONT COMMUNITY HOSPITAL</u>	D Employer Identification Number (EIN) <u>34-0714643</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>25-1211909</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

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

Schedule R (Form 5500) 2010
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: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate item 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

BCH 403(b) Plan & Trust Agreement

Financial Statements
Together with Auditor's Report
As of December 31, 2010 and 2009

BODKIN WILSON & KOZICKI_{PLLC}
CERTIFIED PUBLIC ACCOUNTANTS

BCH 403(b) PLAN AND TRUST AGREEMENT
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BODKIN WILSON & KOZICKI PLLC
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INDEPENDENT AUDITOR'S REPORT

To the Pension Advisory Committee of
BCH 403(b) Plan & Trust Agreement:

We were engaged to audit the financial statements of the BCH 403(b) Plan & Trust Agreement as of December 31, 2010 and 2009, for the years then ended, and the supplemental schedule as of December 31, 2010 as listed in the accompanying index. These financial statements and schedule 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 for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by PNC Institutional Investments, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that PNC Institutional Investments holds the Plan's investment assets and notes receivable and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Bodkin Wilson & Kozicki PLLC

Wheeling, West Virginia,
August 25, 2011.

BCH 403(b) PLAN & TRUST AGREEMENT
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
ASSETS		
Investments		
Cash and cash equivalents	\$ 67,628	\$ 34,007
Mutual funds	<u>866,563</u>	<u>499,751</u>
Total investments	<u>934,191</u>	<u>533,758</u>
Receivables		
Employee contribution receivable	8,413	8,684
Employer contribution receivable	734	721
Notes receivable from participants	<u>1,200</u>	<u>-</u>
Total receivables	<u>10,347</u>	<u>9,405</u>
Total assets	944,538	543,163
 LIABILITIES	 <u>-</u>	 <u>-</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 944,538</u>	 <u>\$ 543,163</u>

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

BCH 403(b) PLAN & TRUST AGREEMENT
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
ADDITIONS TO NET ASSETS		
Investment income:		
Net appreciation in fair value of investments	\$ 75,020	\$ 68,923
Dividend income	<u>11,344</u>	<u>5,325</u>
Net investment income	<u>86,364</u>	<u>74,248</u>
Contributions:		
Employee	216,310	233,964
Employer	23,324	23,130
Participant rollover	<u>112,246</u>	<u>213,462</u>
Total contributions	<u>351,880</u>	<u>470,556</u>
 Total additions	 438,244	 544,804
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants	<u>36,869</u>	<u>1,641</u>
 Net increase	 401,375	 543,163
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>543,163</u>	<u>-</u>
End of year	<u><u>\$ 944,538</u></u>	<u><u>\$ 543,163</u></u>

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

BCH 403(b) PLAN & TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

1. Description of the Plan

The following description of the BCH 403(b) Plan & Trust Agreement (the "Plan") provides only general information. Users of these financial statements should refer to the Plan document for a more complete description of the Plan's provisions.

General – The Plan, which was effective January 1, 2009, is a contributory defined contribution plan and covers all employees of Belmont Community Hospital (the "Hospital"). Employees are immediately eligible to participate, and participation is voluntary. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. PNC Institutional Investments ("PNC") is the Plan trustee and third party recordkeeper.

Contributions – Employees may elect to defer any portion of their wages as is permitted under current IRS guidelines. For every 1% which the employee defers up to a maximum of 4%, the Hospital matches .25%. Therefore, the maximum employer contribution is 1%. Employees may stop their elective deferral at any time, but can only change their contribution or begin contributing on the first day of each calendar quarter. Rollover and transfer contributions are permitted.

Participant Accounts – Under the Plan provisions, individual accounts are maintained for each participant. These individual accounts are credited with each participant's elective deferral, the employer's matching contribution and applicable earnings. Allocations of investment earnings are based on account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participant accounts are valued daily and earnings or losses are posted to the accounts on a daily basis.

Vesting – Participants have an immediate and fully vested interest in both elective and matching contributions and the related investment earnings.

Hardship Withdrawals – Hardship withdrawals are not permitted by the Plan.

Participant Loans - Participant loans are permitted by the Plan. The loans are secured by the balance in the participant's account.

Payment of Benefits – Upon retirement or termination, each participant shall be immediately eligible for Plan benefits. Benefits must be taken as a lump sum distribution.

Plan expenses – A participant is charged a nominal fee when they receive a loan or regular distribution from the Plan. However, all other plan expenses, including trustee, investment management, audit, legal, insurance and other administrative costs are paid by the Hospital.

BCH 403(b) PLAN & TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 and 2009

2. Summary of Significant Accounting Policies

Basis of Accounting – The accompanying financial statements are prepared on the accrual basis of accounting. Contributions are recorded by the Plan in the period the wages are earned. Benefits are recorded when paid.

Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition - Investments are recorded at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date (Note 4). Participant accounts are valued daily and earnings or losses are posted to accounts on a daily basis. Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's realized and unrealized gains and losses on investments bought and sold, as well as held, during the year.

Subsequent Events - Management has evaluated subsequent events through the date that the financial statements were issued, August 25, 2011, and determined that no events occurred that require disclosure. No subsequent events occurring after this date have been evaluated for inclusion in the financial statements.

3. Investments

Upon enrollment in the Plan, a participant may direct contributions in designated increments to any combination of a variety mutual funds or the Federated Prime Obligation Fund, which is considered to be a cash equivalent.

The following presents investments representing 5% or more of the Plan's net assets. Items marked with an asterisk (*) represent less than 5% of net assets for the year indicated.

Description	December 31,	
	2010	2009
Janus Adviser Intl Growth Fund	\$ 140,199	\$ 69,898
Blackrock Index Equity Fund	\$ *	\$ 115,380
Pioneer Cullen Value Fund – Class A	\$ *	\$ 66,528
American Century Livestrong 2015	\$ 309,704	\$ 35,611
Federated Total Return Bond Fund	\$ 93,248	\$ 33,774
American Funds Europacific Growth Fund – (R3)	\$ 54,894	\$ 73,399
Federated Prime Obligations Trust	\$ 67,628	\$ 34,007

BCH 403(b) PLAN & TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 and 2009

4. Fair Value

FASB Accounting Standards Codification ("ASC") 820 defines fair value, establishes a framework for measuring fair value, and establishes a fair value hierarchy which prioritizes the inputs to valuation techniques. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. A fair value measurement assumes that the transaction to sell the asset or occurs in the principal market for the asset or, in the absence of a principal market, the most advantageous market. Valuation techniques that are consistent with the market, income or cost approach, as specified by ASC 820, are used to measure fair value.

The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value into three broad levels:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets that the Plan has the ability to access.
- Level 2 inputs are inputs (other than quoted prices included with level 1) that are observable for the asset, either directly or indirectly. The valuation technique used by the Plan for Level 2 investments is the market approach. The Federated Prime Obligation Fund is a cash equivalent that is not publically traded, and is defined as a level 2 investments by professional standards.
- Level 3 are unobservable inputs for the asset and rely on management's own assumptions about the assumptions that market participants would use in pricing the asset.

Transfers between Level 1 and Level 2 investments occur on a regular basis as participants direct or make changes to investment options.

The following table presents the Plan's fair value hierarchy for those assets and liabilities measured at fair value on a recurring basis as of December 31, 2010.

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ -	\$ 67,628	\$ -	\$ 67,628
Equity mutual funds	384,156	-	-	384,156
Bond mutual funds	93,248	-	-	93,248
Target mutual funds	389,159	-	-	389,159
	<u>\$ 866,563</u>	<u>\$ 67,628</u>	<u>\$ -</u>	<u>\$ 934,191</u>

BCH 403(b) PLAN & TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 and 2009

4. Fair Value (continued)

The following table presents the Plan's fair value hierarchy for those assets and liabilities measured at fair value on a recurring basis as of December 31, 2009.

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and cash equivalents	\$ -	\$ 34,007	\$ -	\$ 34,007
Equity mutual funds	392,892	-	-	392,892
Bond mutual funds	33,774	-	-	33,774
Target mutual funds	73,085	-	-	73,085
	<u>\$ 499,751</u>	<u>\$ 34,007</u>	<u>\$ -</u>	<u>\$ 533,758</u>

5. Plan Termination

The Hospital intends to continue the Plan indefinitely, but reserves the right to discontinue matching contributions to the Plan or to discontinue the Plan itself at any time, provided it will not be undertaken in such a manner as to constitute a violation of any applicable provision of ERISA. In the event of a termination of the Plan, all distributions shall be made to the exclusive benefit of participants or their beneficiaries.

6. Parties-in-Interest

Parties-in-interest is defined by IRC Section 4975(e) (2) and ERISA section 3 (14)(c) to include, among others, any entity who provides services to the Plan. For the year ended December 31, 2010 PNC Institutional Investments, the Trustee and third party administrator, owned a portion of BlackRock. Therefore, investments in mutual funds managed by BlackRock are noted on the accompanying supplemental schedule as parties-in-interest.

7. Tax Status of the Plan

The Internal Revenue Service has no program for 403(b) plan sponsors to apply for a determination of tax exempt status. Management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income tax has been included in the Plan's financial statements.

8. Information Certified by the Plan's Trustee

The trustee has certified that the following data included in the accompanying financial statements and supplemental information is complete and accurate:

- Cash, cash equivalents, mutual funds and notes receivable from participants, as shown in the Statements of Net Assets Available for Plan Benefits as of December 31, 2010 and 2009

BCH 403(b) PLAN & TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010

8. Information Certified by the Plan's Trustee (continued)

- Net appreciation in fair value of investments and dividends, as shown in the Statement of Changes in Net Assets Available for Plan Benefits for the year ended December 31, 2010 and 2009
- The Schedule of Assets Held at End of Year as of December 31, 2010

The Plan's independent certified public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental information.

9. Investment Risk

Investments of the Plan are not insured by the FDIC; are not deposits or other obligations of, or guaranteed by any bank or affiliates; and are subject to investment risks, including possible loss of the principal amount invested.

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

SUPPLEMENTAL INFORMATION

BCH 403(b) PLAN & TRUST AGREEMENT
SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2010

<u>FACE/ SHARES</u>	<u>DESCRIPTION</u>	<u>COST</u>	<u>MARKET VALUE</u>
<u>CASH AND EQUIVALENTS</u>			
67,628	Federated Prime Obligations Trust	\$ 67,628	\$ 67,628
	Total cash and equivalents	<u>67,628</u>	<u>67,628</u>
<u>MUTUAL FUNDS</u>			
1,751	American Funds American Balanced	27,516	31,277
1,351	American Funds Europacific Growth Fund (R3)	47,637	54,894
228	American Funds Growth Fund of America	5,909	6,824
1,179	Artisan Mid Cap Value	19,238	23,672
233	Baron Asset	10,162	12,860
1,785	* BlackRock Index Equity Fund	38,561	42,794
8,363	Federated Total Return Bond Fund	91,707	93,248
2,774	Janus Overseas Class S	121,582	140,199
27,167	American Century Livestrong 2015	289,903	309,704
3,096	American Century Livestrong 2025	31,426	36,069
1,923	American Century Livestrong 2035	19,345	23,153
1,671	American Century Livestrong 2045	15,391	20,233
767	American Century Livestrong Income Portfolio	7,472	8,328
276	Pioneer Cullen Value Fund - Class A	4,333	5,010
1,031	Pioneer Growth Opportunity	23,343	28,122
135	Royce Value Plus Service	13,983	18,199
380	T Rowe Price Growth Stock	9,927	11,976
	Total mutual funds	<u>777,434</u>	<u>866,563</u>
	Total investments	<u>\$ 845,062</u>	<u>\$ 934,191</u>
<u>PARTICIPANT LOANS</u>			
	Notes receivable from participants	<u>\$ 1,200</u>	<u>\$ 1,200</u>

* Denotes Party-In-Interest (Note 6)

BCH 403(b) Plan & Trust Agreement

Financial Statements
Together with Auditor's Report
As of December 31, 2010 and 2009

BODKIN WILSON & KOZICKI_{PLLC}
CERTIFIED PUBLIC ACCOUNTANTS

BCH 403(b) PLAN AND TRUST AGREEMENT
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BODKIN WILSON & KOZICKI PLLC
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INDEPENDENT AUDITOR'S REPORT

To the Pension Advisory Committee of
BCH 403(b) Plan & Trust Agreement:

We were engaged to audit the financial statements of the BCH 403(b) Plan & Trust Agreement as of December 31, 2010 and 2009, for the years then ended, and the supplemental schedule as of December 31, 2010 as listed in the accompanying index. These financial statements and schedule 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 for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by PNC Institutional Investments, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that PNC Institutional Investments holds the Plan's investment assets and notes receivable and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Bodkin Wilson & Kozicki PLLC

Wheeling, West Virginia,
August 25, 2011.

BCH 403(b) PLAN & TRUST AGREEMENT
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
ASSETS		
Investments		
Cash and cash equivalents	\$ 67,628	\$ 34,007
Mutual funds	<u>866,563</u>	<u>499,751</u>
Total investments	<u>934,191</u>	<u>533,758</u>
Receivables		
Employee contribution receivable	8,413	8,684
Employer contribution receivable	734	721
Notes receivable from participants	<u>1,200</u>	<u>-</u>
Total receivables	<u>10,347</u>	<u>9,405</u>
Total assets	944,538	543,163
 LIABILITIES	 <u>-</u>	 <u>-</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 944,538</u>	 <u>\$ 543,163</u>

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

BCH 403(b) PLAN & TRUST AGREEMENT
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
ADDITIONS TO NET ASSETS		
Investment income:		
Net appreciation in fair value of investments	\$ 75,020	\$ 68,923
Dividend income	<u>11,344</u>	<u>5,325</u>
Net investment income	<u>86,364</u>	<u>74,248</u>
Contributions:		
Employee	216,310	233,964
Employer	23,324	23,130
Participant rollover	<u>112,246</u>	<u>213,462</u>
Total contributions	<u>351,880</u>	<u>470,556</u>
 Total additions	 438,244	 544,804
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants	<u>36,869</u>	<u>1,641</u>
 Net increase	 401,375	 543,163
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>543,163</u>	<u>-</u>
End of year	<u><u>\$ 944,538</u></u>	<u><u>\$ 543,163</u></u>

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

BCH 403(b) PLAN & TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

1. Description of the Plan

The following description of the BCH 403(b) Plan & Trust Agreement (the "Plan") provides only general information. Users of these financial statements should refer to the Plan document for a more complete description of the Plan's provisions.

General – The Plan, which was effective January 1, 2009, is a contributory defined contribution plan and covers all employees of Belmont Community Hospital (the "Hospital"). Employees are immediately eligible to participate, and participation is voluntary. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. PNC Institutional Investments ("PNC") is the Plan trustee and third party recordkeeper.

Contributions – Employees may elect to defer any portion of their wages as is permitted under current IRS guidelines. For every 1% which the employee defers up to a maximum of 4%, the Hospital matches .25%. Therefore, the maximum employer contribution is 1%. Employees may stop their elective deferral at any time, but can only change their contribution or begin contributing on the first day of each calendar quarter. Rollover and transfer contributions are permitted.

Participant Accounts – Under the Plan provisions, individual accounts are maintained for each participant. These individual accounts are credited with each participant's elective deferral, the employer's matching contribution and applicable earnings. Allocations of investment earnings are based on account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participant accounts are valued daily and earnings or losses are posted to the accounts on a daily basis.

Vesting – Participants have an immediate and fully vested interest in both elective and matching contributions and the related investment earnings.

Hardship Withdrawals – Hardship withdrawals are not permitted by the Plan.

Participant Loans - Participant loans are permitted by the Plan. The loans are secured by the balance in the participant's account.

Payment of Benefits – Upon retirement or termination, each participant shall be immediately eligible for Plan benefits. Benefits must be taken as a lump sum distribution.

Plan expenses – A participant is charged a nominal fee when they receive a loan or regular distribution from the Plan. However, all other plan expenses, including trustee, investment management, audit, legal, insurance and other administrative costs are paid by the Hospital.

BCH 403(b) PLAN & TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 and 2009

2. Summary of Significant Accounting Policies

Basis of Accounting – The accompanying financial statements are prepared on the accrual basis of accounting. Contributions are recorded by the Plan in the period the wages are earned. Benefits are recorded when paid.

Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition - Investments are recorded at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date (Note 4). Participant accounts are valued daily and earnings or losses are posted to accounts on a daily basis. Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's realized and unrealized gains and losses on investments bought and sold, as well as held, during the year.

Subsequent Events - Management has evaluated subsequent events through the date that the financial statements were issued, August 25, 2011, and determined that no events occurred that require disclosure. No subsequent events occurring after this date have been evaluated for inclusion in the financial statements.

3. Investments

Upon enrollment in the Plan, a participant may direct contributions in designated increments to any combination of a variety mutual funds or the Federated Prime Obligation Fund, which is considered to be a cash equivalent.

The following presents investments representing 5% or more of the Plan's net assets. Items marked with an asterisk (*) represent less than 5% of net assets for the year indicated.

Description	December 31,	
	2010	2009
Janus Adviser Intl Growth Fund	\$ 140,199	\$ 69,898
Blackrock Index Equity Fund	\$ *	\$ 115,380
Pioneer Cullen Value Fund – Class A	\$ *	\$ 66,528
American Century Livestrong 2015	\$ 309,704	\$ 35,611
Federated Total Return Bond Fund	\$ 93,248	\$ 33,774
American Funds Europacific Growth Fund – (R3)	\$ 54,894	\$ 73,399
Federated Prime Obligations Trust	\$ 67,628	\$ 34,007

BCH 403(b) PLAN & TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 and 2009

4. Fair Value

FASB Accounting Standards Codification ("ASC") 820 defines fair value, establishes a framework for measuring fair value, and establishes a fair value hierarchy which prioritizes the inputs to valuation techniques. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. A fair value measurement assumes that the transaction to sell the asset or occurs in the principal market for the asset or, in the absence of a principal market, the most advantageous market. Valuation techniques that are consistent with the market, income or cost approach, as specified by ASC 820, are used to measure fair value.

The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value into three broad levels:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets that the Plan has the ability to access.
- Level 2 inputs are inputs (other than quoted prices included with level 1) that are observable for the asset, either directly or indirectly. The valuation technique used by the Plan for Level 2 investments is the market approach. The Federated Prime Obligation Fund is a cash equivalent that is not publically traded, and is defined as a level 2 investments by professional standards.
- Level 3 are unobservable inputs for the asset and rely on management's own assumptions about the assumptions that market participants would use in pricing the asset.

Transfers between Level 1 and Level 2 investments occur on a regular basis as participants direct or make changes to investment options.

The following table presents the Plan's fair value hierarchy for those assets and liabilities measured at fair value on a recurring basis as of December 31, 2010.

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ -	\$ 67,628	\$ -	\$ 67,628
Equity mutual funds	384,156	-	-	384,156
Bond mutual funds	93,248	-	-	93,248
Target mutual funds	389,159	-	-	389,159
	<u>\$ 866,563</u>	<u>\$ 67,628</u>	<u>\$ -</u>	<u>\$ 934,191</u>

BCH 403(b) PLAN & TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 and 2009

4. Fair Value (continued)

The following table presents the Plan's fair value hierarchy for those assets and liabilities measured at fair value on a recurring basis as of December 31, 2009.

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and cash equivalents	\$ -	\$ 34,007	\$ -	\$ 34,007
Equity mutual funds	392,892	-	-	392,892
Bond mutual funds	33,774	-	-	33,774
Target mutual funds	73,085	-	-	73,085
	<u>\$ 499,751</u>	<u>\$ 34,007</u>	<u>\$ -</u>	<u>\$ 533,758</u>

5. Plan Termination

The Hospital intends to continue the Plan indefinitely, but reserves the right to discontinue matching contributions to the Plan or to discontinue the Plan itself at any time, provided it will not be undertaken in such a manner as to constitute a violation of any applicable provision of ERISA. In the event of a termination of the Plan, all distributions shall be made to the exclusive benefit of participants or their beneficiaries.

6. Parties-in-Interest

Parties-in-interest is defined by IRC Section 4975(e) (2) and ERISA section 3 (14)(c) to include, among others, any entity who provides services to the Plan. For the year ended December 31, 2010 PNC Institutional Investments, the Trustee and third party administrator, owned a portion of BlackRock. Therefore, investments in mutual funds managed by BlackRock are noted on the accompanying supplemental schedule as parties-in-interest.

7. Tax Status of the Plan

The Internal Revenue Service has no program for 403(b) plan sponsors to apply for a determination of tax exempt status. Management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income tax has been included in the Plan's financial statements.

8. Information Certified by the Plan's Trustee

The trustee has certified that the following data included in the accompanying financial statements and supplemental information is complete and accurate:

- Cash, cash equivalents, mutual funds and notes receivable from participants, as shown in the Statements of Net Assets Available for Plan Benefits as of December 31, 2010 and 2009

BCH 403(b) PLAN & TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010

8. Information Certified by the Plan's Trustee (continued)

- Net appreciation in fair value of investments and dividends, as shown in the Statement of Changes in Net Assets Available for Plan Benefits for the year ended December 31, 2010 and 2009
- The Schedule of Assets Held at End of Year as of December 31, 2010

The Plan's independent certified public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental information.

9. Investment Risk

Investments of the Plan are not insured by the FDIC; are not deposits or other obligations of, or guaranteed by any bank or affiliates; and are subject to investment risks, including possible loss of the principal amount invested.

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

SUPPLEMENTAL INFORMATION

BCH 403(b) PLAN & TRUST AGREEMENT
SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2010

<u>FACE/ SHARES</u>	<u>DESCRIPTION</u>	<u>COST</u>	<u>MARKET VALUE</u>
<u>CASH AND EQUIVALENTS</u>			
67,628	Federated Prime Obligations Trust	\$ 67,628	\$ 67,628
	Total cash and equivalents	<u>67,628</u>	<u>67,628</u>
<u>MUTUAL FUNDS</u>			
1,751	American Funds American Balanced	27,516	31,277
1,351	American Funds Europacific Growth Fund (R3)	47,637	54,894
228	American Funds Growth Fund of America	5,909	6,824
1,179	Artisan Mid Cap Value	19,238	23,672
233	Baron Asset	10,162	12,860
1,785	* BlackRock Index Equity Fund	38,561	42,794
8,363	Federated Total Return Bond Fund	91,707	93,248
2,774	Janus Overseas Class S	121,582	140,199
27,167	American Century Livestrong 2015	289,903	309,704
3,096	American Century Livestrong 2025	31,426	36,069
1,923	American Century Livestrong 2035	19,345	23,153
1,671	American Century Livestrong 2045	15,391	20,233
767	American Century Livestrong Income Portfolio	7,472	8,328
276	Pioneer Cullen Value Fund - Class A	4,333	5,010
1,031	Pioneer Growth Opportunity	23,343	28,122
135	Royce Value Plus Service	13,983	18,199
380	T Rowe Price Growth Stock	9,927	11,976
	Total mutual funds	<u>777,434</u>	<u>866,563</u>
	Total investments	<u>\$ 845,062</u>	<u>\$ 934,191</u>
<u>PARTICIPANT LOANS</u>			
	Notes receivable from participants	<u>\$ 1,200</u>	<u>\$ 1,200</u>

* Denotes Party-In-Interest (Note 6)

BCH 403(b) Plan & Trust Agreement

Financial Statements
Together with Auditor's Report
As of December 31, 2010 and 2009

BODKIN WILSON & KOZICKI_{PLLC}
CERTIFIED PUBLIC ACCOUNTANTS

BCH 403(b) PLAN AND TRUST AGREEMENT
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INDEPENDENT AUDITOR'S REPORT

To the Pension Advisory Committee of
BCH 403(b) Plan & Trust Agreement:

We were engaged to audit the financial statements of the BCH 403(b) Plan & Trust Agreement as of December 31, 2010 and 2009, for the years then ended, and the supplemental schedule as of December 31, 2010 as listed in the accompanying index. These financial statements and schedule 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 for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by PNC Institutional Investments, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that PNC Institutional Investments holds the Plan's investment assets and notes receivable and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Bodkin Wilson & Kozicki PLLC

Wheeling, West Virginia,
August 25, 2011.

BCH 403(b) PLAN & TRUST AGREEMENT
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
ASSETS		
Investments		
Cash and cash equivalents	\$ 67,628	\$ 34,007
Mutual funds	<u>866,563</u>	<u>499,751</u>
Total investments	<u>934,191</u>	<u>533,758</u>
Receivables		
Employee contribution receivable	8,413	8,684
Employer contribution receivable	734	721
Notes receivable from participants	<u>1,200</u>	<u>-</u>
Total receivables	<u>10,347</u>	<u>9,405</u>
Total assets	944,538	543,163
 LIABILITIES	 <u>-</u>	 <u>-</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 944,538</u>	 <u>\$ 543,163</u>

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

BCH 403(b) PLAN & TRUST AGREEMENT
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
ADDITIONS TO NET ASSETS		
Investment income:		
Net appreciation in fair value of investments	\$ 75,020	\$ 68,923
Dividend income	<u>11,344</u>	<u>5,325</u>
Net investment income	<u>86,364</u>	<u>74,248</u>
Contributions:		
Employee	216,310	233,964
Employer	23,324	23,130
Participant rollover	<u>112,246</u>	<u>213,462</u>
Total contributions	<u>351,880</u>	<u>470,556</u>
 Total additions	 438,244	 544,804
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants	<u>36,869</u>	<u>1,641</u>
 Net increase	 401,375	 543,163
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>543,163</u>	<u>-</u>
End of year	<u>\$ 944,538</u>	<u>\$ 543,163</u>

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

BCH 403(b) PLAN & TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

1. Description of the Plan

The following description of the BCH 403(b) Plan & Trust Agreement (the "Plan") provides only general information. Users of these financial statements should refer to the Plan document for a more complete description of the Plan's provisions.

General – The Plan, which was effective January 1, 2009, is a contributory defined contribution plan and covers all employees of Belmont Community Hospital (the "Hospital"). Employees are immediately eligible to participate, and participation is voluntary. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. PNC Institutional Investments ("PNC") is the Plan trustee and third party recordkeeper.

Contributions – Employees may elect to defer any portion of their wages as is permitted under current IRS guidelines. For every 1% which the employee defers up to a maximum of 4%, the Hospital matches .25%. Therefore, the maximum employer contribution is 1%. Employees may stop their elective deferral at any time, but can only change their contribution or begin contributing on the first day of each calendar quarter. Rollover and transfer contributions are permitted.

Participant Accounts – Under the Plan provisions, individual accounts are maintained for each participant. These individual accounts are credited with each participant's elective deferral, the employer's matching contribution and applicable earnings. Allocations of investment earnings are based on account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participant accounts are valued daily and earnings or losses are posted to the accounts on a daily basis.

Vesting – Participants have an immediate and fully vested interest in both elective and matching contributions and the related investment earnings.

Hardship Withdrawals – Hardship withdrawals are not permitted by the Plan.

Participant Loans - Participant loans are permitted by the Plan. The loans are secured by the balance in the participant's account.

Payment of Benefits – Upon retirement or termination, each participant shall be immediately eligible for Plan benefits. Benefits must be taken as a lump sum distribution.

Plan expenses – A participant is charged a nominal fee when they receive a loan or regular distribution from the Plan. However, all other plan expenses, including trustee, investment management, audit, legal, insurance and other administrative costs are paid by the Hospital.

BCH 403(b) PLAN & TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 and 2009

2. Summary of Significant Accounting Policies

Basis of Accounting – The accompanying financial statements are prepared on the accrual basis of accounting. Contributions are recorded by the Plan in the period the wages are earned. Benefits are recorded when paid.

Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition - Investments are recorded at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date (Note 4). Participant accounts are valued daily and earnings or losses are posted to accounts on a daily basis. Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's realized and unrealized gains and losses on investments bought and sold, as well as held, during the year.

Subsequent Events - Management has evaluated subsequent events through the date that the financial statements were issued, August 25, 2011, and determined that no events occurred that require disclosure. No subsequent events occurring after this date have been evaluated for inclusion in the financial statements.

3. Investments

Upon enrollment in the Plan, a participant may direct contributions in designated increments to any combination of a variety mutual funds or the Federated Prime Obligation Fund, which is considered to be a cash equivalent.

The following presents investments representing 5% or more of the Plan's net assets. Items marked with an asterisk (*) represent less than 5% of net assets for the year indicated.

Description	December 31,	
	2010	2009
Janus Adviser Intl Growth Fund	\$ 140,199	\$ 69,898
Blackrock Index Equity Fund	\$ *	\$ 115,380
Pioneer Cullen Value Fund – Class A	\$ *	\$ 66,528
American Century Livestrong 2015	\$ 309,704	\$ 35,611
Federated Total Return Bond Fund	\$ 93,248	\$ 33,774
American Funds Europacific Growth Fund – (R3)	\$ 54,894	\$ 73,399
Federated Prime Obligations Trust	\$ 67,628	\$ 34,007

BCH 403(b) PLAN & TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 and 2009

4. Fair Value

FASB Accounting Standards Codification ("ASC") 820 defines fair value, establishes a framework for measuring fair value, and establishes a fair value hierarchy which prioritizes the inputs to valuation techniques. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. A fair value measurement assumes that the transaction to sell the asset or occurs in the principal market for the asset or, in the absence of a principal market, the most advantageous market. Valuation techniques that are consistent with the market, income or cost approach, as specified by ASC 820, are used to measure fair value.

The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value into three broad levels:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets that the Plan has the ability to access.
- Level 2 inputs are inputs (other than quoted prices included with level 1) that are observable for the asset, either directly or indirectly. The valuation technique used by the Plan for Level 2 investments is the market approach. The Federated Prime Obligation Fund is a cash equivalent that is not publically traded, and is defined as a level 2 investments by professional standards.
- Level 3 are unobservable inputs for the asset and rely on management's own assumptions about the assumptions that market participants would use in pricing the asset.

Transfers between Level 1 and Level 2 investments occur on a regular basis as participants direct or make changes to investment options.

The following table presents the Plan's fair value hierarchy for those assets and liabilities measured at fair value on a recurring basis as of December 31, 2010.

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ -	\$ 67,628	\$ -	\$ 67,628
Equity mutual funds	384,156	-	-	384,156
Bond mutual funds	93,248	-	-	93,248
Target mutual funds	389,159	-	-	389,159
	<u>\$ 866,563</u>	<u>\$ 67,628</u>	<u>\$ -</u>	<u>\$ 934,191</u>

BCH 403(b) PLAN & TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 and 2009

4. Fair Value (continued)

The following table presents the Plan's fair value hierarchy for those assets and liabilities measured at fair value on a recurring basis as of December 31, 2009.

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and cash equivalents	\$ -	\$ 34,007	\$ -	\$ 34,007
Equity mutual funds	392,892	-	-	392,892
Bond mutual funds	33,774	-	-	33,774
Target mutual funds	73,085	-	-	73,085
	<u>\$ 499,751</u>	<u>\$ 34,007</u>	<u>\$ -</u>	<u>\$ 533,758</u>

5. Plan Termination

The Hospital intends to continue the Plan indefinitely, but reserves the right to discontinue matching contributions to the Plan or to discontinue the Plan itself at any time, provided it will not be undertaken in such a manner as to constitute a violation of any applicable provision of ERISA. In the event of a termination of the Plan, all distributions shall be made to the exclusive benefit of participants or their beneficiaries.

6. Parties-in-Interest

Parties-in-interest is defined by IRC Section 4975(e) (2) and ERISA section 3 (14)(c) to include, among others, any entity who provides services to the Plan. For the year ended December 31, 2010 PNC Institutional Investments, the Trustee and third party administrator, owned a portion of BlackRock. Therefore, investments in mutual funds managed by BlackRock are noted on the accompanying supplemental schedule as parties-in-interest.

7. Tax Status of the Plan

The Internal Revenue Service has no program for 403(b) plan sponsors to apply for a determination of tax exempt status. Management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income tax has been included in the Plan's financial statements.

8. Information Certified by the Plan's Trustee

The trustee has certified that the following data included in the accompanying financial statements and supplemental information is complete and accurate:

- Cash, cash equivalents, mutual funds and notes receivable from participants, as shown in the Statements of Net Assets Available for Plan Benefits as of December 31, 2010 and 2009

BCH 403(b) PLAN & TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010

8. Information Certified by the Plan's Trustee (continued)

- Net appreciation in fair value of investments and dividends, as shown in the Statement of Changes in Net Assets Available for Plan Benefits for the year ended December 31, 2010 and 2009
- The Schedule of Assets Held at End of Year as of December 31, 2010

The Plan's independent certified public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental information.

9. Investment Risk

Investments of the Plan are not insured by the FDIC; are not deposits or other obligations of, or guaranteed by any bank or affiliates; and are subject to investment risks, including possible loss of the principal amount invested.

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

SUPPLEMENTAL INFORMATION

BCH 403(b) PLAN & TRUST AGREEMENT
SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2010

<u>FACE/ SHARES</u>	<u>DESCRIPTION</u>	<u>COST</u>	<u>MARKET VALUE</u>
<u>CASH AND EQUIVALENTS</u>			
67,628	Federated Prime Obligations Trust	\$ 67,628	\$ 67,628
	Total cash and equivalents	<u>67,628</u>	<u>67,628</u>
<u>MUTUAL FUNDS</u>			
1,751	American Funds American Balanced	27,516	31,277
1,351	American Funds Europacific Growth Fund (R3)	47,637	54,894
228	American Funds Growth Fund of America	5,909	6,824
1,179	Artisan Mid Cap Value	19,238	23,672
233	Baron Asset	10,162	12,860
1,785	* BlackRock Index Equity Fund	38,561	42,794
8,363	Federated Total Return Bond Fund	91,707	93,248
2,774	Janus Overseas Class S	121,582	140,199
27,167	American Century Livestrong 2015	289,903	309,704
3,096	American Century Livestrong 2025	31,426	36,069
1,923	American Century Livestrong 2035	19,345	23,153
1,671	American Century Livestrong 2045	15,391	20,233
767	American Century Livestrong Income Portfolio	7,472	8,328
276	Pioneer Cullen Value Fund - Class A	4,333	5,010
1,031	Pioneer Growth Opportunity	23,343	28,122
135	Royce Value Plus Service	13,983	18,199
380	T Rowe Price Growth Stock	9,927	11,976
	Total mutual funds	<u>777,434</u>	<u>866,563</u>
	Total investments	<u>\$ 845,062</u>	<u>\$ 934,191</u>
<u>PARTICIPANT LOANS</u>			
	Notes receivable from participants	<u>\$ 1,200</u>	<u>\$ 1,200</u>

* Denotes Party-In-Interest (Note 6)

BCH 403(b) Plan & Trust Agreement

Financial Statements
Together with Auditor's Report
As of December 31, 2010 and 2009

BODKIN WILSON & KOZICKI_{PLLC}
CERTIFIED PUBLIC ACCOUNTANTS

BCH 403(b) PLAN AND TRUST AGREEMENT
INDEX OF FINANCIAL STATEMENTS AND SCHEDULE

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BODKIN WILSON & KOZICKI PLLC
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INDEPENDENT AUDITOR'S REPORT

To the Pension Advisory Committee of
BCH 403(b) Plan & Trust Agreement:

We were engaged to audit the financial statements of the BCH 403(b) Plan & Trust Agreement as of December 31, 2010 and 2009, for the years then ended, and the supplemental schedule as of December 31, 2010 as listed in the accompanying index. These financial statements and schedule 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 for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by PNC Institutional Investments, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that PNC Institutional Investments holds the Plan's investment assets and notes receivable and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Bodkin Wilson & Kozicki PLLC

Wheeling, West Virginia,
August 25, 2011.

BCH 403(b) PLAN & TRUST AGREEMENT
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
ASSETS		
Investments		
Cash and cash equivalents	\$ 67,628	\$ 34,007
Mutual funds	<u>866,563</u>	<u>499,751</u>
Total investments	<u>934,191</u>	<u>533,758</u>
Receivables		
Employee contribution receivable	8,413	8,684
Employer contribution receivable	734	721
Notes receivable from participants	<u>1,200</u>	<u>-</u>
Total receivables	<u>10,347</u>	<u>9,405</u>
Total assets	944,538	543,163
 LIABILITIES	 <u>-</u>	 <u>-</u>
 NET ASSETS AVAILABLE FOR BENEFITS	 <u>\$ 944,538</u>	 <u>\$ 543,163</u>

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

BCH 403(b) PLAN & TRUST AGREEMENT
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2010 AND 2009

	<u>2010</u>	<u>2009</u>
ADDITIONS TO NET ASSETS		
Investment income:		
Net appreciation in fair value of investments	\$ 75,020	\$ 68,923
Dividend income	<u>11,344</u>	<u>5,325</u>
Net investment income	<u>86,364</u>	<u>74,248</u>
Contributions:		
Employee	216,310	233,964
Employer	23,324	23,130
Participant rollover	<u>112,246</u>	<u>213,462</u>
Total contributions	<u>351,880</u>	<u>470,556</u>
 Total additions	 438,244	 544,804
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants	<u>36,869</u>	<u>1,641</u>
 Net increase	 401,375	 543,163
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	<u>543,163</u>	<u>-</u>
End of year	<u>\$ 944,538</u>	<u>\$ 543,163</u>

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

BCH 403(b) PLAN & TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 AND 2009

1. Description of the Plan

The following description of the BCH 403(b) Plan & Trust Agreement (the "Plan") provides only general information. Users of these financial statements should refer to the Plan document for a more complete description of the Plan's provisions.

General – The Plan, which was effective January 1, 2009, is a contributory defined contribution plan and covers all employees of Belmont Community Hospital (the "Hospital"). Employees are immediately eligible to participate, and participation is voluntary. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. PNC Institutional Investments ("PNC") is the Plan trustee and third party recordkeeper.

Contributions – Employees may elect to defer any portion of their wages as is permitted under current IRS guidelines. For every 1% which the employee defers up to a maximum of 4%, the Hospital matches .25%. Therefore, the maximum employer contribution is 1%. Employees may stop their elective deferral at any time, but can only change their contribution or begin contributing on the first day of each calendar quarter. Rollover and transfer contributions are permitted.

Participant Accounts – Under the Plan provisions, individual accounts are maintained for each participant. These individual accounts are credited with each participant's elective deferral, the employer's matching contribution and applicable earnings. Allocations of investment earnings are based on account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participant accounts are valued daily and earnings or losses are posted to the accounts on a daily basis.

Vesting – Participants have an immediate and fully vested interest in both elective and matching contributions and the related investment earnings.

Hardship Withdrawals – Hardship withdrawals are not permitted by the Plan.

Participant Loans - Participant loans are permitted by the Plan. The loans are secured by the balance in the participant's account.

Payment of Benefits – Upon retirement or termination, each participant shall be immediately eligible for Plan benefits. Benefits must be taken as a lump sum distribution.

Plan expenses – A participant is charged a nominal fee when they receive a loan or regular distribution from the Plan. However, all other plan expenses, including trustee, investment management, audit, legal, insurance and other administrative costs are paid by the Hospital.

BCH 403(b) PLAN & TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 and 2009

2. Summary of Significant Accounting Policies

Basis of Accounting – The accompanying financial statements are prepared on the accrual basis of accounting. Contributions are recorded by the Plan in the period the wages are earned. Benefits are recorded when paid.

Estimates – The preparation of financial statements in conformity with accounting principles generally accepted in the United States requires the plan administrator to make estimates and assumptions that affect certain reported amounts and disclosures. Accordingly, actual results may differ from those estimates.

Investment Valuation and Income Recognition - Investments are recorded at fair value. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date (Note 4). Participant accounts are valued daily and earnings or losses are posted to accounts on a daily basis. Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the ex-dividend date. Net appreciation includes the Plan's realized and unrealized gains and losses on investments bought and sold, as well as held, during the year.

Subsequent Events - Management has evaluated subsequent events through the date that the financial statements were issued, August 25, 2011, and determined that no events occurred that require disclosure. No subsequent events occurring after this date have been evaluated for inclusion in the financial statements.

3. Investments

Upon enrollment in the Plan, a participant may direct contributions in designated increments to any combination of a variety mutual funds or the Federated Prime Obligation Fund, which is considered to be a cash equivalent.

The following presents investments representing 5% or more of the Plan's net assets. Items marked with an asterisk (*) represent less than 5% of net assets for the year indicated.

Description	December 31,	
	2010	2009
Janus Adviser Intl Growth Fund	\$ 140,199	\$ 69,898
Blackrock Index Equity Fund	\$ *	\$ 115,380
Pioneer Cullen Value Fund – Class A	\$ *	\$ 66,528
American Century Livestrong 2015	\$ 309,704	\$ 35,611
Federated Total Return Bond Fund	\$ 93,248	\$ 33,774
American Funds Europacific Growth Fund – (R3)	\$ 54,894	\$ 73,399
Federated Prime Obligations Trust	\$ 67,628	\$ 34,007

BCH 403(b) PLAN & TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 and 2009

4. Fair Value

FASB Accounting Standards Codification ("ASC") 820 defines fair value, establishes a framework for measuring fair value, and establishes a fair value hierarchy which prioritizes the inputs to valuation techniques. Fair value is the price that would be received to sell an asset in an orderly transaction between market participants at the measurement date. A fair value measurement assumes that the transaction to sell the asset or occurs in the principal market for the asset or, in the absence of a principal market, the most advantageous market. Valuation techniques that are consistent with the market, income or cost approach, as specified by ASC 820, are used to measure fair value.

The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value into three broad levels:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets that the Plan has the ability to access.
- Level 2 inputs are inputs (other than quoted prices included with level 1) that are observable for the asset, either directly or indirectly. The valuation technique used by the Plan for Level 2 investments is the market approach. The Federated Prime Obligation Fund is a cash equivalent that is not publically traded, and is defined as a level 2 investments by professional standards.
- Level 3 are unobservable inputs for the asset and rely on management's own assumptions about the assumptions that market participants would use in pricing the asset.

Transfers between Level 1 and Level 2 investments occur on a regular basis as participants direct or make changes to investment options.

The following table presents the Plan's fair value hierarchy for those assets and liabilities measured at fair value on a recurring basis as of December 31, 2010.

	Level 1	Level 2	Level 3	Total
Cash and cash equivalents	\$ -	\$ 67,628	\$ -	\$ 67,628
Equity mutual funds	384,156	-	-	384,156
Bond mutual funds	93,248	-	-	93,248
Target mutual funds	389,159	-	-	389,159
	<u>\$ 866,563</u>	<u>\$ 67,628</u>	<u>\$ -</u>	<u>\$ 934,191</u>

BCH 403(b) PLAN & TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010 and 2009

4. Fair Value (continued)

The following table presents the Plan's fair value hierarchy for those assets and liabilities measured at fair value on a recurring basis as of December 31, 2009.

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Cash and cash equivalents	\$ -	\$ 34,007	\$ -	\$ 34,007
Equity mutual funds	392,892	-	-	392,892
Bond mutual funds	33,774	-	-	33,774
Target mutual funds	73,085	-	-	73,085
	<u>\$ 499,751</u>	<u>\$ 34,007</u>	<u>\$ -</u>	<u>\$ 533,758</u>

5. Plan Termination

The Hospital intends to continue the Plan indefinitely, but reserves the right to discontinue matching contributions to the Plan or to discontinue the Plan itself at any time, provided it will not be undertaken in such a manner as to constitute a violation of any applicable provision of ERISA. In the event of a termination of the Plan, all distributions shall be made to the exclusive benefit of participants or their beneficiaries.

6. Parties-in-Interest

Parties-in-interest is defined by IRC Section 4975(e) (2) and ERISA section 3 (14)(c) to include, among others, any entity who provides services to the Plan. For the year ended December 31, 2010 PNC Institutional Investments, the Trustee and third party administrator, owned a portion of BlackRock. Therefore, investments in mutual funds managed by BlackRock are noted on the accompanying supplemental schedule as parties-in-interest.

7. Tax Status of the Plan

The Internal Revenue Service has no program for 403(b) plan sponsors to apply for a determination of tax exempt status. Management believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income tax has been included in the Plan's financial statements.

8. Information Certified by the Plan's Trustee

The trustee has certified that the following data included in the accompanying financial statements and supplemental information is complete and accurate:

- Cash, cash equivalents, mutual funds and notes receivable from participants, as shown in the Statements of Net Assets Available for Plan Benefits as of December 31, 2010 and 2009

BCH 403(b) PLAN & TRUST AGREEMENT
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2010

8. Information Certified by the Plan's Trustee (continued)

- Net appreciation in fair value of investments and dividends, as shown in the Statement of Changes in Net Assets Available for Plan Benefits for the year ended December 31, 2010 and 2009
- The Schedule of Assets Held at End of Year as of December 31, 2010

The Plan's independent certified public accountants did not perform auditing procedures with respect to this information, except for comparing such information to the related information included in the financial statements and supplemental information.

9. Investment Risk

Investments of the Plan are not insured by the FDIC; are not deposits or other obligations of, or guaranteed by any bank or affiliates; and are subject to investment risks, including possible loss of the principal amount invested.

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

SUPPLEMENTAL INFORMATION

BCH 403(b) PLAN & TRUST AGREEMENT
SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2010

<u>FACE/ SHARES</u>	<u>DESCRIPTION</u>	<u>COST</u>	<u>MARKET VALUE</u>
<u>CASH AND EQUIVALENTS</u>			
67,628	Federated Prime Obligations Trust	\$ 67,628	\$ 67,628
	Total cash and equivalents	<u>67,628</u>	<u>67,628</u>
<u>MUTUAL FUNDS</u>			
1,751	American Funds American Balanced	27,516	31,277
1,351	American Funds Europacific Growth Fund (R3)	47,637	54,894
228	American Funds Growth Fund of America	5,909	6,824
1,179	Artisan Mid Cap Value	19,238	23,672
233	Baron Asset	10,162	12,860
1,785	* BlackRock Index Equity Fund	38,561	42,794
8,363	Federated Total Return Bond Fund	91,707	93,248
2,774	Janus Overseas Class S	121,582	140,199
27,167	American Century Livestrong 2015	289,903	309,704
3,096	American Century Livestrong 2025	31,426	36,069
1,923	American Century Livestrong 2035	19,345	23,153
1,671	American Century Livestrong 2045	15,391	20,233
767	American Century Livestrong Income Portfolio	7,472	8,328
276	Pioneer Cullen Value Fund - Class A	4,333	5,010
1,031	Pioneer Growth Opportunity	23,343	28,122
135	Royce Value Plus Service	13,983	18,199
380	T Rowe Price Growth Stock	9,927	11,976
	Total mutual funds	<u>777,434</u>	<u>866,563</u>
	Total investments	<u>\$ 845,062</u>	<u>\$ 934,191</u>
<u>PARTICIPANT LOANS</u>			
	Notes receivable from participants	<u>\$ 1,200</u>	<u>\$ 1,200</u>

* Denotes Party-In-Interest (Note 6)