

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                         |
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| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                            |                                                                |                                                                                 |                                            |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------|
| <b>Part I</b>                                                                              | <b>Annual Report Identification Information</b>                |                                                                                 |                                            |
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010 |                                                                |                                                                                 |                                            |
| <b>A</b> This return/report is for:                                                        | <input type="checkbox"/> a multiemployer plan;                 | <input type="checkbox"/> a multiple-employer plan; or                           |                                            |
|                                                                                            | <input checked="" type="checkbox"/> a single-employer plan;    | <input type="checkbox"/> a DFE (specify) ____                                   |                                            |
| <b>B</b> This return/report is:                                                            | <input type="checkbox"/> the first return/report;              | <input type="checkbox"/> the final return/report;                               |                                            |
|                                                                                            | <input type="checkbox"/> an amended return/report;             | <input type="checkbox"/> a short plan year return/report (less than 12 months). |                                            |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                 | <input type="checkbox"/>                                       |                                                                                 |                                            |
| <b>D</b> Check box if filing under:                                                        | <input checked="" type="checkbox"/> Form 5558;                 | <input type="checkbox"/> automatic extension;                                   | <input type="checkbox"/> the DFVC program; |
|                                                                                            | <input type="checkbox"/> special extension (enter description) |                                                                                 |                                            |

|                                                                                                                                                                                                                                                                                                |                                                                |              |  |
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| <b>Part II</b>                                                                                                                                                                                                                                                                                 | <b>Basic Plan Information</b> —enter all requested information |              |  |
| <b>1a</b> Name of plan<br>BELL HOSPITAL DEFINED CONTRIBUTION PLAN<br><br><br><b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br>BELL MEMORIAL HOSPITAL<br><br><br>901 LAKESHORE DRIVE<br>ISHPEMING, MI 49849 | <b>1b</b> Three-digit plan number (PN) ►                       | 002          |  |
|                                                                                                                                                                                                                                                                                                | <b>1c</b> Effective date of plan                               | 11/01/2005   |  |
|                                                                                                                                                                                                                                                                                                | <b>2b</b> Employer Identification Number (EIN)                 | 38-1394903   |  |
|                                                                                                                                                                                                                                                                                                | <b>2c</b> Sponsor's telephone number                           | 906-486-4431 |  |
|                                                                                                                                                                                                                                                                                                | <b>2d</b> Business code (see instructions)                     | 622000       |  |

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

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

|                  |                                                   |            |                                                              |
|------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | Filed with authorized/valid electronic signature. | 10/17/2011 | RUTH A SOLINSKI                                              |
|                  | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                   |            |                                                              |
|                  | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                     |                                                                                                               |
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| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>BELL MEMORIAL HOSPITAL<br><br>901 LAKESHORE DRIVE<br>ISHPEMING, MI 49849 | <b>3b</b> Administrator's EIN<br>38-1394903<br><br><b>3c</b> Administrator's telephone number<br>906-486-4431 |
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|                                                                                                                                                                                                                       |                                   |
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| <b>4</b> 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:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

  

|                                                                                                                                                        |           |     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                | <b>5</b>  | 565 |
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |     |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 542 |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 0   |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 38  |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 580 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 0   |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 580 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> | 296 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 12  |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....                   | <b>7</b>  |     |

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
 2F 2G 2L 2R 2S 2T 3F

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

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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

|                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a Pension Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br>(2) <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br>(3) <input type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary | <b>b General Schedules</b><br>(1) <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br>(2) <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br>(3) <input type="checkbox"/> <b>A</b> (Insurance Information)<br>(4) <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br>(5) <input type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br>(6) <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |
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|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
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| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2010</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010                                                                                                                                |                                                                                                                                                                                                                        |                                                |
| <b>A</b> Name of plan<br>BELL HOSPITAL DEFINED CONTRIBUTION PLAN                                                                                                                                                          | <b>B</b> Three-digit plan number (PN) ▶                                                                                                                                                                                | 002                                            |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br>BELL MEMORIAL HOSPITAL                                                                                                                                   | <b>D</b> Employer Identification Number (EIN)<br>38-1394903                                                                                                                                                            |                                                |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

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>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| AMERICAN CENTURY INVESTMENTS                                                                                      |
| 44-6006315                                                                                                        |

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
| AMERICAN FUNDS                                                                                                   |
| 95-1411037                                                                                                       |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| DAVIS FUNDS                                                                                                       |
| 52-1346931                                                                                                        |

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
| FIDELITY INVESTMENTS                                                                                              |
| 06-1194217                                                                                                        |

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

GOLDMAN SACHS

13-5108880

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

JANUS

43-1804048

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

MFS

04-2747644

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part I Service Provider Information (continued)**

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

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

| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                            |                                                                                                                                                                           |

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

| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                            |                                                                                                                                                                           |

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

| <b>(d)</b> Enter name and EIN (address) of source of indirect compensation | <b>(e)</b> Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |
|----------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                            |                                                                                                                                                                           |

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

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

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

|                                                                                                   |                                                                    |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>a</b> Name: <span style="color: blue;">PLANTE &amp; MORAN, PLLC</span>                         | <b>b</b> EIN: <span style="color: blue;">38-1357951</span>         |
| <b>c</b> Position: <span style="color: blue;">AUDITOR</span>                                      |                                                                    |
| <b>d</b> Address: <span style="color: blue;">1111 MICHIGAN AVE.<br/>EAST LANSING, MI 48823</span> | <b>e</b> Telephone: <span style="color: blue;">517-336-7455</span> |
|                                                                                                   |                                                                    |

Explanation: DUE TO NORMAL BUSINESS PRACTICES.

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN;       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2010</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                        |            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2010 or fiscal plan year beginning <b>01/01/2010</b> and ending <b>12/31/2010</b> |                                                                        |            |
| <b>A</b> Name of plan<br><b>BELL HOSPITAL DEFINED CONTRIBUTION PLAN</b>                                  | <b>B</b> Three-digit plan number (PN) ►                                | <b>002</b> |
|                                                                                                          |                                                                        |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>BELL MEMORIAL HOSPITAL</b>           | <b>D</b> Employer Identification Number (EIN)<br><br><b>38-1394903</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**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 |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    |                       | <b>765</b>      |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    |                       |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    |                       |                 |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    |                       |                 |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | <b>26313</b>          | <b>10723</b>    |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | <b>6572362</b>        | <b>9093334</b>  |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   | <b>71629</b>          | <b>0</b>        |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 6670304               | 9104822         |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 6670304 | 9104822 |
|-----------------------------------------------------------|-----------|---------|---------|

**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 |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 883741     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 1138712    |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 9980       |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 2032433   |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> |            |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> |            |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 963        |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> |            |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 963       |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> |            |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> |            |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 158651     |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 158651    |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> |            |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> |            |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | 0         |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> |            |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 822604    |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            | 0         |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 3014651   |

**Expenses**

|                                                                                            |              |        |        |
|--------------------------------------------------------------------------------------------|--------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 579979 |        |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |        |        |
| (3) Other .....                                                                            | <b>2e(3)</b> |        |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |        | 579979 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |        |        |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |        |        |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |        |        |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> |        |        |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |        |        |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> | 154    |        |
| (4) Other .....                                                                            | <b>2i(4)</b> |        |        |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |        | 154    |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |        | 580133 |

**Net Income and Reconciliation**

|                                                                               |              |  |         |
|-------------------------------------------------------------------------------|--------------|--|---------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 2434518 |
| <b>l</b> Transfers of assets:                                                 |              |  |         |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |         |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |         |

**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: WIPFLI, LLP

(2) EIN: 39-0758449

**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 |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|--------|
| <b>a</b> 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>b</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  |        |
| <b>c</b> 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  |        |
| <b>d</b> 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  |        |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 500000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |        |
| <b>g</b> 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  |        |
| <b>h</b> 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  |        |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |        |
| <b>j</b> 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  |        |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |        |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |        |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |        |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                        |     |    |        |

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

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

**5b(1)** Name of plan(s)

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

|                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|
| <div>SCHEDULE R<br/>(Form 5500)<br/><br/>Department of the Treasury<br/>Internal Revenue Service<br/><br/>Department of Labor<br/>Employee Benefits Security Administration<br/><br/>Pension Benefit Guaranty Corporation</div>                                                                                                                       | <div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div> | <div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div> |
| For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| A Name of plan<br>BELL HOSPITAL DEFINED CONTRIBUTION PLAN                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 | B Three-digit plan number (PN) ►<br>002                                                         |
| C Plan sponsor's name as shown on line 2a of Form 5500<br>BELL MEMORIAL HOSPITAL                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                 | D Employer Identification Number (EIN)<br>38-1394903                                            |
| Part I                                                                                                                                                                                                                                                                                                                                                | Distributions                                                                                                                                                                                                                                                                                   |                                                                                                 |
| All references to distributions relate only to payments of benefits during the plan year.                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                 | 1 0                                                                                             |
| 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):<br>EIN(s): 41-6257133                                                                                                      |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 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)                                                                                                                           |                                                                                                 |
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                    |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| If the plan is a defined benefit plan, go to line 8.                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____                                                                                                                             |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 6 a Enter the minimum required contribution for this plan year .....                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                 | 6a                                                                                              |
| b Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                                 | 6b                                                                                              |
| c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 | 6c                                                                                              |
| If you completed line 6c, skip lines 8 and 9.                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                                                                                                                                                                     |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A                |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| Part III                                                                                                                                                                                                                                                                                                                                              | Amendments                                                                                                                                                                                                                                                                                      |                                                                                                 |
| 9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... <input type="checkbox"/> Increase <input type="checkbox"/> Decrease <input type="checkbox"/> Both <input type="checkbox"/> No |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| Part IV                                                                                                                                                                                                                                                                                                                                               | ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.                                                                                                                                                      |                                                                                                 |
| 10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                              |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 11 a Does the ESOP hold any preferred stock? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                        |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... <input type="checkbox"/> Yes <input type="checkbox"/> No                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                 |                                                                                                 |
| Schedule R (Form 5500) 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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): \_\_\_\_\_



Wipfli LLP  
P.O. Box 12237  
Green Bay, WI 54307-2237

We are providing this letter in connection with your audit of the financial statements and supplemental schedule of Bell Hospital Defined Contribution Plan as of December 31, 2010, and for the year then ended. We understand that your audit was made for the purpose of expressing an opinion as to whether the financial statements present fairly, in all material respects, the net assets available for benefits and changes in net assets available for benefits of the Plan in conformity with accounting principles generally accepted in the United States, and whether the supplemental schedule is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

As permitted by Regulation 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), we have instructed you not to perform any auditing procedures with respect to information prepared and certified to by Wells Fargo Bank, N.A., the trustee, in accordance with DOL Regulation 2520.103-5, except for comparing the information with the related information included in the financial statements and supplemental schedule. Because of the significance of the information which you did not audit, we understand that you will not express an opinion on the financial statements and schedule taken as a whole.

We are responsible for the fair presentation in the Plan's financial statements of net assets available for benefits and changes in net assets available for benefits in conformity with accounting principles generally accepted in the United States and for the fair presentation of the accompanying supplemental schedule in conformity with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. We are also responsible for adopting sound accounting policies, establishing and maintaining internal control, and preventing and detecting fraud.

Certain representations in this letter are described as being limited to matters that are material. Items are considered material if they involve an omission or misstatement of accounting information that, in light of surrounding circumstances, makes it probable that the judgment of a reasonable person relying on the information would be changed or influenced by the omission or misstatement. An omission or misstatement that is monetarily small in amount could be considered material as a result of qualitative factors.

We confirm, to the best of our knowledge and belief, the following representations made to you during your audit.

1. The financial statements and related footnotes are fairly presented in conformity with accounting principles generally accepted in the United States, and the notes include all disclosures required by laws and regulations to which the plan is subject, including the DOL Rules and Regulations for Reporting and Disclosure under ERISA.
2. We have made available to you all—
  - a. Financial records and related data.
  - b. All minutes of the meetings of the Board of Directors and Finance Committee or summaries of actions of recent meetings for which minutes have not yet been prepared.
  - c. Plan instruments, trust agreements, insurance contracts, or investment contracts and amendments to such documents entered into during the year, including amendments to comply with applicable laws.

3. There have been no communications from regulatory agencies concerning noncompliance with, or deficiencies in, financial reporting practices, that could have a material effect on the financial statements in the event of noncompliance.
4. We acknowledge our responsibility for the design and implementation of programs and controls to prevent and detect fraud.
5. We have no knowledge of any fraud or suspected fraud affecting the plan involving—
  - a. Management,
  - b. Employees who have significant roles in internal control, or
  - c. Others where the fraud could have a material effect on the financial statements.
6. We have no knowledge of any allegations of fraud or suspected fraud affecting the plan received in communications from employees, former employees, participants, regulators, beneficiaries, service providers, third-party administrators, or others.
7. We have no—
  - a. Plans or intentions that may materially affect the carrying value or classification of assets and liabilities.
  - b. Intentions to terminate the plan.
8. The following have been properly recorded or disclosed in the financial statements:
  - a. Related-party transactions, including transactions with parties-in-interest, as defined in ERISA Section 3(14) and regulations thereunder, including sales, purchases, loans, transfers, leasing arrangements, and guarantees, and amounts receivable from or payable to related parties – *Financial statement footnotes include disclosure regarding certain plan investments being in mutual funds managed by Wells Fargo Bank, N.A.. Disclosure also includes recognition of expenses paid to parties-in-interest.*
  - b. Guarantees whether written or oral under which the plan is contingently liable to a bank or other lending institution – *None for 2010.*
  - c. All significant estimates and material concentrations known to management that are to be disclosed in accordance with FASB Accounting Standards Codification 275, *Risks and Uncertainties*. We understand that the significant estimates covered by this disclosure are estimates at the date of the statement of net assets that are reasonably possible of changing materially within the next year. Concentrations refer to the nature and type of investments held by the plan, or markets for which events could occur which would significantly disrupt normal finances within the next year – *There are no significant estimates included in the financial statements for 2010. Investments that represent 5% or more of the Plan's net assets for the 2010 plan year are properly disclosed within the financial statements.*
  - d. Amendments to the plan instrument, if any.

9. There are no—
  - a. Violations or possible violations of laws or regulations (including ERISA, DOL, and IRS regulations) whose effects should be considered for disclosure in the financial statements or as a basis for recording a loss contingency.
  - b. Other liabilities or gain or loss contingencies that are required to be accrued or disclosed by FASB Accounting Standards Codification 450, *Contingencies*.
  - c. Material transactions that have not been properly recorded in the accounting records underlying the financial statements.
  - d. Other matters (e.g., breach of fiduciary responsibilities, nonexempt transactions, loans or leases in default, events reportable to the PBGC, or events that may jeopardize the tax status) that legal counsel have advised us that must be disclosed.
10. We are not aware of any pending or threatened litigation, claims, or assessments or unasserted claims or assessments that are required to be accrued or disclosed in the financial statements in accordance with Statement of Financial Accounting Standards No. 5, and the plan has not consulted a lawyer concerning litigation, claims, or assessments.
11. The plan has complied with all aspects of debt and other contractual agreements that would have a material effect on the financial statements in the event of noncompliance.
12. The methods and significant assumptions used to estimate fair values of financial instruments, including nonreadily marketable securities, are as follows: Mutual funds are valued using the net asset value (NAV) provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of units outstanding. The NAV is a quoted price in an active market. The methods and significant assumptions used result in a measure of fair value appropriate for financial measurement and disclosure purposes.
13. Fair value measurements establishes a framework for measuring fair value and provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The following are the appropriate fair value hierarchy designations for the plan:
  - a. Level 1 – Mutual funds
  - b. Level 2 – None
  - c. Level 3 – None
14. Financial instruments with concentrations of credit risk have been properly recorded or disclosed in the financial statements – *None for 2010*.
15. The plan is qualified under the appropriate section of the Internal Revenue Code and we intend to continue them as a qualified plan. The plan sponsor has operated the Plan in a manner that did not jeopardize this tax status. Required nondiscrimination testing has been completed for the plan, and any excess deferrals or contributions have been disposed of in accordance with regulations.
16. The plan has complied with the Department of Labor's regulations concerning the timely remittance of participant contributions to trusts containing assets for the plan.
17. The plan has complied with the fidelity bonding requirements of ERISA by maintaining a \$500,000 fidelity bond covering the Plan for the 2010 plan year.
18. The plan has satisfactory title to all owned assets which are recorded at fair value, and all liens, encumbrances, or security interest requiring disclosure in the financial statements have been properly disclosed – *There are no liens, encumbrances, or security interest related to the 2010 plan year.*

19. The definition of compensation is established in the plan documents. We are aware that employee deferrals are not being withheld on bonus payments made to participants, even though bonuses are defined as eligible compensation per the plan documents. We intent to retroactively amend the plan documents to coincide with management's intention for bonuses to be considered ineligible compensation for purposes of the Plan. If we do not retroactively amend the plan documents, we will instead retroactively correct the missed employee and employer contributions (as well as lost earnings) for all participants affected by this error.
20. Per the plan documents, participants become eligible to receive employer contributions starting with the first of the month following meeting eligibility requirements. We are aware that it has been the Company's practice to allow participants to enter the Plan starting with the first payroll following meeting eligibility requirements. We intent to retroactively amend the plan documents to match the Company's practice or will correct this error for all affected participants.
21. There are no--
- a. Non-exempt party-in-interest transactions (as defined in ERISA Section 3(14) and regulations under the section) that were not disclosed in the supplemental schedules or financial statements.
  - b. Investments or loans in default or considered to be uncollectible that were not disclosed in the supplemental schedules.
  - c. Reportable transactions (as defined in ERISA Section 103(b)(3)(H) and regulations under that section) that were not disclosed in the supplemental schedules.
22. We have apprised you of all communications, whether written or oral, with regulatory agencies concerning the operation of the plan.
23. No events have occurred subsequent to the date of the plan's financial statements and through the date of this letter that would require adjustment to or disclosure in the aforementioned financial statements.

Sincerely,

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date of Approval: \_\_\_\_\_



VP- ORG. DEV.

10/17/11

# **Bell Hospital Defined Contribution Plan**

Ishpeming, Michigan

**Financial Statements and Supplemental Schedule**  
Years Ended December 31, 2010 and 2009

# Bell Hospital Defined Contribution Plan

## Financial Statements and Supplemental Schedule

Years Ended December 31, 2010 and 2009

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## Independent Auditor's Report

Plan Administrator  
Bell Hospital Defined Contribution Plan  
Ishpeming, Michigan

We were engaged to audit the accompanying statement of net assets available for benefits of Bell Hospital Defined Contribution Plan as of December 31, 2010, and the related statement of changes in net assets available for benefits for the year then ended and the supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management. The statement of net assets available for benefits of the Plan as of December 31, 2009, and the related statement of changes in net assets available for benefits for the year then ended were audited by other auditors. 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 (ERISA), the plan administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report, dated October 8, 2010, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements, other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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 information summarized in Note 5, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's 2010 financial statements and supplemental schedule that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2010 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the 2010 financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Wipfli LLP*

Wipfli LLP

October 17, 2011

469 Security Blvd.

Green Bay, Wisconsin 54313

# Bell Hospital Defined Contribution Plan

## Statements of Net Assets Available for Benefits

December 31, 2010 and 2009

|                                    | 2010        | 2009        |
|------------------------------------|-------------|-------------|
| <b>Assets</b>                      |             |             |
| Investments, at fair value         | \$9,093,334 | \$6,643,990 |
| Receivables:                       |             |             |
| Employer contributions             | 765         | 0           |
| Notes receivable from participants | 10,723      | 26,313      |
| Total receivables                  | 11,488      | 26,313      |
| Net assets available for benefits  | \$9,104,822 | \$6,670,303 |

# Bell Hospital Defined Contribution Plan

## Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2010 and 2009

|                                                       | 2010        | 2009        |
|-------------------------------------------------------|-------------|-------------|
| Investment income:                                    |             |             |
| Net appreciation in fair value of investments         | \$806,888   | \$1,202,806 |
| Interest and dividends                                | 174,368     | 110,422     |
| Other income                                          | 0           | 15,223      |
| Total investment income                               | 981,256     | 1,328,451   |
| Interest income on notes receivable from participants | 963         | 690         |
| Contributions:                                        |             |             |
| Employer                                              | 883,741     | 863,227     |
| Participant                                           | 1,138,712   | 1,075,312   |
| Rollovers                                             | 9,980       | 1,141       |
| Total contributions                                   | 2,032,433   | 1,939,680   |
| Deductions:                                           |             |             |
| Benefits paid to participants                         | 579,979     | 282,168     |
| Administrative fees                                   | 154         | 602         |
| Total deductions                                      | 580,133     | 282,770     |
| Net increase in net assets available for benefits     | 2,434,519   | 2,986,051   |
| Net assets available for benefits at beginning        | 6,670,303   | 3,684,252   |
| Net assets available for benefits at end              | \$9,104,822 | \$6,670,303 |

# Bell Hospital Defined Contribution Plan

## Notes to Financial Statements

---

### Note 1

#### Plan Description

The following description of Bell Hospital Defined Contribution Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

#### General

The Plan is a defined contribution plan that operates under Section 403(b) of the Internal Revenue Code (IRC) covering all employees of Bell Memorial Hospital, Inc. (the "Plan Sponsor"). Eligible employees can participate in the Plan immediately following employment at the Plan Sponsor.

The Plan is intended to satisfy the requirements under Section 404(c) of ERISA and, therefore, provides that participants may choose to direct their contributions and/or all or part of their account balances among the Plan's investment alternatives. All investments are participant-directed.

#### Participant Contributions

Participants may elect to have up to 100% of their annual compensation, not to exceed the maximum amount allowed under the IRC, contributed on their behalf. Participants may also contribute amounts representing distributions from other qualified plans.

#### Employer Contributions

The Plan provides for either profit sharing or matching contributions to be made by the Plan Sponsor to eligible participants. Employees that were eligible for the Bell Memorial Hospital Non-Union Pension Plan prior to it being frozen on November 1, 2005, are eligible to receive employer profit sharing contributions. The amount of profit sharing contributions received by an eligible participant is based on a specified percentage of the participant's annual pay as specified in the plan documents. Nonunion, noncontingent participants who are not eligible to receive the employer profit sharing contributions are instead eligible to receive employer matching contributions. Employer matching contributions are based on 100% of the pretax contributions made by the participant, up to a maximum of 5.5% of the employee's pay. Amounts contributed to the Plan from other qualified plans are not matched.

# Bell Hospital Defined Contribution Plan

## Notes to Financial Statements

---

### Note 1

### Plan Description (Continued)

#### Participants' Accounts

All investments in the participants' accounts are participant-directed. The Plan allows participants to select from a variety of mutual funds.

Each participant's account is credited with the participant's contribution and allocations of (a) the Plan Sponsor's contributions and (b) plan earnings or losses, and reduced by withdrawals and applicable administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### Vesting

Participants are immediately 100% vested in their elective deferrals, rollover contributions, and the related earnings thereon. The Plan Sponsor's contributions, plus actual earnings thereon, begin vesting at a rate of 20% starting with the second year of service and are fully vested after six years of service.

#### Notes Receivable From Participants

Participants may borrow from their account a minimum of \$1,000 to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from one to five years. The loans are secured by the balance in the participant's account and bear interest at a fixed rate of interest determined by the Plan's trustee based on prevailing market conditions. The interest rate on existing loans is 4.25%. Principal and interest are paid through payroll deductions.

#### Payment of Benefits

Plan benefits are available at normal retirement (age 65), early withdrawal (age 59 1/2), death, disability, financial hardship withdrawal, or termination of employment. Benefits are paid in a lump-sum distribution.

# Bell Hospital Defined Contribution Plan

## Notes to Financial Statements

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### **Note 1**      **Plan Description (Continued)**

#### **Forfeited Accounts**

At December 31, 2010 and 2009, forfeited nonvested accounts totaled \$110,295 and \$68,537, respectively. These accounts can be used to pay plan expenses or reduce future employer contributions. No forfeitures were utilized during 2010 or 2009.

### **Note 2**      **Summary of Significant Accounting Policies**

#### **Basis of Accounting**

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States (GAAP).

#### **Use of Estimates**

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from these estimates.

#### **Investment Valuation and Income Recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

# Bell Hospital Defined Contribution Plan

## Notes to Financial Statements

---

### Note 2      Summary of Significant Accounting Policies (Continued)

#### Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan's document.

#### Payment of Benefits

Benefits are recorded when paid.

#### Expenses of the Plan

Forfeitures may be used to cover plan expenses. Fees for investment management services are paid out of plan assets and are included as a reduction of the return earned on such investments. Loan and distribution fees are charged to specific participant accounts and are classified as administrative fees on the statements of changes in net assets available for benefits.

#### New Accounting Pronouncement

During 2010, the Plan adopted Accounting Standards Update (ASU) 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans*. ASU 2010-25 requires defined contribution plans to classify loans to participants as notes receivable from participants. The classification of participant loans as notes receivable acknowledges that participant loans are unique from other investments, and measuring participant loans at their unpaid principal balance plus any accrued but unpaid interest is more meaningful to users of financial statements rather than measuring participant loans at fair value. A reclassification of the 2009 participant loans from investments to notes receivable from participants was made due to the adoption of ASU 2010-25.

#### Subsequent Events

Subsequent events have been evaluated through October 17, 2011, which is the date the financial statements were available to be issued.

# Bell Hospital Defined Contribution Plan

## Notes to Financial Statements

### Note 3 Investments

The following is a schedule of investments that individually represent 5% or more of the Plan's net assets at December 31:

|                                                 | 2010             |                       | 2009             |                       |
|-------------------------------------------------|------------------|-----------------------|------------------|-----------------------|
|                                                 | Asset Fair Value | Percent of Net Assets | Asset Fair Value | Percent of Net Assets |
| American Funds EuroPacific Growth Fund (R4)     | \$835,997        | 9.2                   | \$687,391        | 10.3                  |
| Davis NY Venture Fund (A)                       | 498,166          | 5.5                   | 364,612          | 5.5                   |
| Goldman Sachs Mid Cap Value Fund (A)            | 485,134          | 5.3                   | *                | *                     |
| Janus Forty Fund (S)                            | 620,388          | 6.8                   | 518,061          | 7.8                   |
| Wells Fargo:                                    |                  |                       |                  |                       |
| Advantage Cash Investment Money Market Fund (S) | 474,593          | 5.2                   | *                | *                     |
| Advantage Discovery Fund (Admin)                | 620,275          | 6.8                   | 398,361          | 6.0                   |
| Advantage Dow Jones Target 2020 Fund (Admin)    | 675,145          | 7.4                   | 460,882          | 6.9                   |
| Advantage Dow Jones Target 2030 Fund (Admin)    | 696,831          | 7.7                   | 547,983          | 8.2                   |
| Advantage Dow Jones Target 2040 Fund (Admin)    | 641,957          | 7.1                   | 402,857          | 6.0                   |
| Advantage Small Cap Value Fund (Inv)            | 668,706          | 7.3                   | 489,565          | 7.3                   |
| Advantage Total Return Bond Fund (Admin)        | 767,575          | 8.4                   | 578,105          | 8.7                   |

\*Represents less than 5% of the Plan's net assets for this year.

During the years ended December 31, 2010 and 2009, the Plan's investments in mutual funds (including investments bought or sold during the year as well as those held at year-end) appreciated in value by \$806,888 and \$1,202,806, respectively.

# Bell Hospital Defined Contribution Plan

## Notes to Financial Statements

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### Note 4 Fair Value Measurements

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

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

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

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

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

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

# Bell Hospital Defined Contribution Plan

## Notes to Financial Statements

### Note 4 Fair Value Measurements (Continued)

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2010 and 2009.

*Mutual funds:* Valued at the net asset value (NAV) provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of units outstanding. The NAV is a quoted price in an active market.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

|                            | Assets at Fair Value as of December 31, 2010 |         |         |             |
|----------------------------|----------------------------------------------|---------|---------|-------------|
|                            | Level 1                                      | Level 2 | Level 3 | Total       |
| Mutual funds:              |                                              |         |         |             |
| Blend                      | \$4,651,611                                  | \$0     | \$0     | \$4,651,611 |
| Growth                     | 2,007,069                                    | 0       | 0       | 2,007,069   |
| Fixed income               | 1,482,153                                    | 0       | 0       | 1,482,153   |
| Value                      | 952,501                                      | 0       | 0       | 952,501     |
| Total assets at fair value | \$9,093,334                                  | \$0     | \$0     | \$9,093,334 |

# Bell Hospital Defined Contribution Plan

## Notes to Financial Statements

### Note 4 Fair Value Measurements (Continued)

|                            | Assets at Fair Value as of December 31, 2009 |         |         |             |
|----------------------------|----------------------------------------------|---------|---------|-------------|
|                            | Level 1                                      | Level 2 | Level 3 | Total       |
| Mutual funds:              |                                              |         |         |             |
| Blend                      | \$3,457,511                                  | \$0     | \$0     | \$3,457,511 |
| Growth                     | 1,484,833                                    | 0       | 0       | 1,484,833   |
| Fixed income               | 1,033,010                                    | 0       | 0       | 1,033,010   |
| Value                      | 668,636                                      | 0       | 0       | 668,636     |
| Total assets at fair value | \$6,643,990                                  | \$0     | \$0     | \$6,643,990 |

### Note 5 Information Certified by Plan Trustee

The plan administrator has elected the method of annual reporting compliance 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's trustee, Wells Fargo Bank, N.A., has certified the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- (a) Investments and notes receivable from participants as shown in the statements of net assets available for benefits.
- (b) Net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants as shown in the statements of changes in net assets available for benefits.
- (c) Investment information as disclosed in Note 3 on Schedule H, Line 4i - Schedule of Assets (Held at End of Year).

The Plan's independent auditors 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 schedule.

# Bell Hospital Defined Contribution Plan

## Notes to Financial Statements

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### **Note 6      Party-in-Interest Transactions**

Certain plan investments are units of mutual funds managed by Wells Fargo Bank, N.A. Wells Fargo Bank, N.A. is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for administrative services to Wells Fargo Bank, N.A. amounted to \$154 and \$602 for the years ended December 31, 2010 and 2009, respectively.

### **Note 7      Plan Termination**

The Plan Sponsor intends to continue the Plan indefinitely; however, the Plan Sponsor reserves the right to terminate the Plan at any time. In the event of termination, all amounts credited to participants' accounts become 100% vested and will be distributed to participants in accordance with the Plan's provisions.

### **Note 8      Tax-Exempt Status of the Plan**

The Plan's terms have been drafted in reliance on the sample language provided by the Internal Revenue Service (IRS). The Plan is required to operate in conformity with the IRC to maintain the exclusion from tax for plan participants. Plan management believes the Plan is currently designed and operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

# Bell Hospital Defined Contribution Plan

## Notes to Financial Statements

### Note 9 Reconciliation of Financial Statements to Form 5500

Following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2010 and 2009, to Form 5500:

|                                                                | 2010        | 2009        |
|----------------------------------------------------------------|-------------|-------------|
| Net assets available for benefits per the financial statements | \$9,104,822 | \$6,670,303 |
| Plus - Immaterial rounding                                     | 0           | 1           |
| Net assets available for benefits per Form 5500                | \$9,104,822 | \$6,670,304 |

Following is a reconciliation of net increase in net assets available for benefits per the financial statements at December 31, 2010, to Form 5500:

|                                                                                |             |
|--------------------------------------------------------------------------------|-------------|
| Net increase in net assets available for benefits per the financial statements | \$2,434,519 |
| Less - Immaterial rounding                                                     | 1           |
| Net increase in net assets available for benefits per Form 5500                | \$2,434,518 |

### Note 10 Risks and Uncertainties

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

### Note 11 Reclassifications

Certain reclassifications have been made to the 2009 financial statements to conform to the 2010 classifications.

## **Supplemental Schedule**

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# Bell Hospital Defined Contribution Plan

Plan's EIN #38-1394903 Plan #002

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2010

| Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | Description of Investment Including<br>Maturity Date, Rate of Interest, Collateral,<br>Par, or Maturity Value | Cost | Current<br>Value |
|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------|------------------|
| Mutual funds:                                               |                                                                                                               |      |                  |
| American Century                                            | Large Company Value Fund (Inv)                                                                                | **   | \$275,401        |
| American Funds                                              | EuroPacific Growth Fund (R4)                                                                                  | **   | 835,997          |
| American Funds                                              | Target Date Retirement 2030 Fund (A)                                                                          | **   | 1,804            |
| Davis                                                       | NY Venture Fund (A)                                                                                           | **   | 498,166          |
| Fidelity                                                    | Advisor Small Cap Fund (A)                                                                                    | **   | 151,920          |
| Goldman Sachs                                               | Government Income Fund (A)                                                                                    | **   | 239,985          |
| Goldman Sachs                                               | Mid Cap Value Fund (A)                                                                                        | **   | 485,134          |
| Janus                                                       | Forty Fund (S)                                                                                                | **   | 620,388          |
| MFS                                                         | Total Return Fund (A)                                                                                         | **   | 312,858          |
| MFS                                                         | Value Fund (A)                                                                                                | **   | 191,966          |
| T. Rowe Price                                               | Retirement 2035 Fund                                                                                          | **   | 111,168          |
| Wells Fargo*                                                | Advantage Capital Growth Fund (Admin)                                                                         | **   | 157,072          |
| Wells Fargo*                                                | Advantage Cash Investment Money Market Fund (S)                                                               | **   | 474,593          |
| Wells Fargo*                                                | Advantage Discovery Fund (Admin)                                                                              | **   | 620,275          |
| Wells Fargo*                                                | Advantage Dow Jones Target Today Fund (Admin)                                                                 | **   | 19,870           |
| Wells Fargo*                                                | Advantage Dow Jones Target 2010 Fund (Admin)                                                                  | **   | 433,987          |
| Wells Fargo*                                                | Advantage Dow Jones Target 2020 Fund (Admin)                                                                  | **   | 675,145          |
| Wells Fargo*                                                | Advantage Dow Jones Target 2030 Fund (Admin)                                                                  | **   | 696,831          |
| Wells Fargo*                                                | Advantage Dow Jones Target 2040 Fund (Admin)                                                                  | **   | 641,957          |
| Wells Fargo*                                                | Advantage Dow Jones Target 2050 Fund (Admin)                                                                  | **   | 129,483          |
| Wells Fargo*                                                | Advantage Index Fund (Admin)                                                                                  | **   | 83,053           |
| Wells Fargo*                                                | Advantage Small Cap Value Fund (Inv)                                                                          | **   | 668,706          |
| Wells Fargo*                                                | Advantage Total Return Bond Fund (Admin)                                                                      | **   | 767,575          |
| Total mutual funds                                          |                                                                                                               |      | 9,093,334        |
| Participant Loans*                                          | 4.25% notes, maturing through December 2014                                                                   | 0    | 10,723           |
| Total assets (held at end of year)                          |                                                                                                               |      | \$9,104,057      |

\*Party-in-interest

\*\*Investments are participant-directed; therefore, cost information is omitted.

# **Bell Hospital Defined Contribution Plan**

Ishpeming, Michigan

**Financial Statements and Supplemental Schedule**  
Years Ended December 31, 2010 and 2009

# Bell Hospital Defined Contribution Plan

## Financial Statements and Supplemental Schedule

Years Ended December 31, 2010 and 2009

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## Independent Auditor's Report

Plan Administrator  
Bell Hospital Defined Contribution Plan  
Ishpeming, Michigan

We were engaged to audit the accompanying statement of net assets available for benefits of Bell Hospital Defined Contribution Plan as of December 31, 2010, and the related statement of changes in net assets available for benefits for the year then ended and the supplemental schedule of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2010. These financial statements and supplemental schedule are the responsibility of the Plan's management. The statement of net assets available for benefits of the Plan as of December 31, 2009, and the related statement of changes in net assets available for benefits for the year then ended were audited by other auditors. 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 (ERISA), the plan administrator instructed the other auditors not to perform, and they did not perform, any auditing procedures with respect to the information certified by the trustee. Their report, dated October 8, 2010, indicated that (a) because of the significance of the information that they did not audit, they were unable to, and did not, express an opinion on the financial statements taken as a whole and (b) the form and content of the information included in the financial statements, other than that derived from the information certified by the trustee, were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

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 information summarized in Note 5, which was certified by Wells Fargo Bank, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the year ended December 31, 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's 2010 financial statements and supplemental schedule that we did not audit, we are unable to, and do not, express an opinion on the accompanying 2010 financial statements and supplemental schedule taken as a whole. The form and content of the information included in the 2010 financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

*Wipfli LLP*

Wipfli LLP

October 17, 2011

469 Security Blvd.

Green Bay, Wisconsin 54313

# Bell Hospital Defined Contribution Plan

## Statements of Net Assets Available for Benefits

December 31, 2010 and 2009

|                                    | 2010        | 2009        |
|------------------------------------|-------------|-------------|
| <i><b>Assets</b></i>               |             |             |
| Investments, at fair value         | \$9,093,334 | \$6,643,990 |
| Receivables:                       |             |             |
| Employer contributions             | 765         | 0           |
| Notes receivable from participants | 10,723      | 26,313      |
| Total receivables                  | 11,488      | 26,313      |
| Net assets available for benefits  | \$9,104,822 | \$6,670,303 |

# Bell Hospital Defined Contribution Plan

## Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2010 and 2009

|                                                       | 2010        | 2009        |
|-------------------------------------------------------|-------------|-------------|
| Investment income:                                    |             |             |
| Net appreciation in fair value of investments         | \$806,888   | \$1,202,806 |
| Interest and dividends                                | 174,368     | 110,422     |
| Other income                                          | 0           | 15,223      |
| Total investment income                               | 981,256     | 1,328,451   |
| Interest income on notes receivable from participants | 963         | 690         |
| Contributions:                                        |             |             |
| Employer                                              | 883,741     | 863,227     |
| Participant                                           | 1,138,712   | 1,075,312   |
| Rollovers                                             | 9,980       | 1,141       |
| Total contributions                                   | 2,032,433   | 1,939,680   |
| Deductions:                                           |             |             |
| Benefits paid to participants                         | 579,979     | 282,168     |
| Administrative fees                                   | 154         | 602         |
| Total deductions                                      | 580,133     | 282,770     |
| Net increase in net assets available for benefits     | 2,434,519   | 2,986,051   |
| Net assets available for benefits at beginning        | 6,670,303   | 3,684,252   |
| Net assets available for benefits at end              | \$9,104,822 | \$6,670,303 |

# Bell Hospital Defined Contribution Plan

## Notes to Financial Statements

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### Note 1

#### Plan Description

The following description of Bell Hospital Defined Contribution Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

#### General

The Plan is a defined contribution plan that operates under Section 403(b) of the Internal Revenue Code (IRC) covering all employees of Bell Memorial Hospital, Inc. (the "Plan Sponsor"). Eligible employees can participate in the Plan immediately following employment at the Plan Sponsor.

The Plan is intended to satisfy the requirements under Section 404(c) of ERISA and, therefore, provides that participants may choose to direct their contributions and/or all or part of their account balances among the Plan's investment alternatives. All investments are participant-directed.

#### Participant Contributions

Participants may elect to have up to 100% of their annual compensation, not to exceed the maximum amount allowed under the IRC, contributed on their behalf. Participants may also contribute amounts representing distributions from other qualified plans.

#### Employer Contributions

The Plan provides for either profit sharing or matching contributions to be made by the Plan Sponsor to eligible participants. Employees that were eligible for the Bell Memorial Hospital Non-Union Pension Plan prior to it being frozen on November 1, 2005, are eligible to receive employer profit sharing contributions. The amount of profit sharing contributions received by an eligible participant is based on a specified percentage of the participant's annual pay as specified in the plan documents. Nonunion, noncontingent participants who are not eligible to receive the employer profit sharing contributions are instead eligible to receive employer matching contributions. Employer matching contributions are based on 100% of the pretax contributions made by the participant, up to a maximum of 5.5% of the employee's pay. Amounts contributed to the Plan from other qualified plans are not matched.

# Bell Hospital Defined Contribution Plan

## Notes to Financial Statements

---

### Note 1

### Plan Description (Continued)

#### Participants' Accounts

All investments in the participants' accounts are participant-directed. The Plan allows participants to select from a variety of mutual funds.

Each participant's account is credited with the participant's contribution and allocations of (a) the Plan Sponsor's contributions and (b) plan earnings or losses, and reduced by withdrawals and applicable administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

#### Vesting

Participants are immediately 100% vested in their elective deferrals, rollover contributions, and the related earnings thereon. The Plan Sponsor's contributions, plus actual earnings thereon, begin vesting at a rate of 20% starting with the second year of service and are fully vested after six years of service.

#### Notes Receivable From Participants

Participants may borrow from their account a minimum of \$1,000 to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Loan terms range from one to five years. The loans are secured by the balance in the participant's account and bear interest at a fixed rate of interest determined by the Plan's trustee based on prevailing market conditions. The interest rate on existing loans is 4.25%. Principal and interest are paid through payroll deductions.

#### Payment of Benefits

Plan benefits are available at normal retirement (age 65), early withdrawal (age 59 1/2), death, disability, financial hardship withdrawal, or termination of employment. Benefits are paid in a lump-sum distribution.

# Bell Hospital Defined Contribution Plan

## Notes to Financial Statements

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### **Note 1**      **Plan Description (Continued)**

#### **Forfeited Accounts**

At December 31, 2010 and 2009, forfeited nonvested accounts totaled \$110,295 and \$68,537, respectively. These accounts can be used to pay plan expenses or reduce future employer contributions. No forfeitures were utilized during 2010 or 2009.

### **Note 2**      **Summary of Significant Accounting Policies**

#### **Basis of Accounting**

The financial statements of the Plan are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States (GAAP).

#### **Use of Estimates**

The preparation of financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from these estimates.

#### **Investment Valuation and Income Recognition**

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements.

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

# Bell Hospital Defined Contribution Plan

## Notes to Financial Statements

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### Note 2      Summary of Significant Accounting Policies (Continued)

#### Notes Receivable From Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the Plan's document.

#### Payment of Benefits

Benefits are recorded when paid.

#### Expenses of the Plan

Forfeitures may be used to cover plan expenses. Fees for investment management services are paid out of plan assets and are included as a reduction of the return earned on such investments. Loan and distribution fees are charged to specific participant accounts and are classified as administrative fees on the statements of changes in net assets available for benefits.

#### New Accounting Pronouncement

During 2010, the Plan adopted Accounting Standards Update (ASU) 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans*. ASU 2010-25 requires defined contribution plans to classify loans to participants as notes receivable from participants. The classification of participant loans as notes receivable acknowledges that participant loans are unique from other investments, and measuring participant loans at their unpaid principal balance plus any accrued but unpaid interest is more meaningful to users of financial statements rather than measuring participant loans at fair value. A reclassification of the 2009 participant loans from investments to notes receivable from participants was made due to the adoption of ASU 2010-25.

#### Subsequent Events

Subsequent events have been evaluated through October 17, 2011, which is the date the financial statements were available to be issued.

# Bell Hospital Defined Contribution Plan

## Notes to Financial Statements

### Note 3 Investments

The following is a schedule of investments that individually represent 5% or more of the Plan's net assets at December 31:

|                                                 | 2010             |                       | 2009             |                       |
|-------------------------------------------------|------------------|-----------------------|------------------|-----------------------|
|                                                 | Asset Fair Value | Percent of Net Assets | Asset Fair Value | Percent of Net Assets |
| American Funds EuroPacific Growth Fund (R4)     | \$835,997        | 9.2                   | \$687,391        | 10.3                  |
| Davis NY Venture Fund (A)                       | 498,166          | 5.5                   | 364,612          | 5.5                   |
| Goldman Sachs Mid Cap Value Fund (A)            | 485,134          | 5.3                   | *                | *                     |
| Janus Forty Fund (S)                            | 620,388          | 6.8                   | 518,061          | 7.8                   |
| Wells Fargo:                                    |                  |                       |                  |                       |
| Advantage Cash Investment Money Market Fund (S) | 474,593          | 5.2                   | *                | *                     |
| Advantage Discovery Fund (Admin)                | 620,275          | 6.8                   | 398,361          | 6.0                   |
| Advantage Dow Jones Target 2020 Fund (Admin)    | 675,145          | 7.4                   | 460,882          | 6.9                   |
| Advantage Dow Jones Target 2030 Fund (Admin)    | 696,831          | 7.7                   | 547,983          | 8.2                   |
| Advantage Dow Jones Target 2040 Fund (Admin)    | 641,957          | 7.1                   | 402,857          | 6.0                   |
| Advantage Small Cap Value Fund (Inv)            | 668,706          | 7.3                   | 489,565          | 7.3                   |
| Advantage Total Return Bond Fund (Admin)        | 767,575          | 8.4                   | 578,105          | 8.7                   |

\*Represents less than 5% of the Plan's net assets for this year.

During the years ended December 31, 2010 and 2009, the Plan's investments in mutual funds (including investments bought or sold during the year as well as those held at year-end) appreciated in value by \$806,888 and \$1,202,806, respectively.

# Bell Hospital Defined Contribution Plan

## Notes to Financial Statements

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### Note 4 Fair Value Measurements

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

Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.

Level 2 Inputs to the valuation methodology include:

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

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

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

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

# Bell Hospital Defined Contribution Plan

## Notes to Financial Statements

### Note 4 Fair Value Measurements (Continued)

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodology used at December 31, 2010 and 2009.

*Mutual funds:* Valued at the net asset value (NAV) provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of units outstanding. The NAV is a quoted price in an active market.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2010 and 2009:

|                            | Assets at Fair Value as of December 31, 2010 |         |         |             |
|----------------------------|----------------------------------------------|---------|---------|-------------|
|                            | Level 1                                      | Level 2 | Level 3 | Total       |
| Mutual funds:              |                                              |         |         |             |
| Blend                      | \$4,651,611                                  | \$0     | \$0     | \$4,651,611 |
| Growth                     | 2,007,069                                    | 0       | 0       | 2,007,069   |
| Fixed income               | 1,482,153                                    | 0       | 0       | 1,482,153   |
| Value                      | 952,501                                      | 0       | 0       | 952,501     |
| Total assets at fair value | \$9,093,334                                  | \$0     | \$0     | \$9,093,334 |

# Bell Hospital Defined Contribution Plan

## Notes to Financial Statements

### Note 4 Fair Value Measurements (Continued)

|                            | Assets at Fair Value as of December 31, 2009 |         |         |             |
|----------------------------|----------------------------------------------|---------|---------|-------------|
|                            | Level 1                                      | Level 2 | Level 3 | Total       |
| Mutual funds:              |                                              |         |         |             |
| Blend                      | \$3,457,511                                  | \$0     | \$0     | \$3,457,511 |
| Growth                     | 1,484,833                                    | 0       | 0       | 1,484,833   |
| Fixed income               | 1,033,010                                    | 0       | 0       | 1,033,010   |
| Value                      | 668,636                                      | 0       | 0       | 668,636     |
| Total assets at fair value | \$6,643,990                                  | \$0     | \$0     | \$6,643,990 |

### Note 5 Information Certified by Plan Trustee

The plan administrator has elected the method of annual reporting compliance 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's trustee, Wells Fargo Bank, N.A., has certified the following data included in the accompanying financial statements and supplemental schedule is complete and accurate:

- (a) Investments and notes receivable from participants as shown in the statements of net assets available for benefits.
- (b) Net appreciation in fair value of investments, interest and dividends, and interest income on notes receivable from participants as shown in the statements of changes in net assets available for benefits.
- (c) Investment information as disclosed in Note 3 on Schedule H, Line 4i - Schedule of Assets (Held at End of Year).

The Plan's independent auditors 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 schedule.

# Bell Hospital Defined Contribution Plan

## Notes to Financial Statements

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### **Note 6      Party-in-Interest Transactions**

Certain plan investments are units of mutual funds managed by Wells Fargo Bank, N.A. Wells Fargo Bank, N.A. is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for administrative services to Wells Fargo Bank, N.A. amounted to \$154 and \$602 for the years ended December 31, 2010 and 2009, respectively.

### **Note 7      Plan Termination**

The Plan Sponsor intends to continue the Plan indefinitely; however, the Plan Sponsor reserves the right to terminate the Plan at any time. In the event of termination, all amounts credited to participants' accounts become 100% vested and will be distributed to participants in accordance with the Plan's provisions.

### **Note 8      Tax-Exempt Status of the Plan**

The Plan's terms have been drafted in reliance on the sample language provided by the Internal Revenue Service (IRS). The Plan is required to operate in conformity with the IRC to maintain the exclusion from tax for plan participants. Plan management believes the Plan is currently designed and operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2007.

# Bell Hospital Defined Contribution Plan

## Notes to Financial Statements

### Note 9 Reconciliation of Financial Statements to Form 5500

Following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2010 and 2009, to Form 5500:

|                                                                | 2010        | 2009        |
|----------------------------------------------------------------|-------------|-------------|
| Net assets available for benefits per the financial statements | \$9,104,822 | \$6,670,303 |
| Plus - Immaterial rounding                                     | 0           | 1           |
| Net assets available for benefits per Form 5500                | \$9,104,822 | \$6,670,304 |

Following is a reconciliation of net increase in net assets available for benefits per the financial statements at December 31, 2010, to Form 5500:

|                                                                                |             |
|--------------------------------------------------------------------------------|-------------|
| Net increase in net assets available for benefits per the financial statements | \$2,434,519 |
| Less - Immaterial rounding                                                     | 1           |
| Net increase in net assets available for benefits per Form 5500                | \$2,434,518 |

### Note 10 Risks and Uncertainties

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

### Note 11 Reclassifications

Certain reclassifications have been made to the 2009 financial statements to conform to the 2010 classifications.

## **Supplemental Schedule**

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# Bell Hospital Defined Contribution Plan

Plan's EIN #38-1394903 Plan #002

## Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2010

| Identity of Issue,<br>Borrower, Lessor,<br>or Similar Party | Description of Investment Including<br>Maturity Date, Rate of Interest, Collateral,<br>Par, or Maturity Value | Cost | Current<br>Value |
|-------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------|------------------|
| Mutual funds:                                               |                                                                                                               |      |                  |
| American Century                                            | Large Company Value Fund (Inv)                                                                                | **   | \$275,401        |
| American Funds                                              | EuroPacific Growth Fund (R4)                                                                                  | **   | 835,997          |
| American Funds                                              | Target Date Retirement 2030 Fund (A)                                                                          | **   | 1,804            |
| Davis                                                       | NY Venture Fund (A)                                                                                           | **   | 498,166          |
| Fidelity                                                    | Advisor Small Cap Fund (A)                                                                                    | **   | 151,920          |
| Goldman Sachs                                               | Government Income Fund (A)                                                                                    | **   | 239,985          |
| Goldman Sachs                                               | Mid Cap Value Fund (A)                                                                                        | **   | 485,134          |
| Janus                                                       | Forty Fund (S)                                                                                                | **   | 620,388          |
| MFS                                                         | Total Return Fund (A)                                                                                         | **   | 312,858          |
| MFS                                                         | Value Fund (A)                                                                                                | **   | 191,966          |
| T. Rowe Price                                               | Retirement 2035 Fund                                                                                          | **   | 111,168          |
| Wells Fargo*                                                | Advantage Capital Growth Fund (Admin)                                                                         | **   | 157,072          |
| Wells Fargo*                                                | Advantage Cash Investment Money Market Fund (S)                                                               | **   | 474,593          |
| Wells Fargo*                                                | Advantage Discovery Fund (Admin)                                                                              | **   | 620,275          |
| Wells Fargo*                                                | Advantage Dow Jones Target Today Fund (Admin)                                                                 | **   | 19,870           |
| Wells Fargo*                                                | Advantage Dow Jones Target 2010 Fund (Admin)                                                                  | **   | 433,987          |
| Wells Fargo*                                                | Advantage Dow Jones Target 2020 Fund (Admin)                                                                  | **   | 675,145          |
| Wells Fargo*                                                | Advantage Dow Jones Target 2030 Fund (Admin)                                                                  | **   | 696,831          |
| Wells Fargo*                                                | Advantage Dow Jones Target 2040 Fund (Admin)                                                                  | **   | 641,957          |
| Wells Fargo*                                                | Advantage Dow Jones Target 2050 Fund (Admin)                                                                  | **   | 129,483          |
| Wells Fargo*                                                | Advantage Index Fund (Admin)                                                                                  | **   | 83,053           |
| Wells Fargo*                                                | Advantage Small Cap Value Fund (Inv)                                                                          | **   | 668,706          |
| Wells Fargo*                                                | Advantage Total Return Bond Fund (Admin)                                                                      | **   | 767,575          |
| Total mutual funds                                          |                                                                                                               |      | 9,093,334        |
| Participant Loans*                                          | 4.25% notes, maturing through December 2014                                                                   | 0    | 10,723           |
| Total assets (held at end of year)                          |                                                                                                               |      | \$9,104,057      |

\*Party-in-interest

\*\*Investments are participant-directed; therefore, cost information is omitted.