

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2010</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>05/01/2010</u> and ending <u>04/30/2011</u>	
A This return/report is for:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information		
1a Name of plan	<u>RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL</u>	1b Three-digit plan number (PN) ▶	<u>002</u>
		1c Effective date of plan	<u>05/01/1993</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)	2b Employer Identification Number (EIN) <u>91-0565546</u> 2c Sponsor's telephone number <u>360-744-6507</u> 2d Business code (see instructions) <u>622000</u>		
<u>2520 CHERY AVENUE</u> <u>BREMERTON, WA 98310-4270</u>	<u>2520 CHERY AVENUE</u> <u>BREMERTON, WA 98310-4270</u>		

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/16/2012	FORREST EHLINGER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/16/2012	FORREST EHLINGER
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") HARRISON MEDICAL CENTER 2520 CHERY AVENUE BREMERTON, WA 98310-4270	3b Administrator's EIN 91-0565546 3c Administrator's telephone number 360-744-6507
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 1379
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).	
a Active participants.....	6a 724
b Retired or separated participants receiving benefits.....	6b 278
c Other retired or separated participants entitled to future benefits.....	6c 361
d Subtotal. Add lines 6a , 6b , and 6c	6d 1363
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 5
f Total. Add lines 6d and 6e	6f 1368
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 2
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 1A 1G 1I	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:	

9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input checked="" type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input type="checkbox"/> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> G (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 05/01/2010 and ending 04/30/2011

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

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

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

Part I	Basic Information
1 Enter the valuation date: Month <u>05</u> Day <u>01</u> Year <u>2010</u>	
2 Assets:	
a Market value	2a <u>83510756</u>
b Actuarial value	2b <u>84864066</u>
3 Funding target/participant count breakdown	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>263</u> <u>26369554</u>
b For terminated vested participants	3b <u>505</u> <u>18883123</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>467822</u>
(2) Vested benefits	3c(2) <u>44709599</u>
(3) Total active	3c(3) <u>612</u> <u>45177421</u>
d Total	3d <u>1380</u> <u>90430098</u>
4 If the plan is at-risk, check the box and complete items (a) and (b)	<input type="checkbox"/>
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.56</u> %
6 Target normal cost	6 <u>3013985</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>02/10/2012</u>
Signature of actuary <u>BRENT R. CHUBBS, ASA, EA, MAAA</u>	Date <u>11-07082</u>
Type or print name of actuary <u>MERCER</u>	Most recent enrollment number <u>206-214-3500</u>
Firm name <u>1301 FIFTH AVENUE, SUITE 1900</u> <u>SEATTLE, WA 98101</u>	Telephone number (including area code)
Address of the firm	

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	3018782	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8).....	3018782	0
10	Interest on item 9 using prior year's actual return of <u>27.83</u> %	840127	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		147107
b	Interest on (a) using prior year's effective rate of <u>7.61</u> %		11195
c	Total available at beginning of current plan year to add to prefunding balance		158302
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	400000	
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	3458909	0

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	90.01 %
15	Adjusted funding target attainment percentage.....	15	90.01 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	98.40 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV		Contributions and liquidity shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/15/2010	0	172595	12/15/2011	990000	0
09/15/2010	1700000	173902			
12/15/2010	340108	103928			
03/15/2011	600966	0			
06/15/2011	2200310	0			
09/15/2011	660000	0			
			Totals ►	18(b)	6491384
				18(c)	450425

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 6117197
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of Quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.26 %	2nd segment: 6.56 %	3rd segment: 6.70 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	3013985
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	5407737	898503
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	3912488
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35).....	36	3912488
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	6117197
38 Interest-adjusted excess contributions for current year (see instructions).....	38	2204709
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

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

For calendar plan year 2010 or fiscal plan year beginning **05/01/2010** and ending **04/30/2011**

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

WELLS FARGO BANK

41-6370378

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	TRUSTEE	23240	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN:
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

a Name:	b EIN;
c Position:	
d Address:	e Telephone: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
For calendar plan year 2010 or fiscal plan year beginning <u>05/01/2010</u> and ending <u>04/30/2011</u>		
A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>HARRISON MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>91-0565546</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	0	3850310
	(2) Participant contributions	1b(2)	19727	0
	(3) Other.....	1b(3)	16239	0
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1739044	931184
	(2) U.S. Government securities.....	1c(2)		
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)	11630792	14223613
	(5) Partnership/joint venture interests	1c(5)		
	(6) Real estate (other than employer real property)	1c(6)	4598861	5446161
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	65506093	78359824
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	83510756	102811092

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		12168
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	12168

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	83510756	102798924
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	6491384	
(B) Participants	2a(1)(B)	450425	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		6941809

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	280939	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		280939

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1436359	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1436359

(3) Rents	2b(3)		
-----------------	--------------	--	--

(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	43413512	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	41165450	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		2248062

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)	847299	
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		847299
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		10483770
d Total income. Add all income amounts in column (b) and enter total.....	2d		22238238

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2926744	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		2926744
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	23240	
(4) Other	2i(4)	86	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		23326
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2950070

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		19288168
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

(2) EIN: 91-1194016

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
4a 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	
4b 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	
4c 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	
4d 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	
4e Was this plan covered by a fidelity bond?.....	X		2000000
4f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4g 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	
4h 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	
4i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
4j 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		
4k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
4l Has the plan failed to provide any benefit when due under the plan?		X	
4m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
4n 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)

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2010 or fiscal plan year beginning 05/01/2010 and ending 04/30/2011		
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL		B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 HARRISON MEDICAL CENTER		D Employer Identification Number (EIN) 91-0565546
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): _____ Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 2
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? <input checked="" 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 checked="" 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 checked="" 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:

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 67% Investment-Grade Debt: 23% High-Yield Debt: 3% Real Estate: 6% Other: 1%

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

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

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

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

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

Financial Statements

For the Years Ended
April 30, 2011 and 2010

Table of Contents

	<i>Page</i>
Independent Auditors' Report	1
Financial Statements:	
Statements of Net Assets Available for Benefits	2
Statements of Changes in Net Assets Available for Benefits	3
Notes to Financial Statements	4 - 14
Supplementary Information:	
Attachment to Form 5500, Schedule H, Item 4(a) Schedule of Delinquent Participant Contributions	15
Attachment to Form 5500, Schedule H, Item 4(i) Schedule of Assets Held as of April 30, 2011	16
Attachment to Form 5500, Schedule H, Item 4(j) Schedule of Reportable Transactions for the Year Ended April 30, 2011	17

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

We were engaged to audit the accompanying statements of net assets available for benefits of the Retirement Plan for Employees of Harrison Memorial Hospital (the Plan) as of April 30, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years ended April 30, 2011 and 2010, and supplementary information as of and for the year ended April 30, 2011. These financial statements and supplementary information are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations of Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Wells Fargo Bank, N.A., the asset custodian of the Plan, except for comparing the information with related information included in the financial statements and supplementary information. We have been informed by the plan administrator that the asset custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the asset custodian as of and for the years ended April 30, 2011 and 2010, that the information provided to the plan administrator by the asset custodian is complete and accurate.

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

Handwritten signature of Clark Nuber in dark ink.

Certified Public Accountants
January 26, 2012

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Statements of Net Assets Available for Benefits April 30, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Assets:		
Investments, at fair value-		
Registered investment companies	\$ 78,359,824	\$ 65,506,093
Common stock	14,249,881	11,630,792
Real estate investment trusts	5,446,161	4,598,861
Money market fund	<u>931,184</u>	<u>1,739,044</u>
Total Investments	98,987,050	83,474,790
Contributions receivable-		
Employer	3,850,310	
Participant	<u></u>	<u>19,835</u>
Total Contributions Receivable	<u>3,850,310</u>	<u>19,835</u>
Total Assets	102,837,360	83,494,625
Net pending trades and other liabilities	<u>(38,436)</u>	<u>16,131</u>
Net Assets Available for Benefits	<u>\$102,798,924</u>	<u>\$ 83,510,756</u>

See accompanying notes.

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Statements of Changes in Net Assets Available for Benefits For the Years Ended April 30, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Additions to Net Assets:		
Contributions-		
Employer	\$ 6,491,384	\$ 4,400,000
Participant	450,425	745,805
Total Contributions	6,941,809	5,145,805
Investment income-		
Net change in fair value of investments:		
Registered investment companies	10,158,936	13,925,187
Common stock	2,572,895	3,082,506
Real estate investment trusts	847,300	(1,221,209)
Interest income and other	280,939	1,049,551
Dividends	1,436,359	1,022,047
Total Investment Income	15,296,429	17,858,082
Total Additions	22,238,238	23,003,887
Deductions from Net Assets:		
Benefit payments	2,926,744	2,606,563
Administrative expenses	23,326	75,599
Total Deductions	2,950,070	2,682,162
Increase in net assets	19,288,168	20,321,725
Net Assets Available for Benefits:		
Beginning of year	83,510,756	63,189,031
End of Year	\$ 102,798,924	\$ 83,510,756

See accompanying notes.

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Notes to Financial Statements

Note 1 - Plan Description

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

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

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

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

Contributions - Effective January 1, 2011, the Plan was amended to no longer require or permit employee contributions to the Plan. Prior to January 1, 2011, the Plan required all active participants to contribute 2% of his or her eligible earnings. Mandatory contributions are credited with interest based on 120% of the Federal mid-term rate in effect as of the first day of each Plan year, but in no event less than 5%. Prior to May 1, 1993, participants could elect to make voluntary contributions to the Plan up to 10% of their earnings. The mandatory and voluntary contributions are maintained in separate accounts and are credited with interest each year. Voluntary contributions are credited with the interest rate used by the Pension Benefit Guaranty Corporation (PBGC) to value immediate annuities for single employer plans terminating on the first day of the plan year. For the plan years ended April 30, 2011 and 2010, interest credited on mandatory contributions was 5.00% in both years and interest credited on voluntary contributions was 3.00% in both years. Cumulative mandatory and voluntary employee contributions including interest as of April 30, 2011 and 2010 were \$13,446,066 and \$13,026,581, respectively.

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

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

Effective December 31, 2010, the Plan was amended to exclude all participant earnings and hours of service after December 31, 2010 for the purposes of determining the participant's final average monthly earnings and years of plan participation.

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Notes to Financial Statements

Note 1 - Continued

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

Funding Policy - The Hospital's funding policy is to make contributions to the Plan that meet or exceed the minimum funding standards of ERISA and the Internal Revenue Code (IRC). The Hospital's contributions to the Plan are based on actuarial determination. Contributions for the years ended April 30, 2011 and 2010 were \$6,491,384 and \$4,400,000, respectively, and met the minimum funding requirements of ERISA in both years.

Plan Administration and Administrative Expenses - The Plan is administered by a plan committee. Administrative expenses are paid either by the Hospital or out of plan assets, at the discretion of the Hospital. The Plan paid \$23,326 and \$75,599 in investment management and administration fees for the years ended April 30, 2011 and 2010, respectively.

Subsequent Events - The Plan's management has evaluated subsequent events through January 26, 2012, the date on which the Plan's financial statements were available to be issued.

Note 2 - Summary of Accounting Policies

Basis of Accounting - The accompanying financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of Estimates - The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the reported amounts of assets, liabilities, and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

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

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

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

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Notes to Financial Statements

Note 3 - Fair Value Measurements

U.S. GAAP provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

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

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at April 30, 2011 and 2010.

Registered Investment Companies - Valued at the net asset value of shares held by the Plan at year end.

Common Stock - Valued at the closing price reported on the active market in which the individual securities are traded.

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

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

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Notes to Financial Statements

Note 3 - Continued

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

<i>Fair Value Measurements as of April 30, 2011</i>				
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Registered investment companies-				
Large growth	\$ 14,441,123	\$ -	\$ -	\$ 14,441,123
International		20,041,470		20,041,470
Intermediate term-bond	25,882,257			25,882,257
Mid cap blend	17,994,974			17,994,974
Total registered investment companies	58,318,354	20,041,470		78,359,824
Common stock-				
Energy	2,702,486			2,702,486
Other	2,626,990			2,626,990
Information technology	2,054,069			2,054,069
Healthcare	1,771,975			1,771,975
Industrials	1,532,671			1,532,671
Consumer staples	1,039,791			1,039,791
Telecommunications	816,616			816,616
Financial	723,261			723,261
Consumer discretionary	709,058			709,058
Materials	272,964			272,964
Total common stock	14,249,881			14,249,881
Real estate investment trusts			5,446,161	5,446,161
Money market fund		931,184		931,184
Total Investments	\$ 72,568,235	\$ 20,972,654	\$ 5,446,161	\$ 98,987,050

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Notes to Financial Statements

Note 3 - Continued

	<i>Fair Value Measurements as of April 30, 2010</i>			
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Registered investment companies-				
Large growth	\$ 12,135,426	\$ -	\$ -	\$ 12,135,426
International		15,499,784		15,499,784
Intermediate term-bond	24,074,313			24,074,313
Small mid-cap		13,796,570		13,796,570
Total registered investment companies	36,209,739	29,296,354		65,506,093
Common stock-				
Information technology	2,182,985			2,182,985
Other	2,104,738			2,104,738
Energy	1,633,252			1,633,252
Consumer staples	1,581,567			1,581,567
Industrials	1,293,006			1,293,006
Healthcare	1,151,118			1,151,118
Consumer discretionary	762,439			762,439
Financial	680,292			680,292
Materials	241,395			241,395
Total common stock	11,630,792			11,630,792
Real estate investment trusts			4,598,861	4,598,861
Money market fund		1,739,044		1,739,044
Total Investments	\$ 47,840,531	\$ 31,035,398	\$ 4,598,861	\$ 83,474,790

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Notes to Financial Statements

Note 3 - Continued

A reconciliation of the beginning and ending balances for fair value measurements made using significant unobservable inputs (Level 3) is as follows for the year ended April 30, 2011:

	<i>Real Estate Investment Trusts</i>
Balance as of May 1, 2009	\$ 5,820,070
Realized and unrealized losses	<u>(1,221,209)</u>
Balance as of April 30, 2010	4,598,861
Realized and unrealized gains	<u>847,300</u>
Balance as of April 30, 2011	<u><u>\$ 5,446,161</u></u>

Note 4 - Investments

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

	<u>2011</u>	<u>2010</u>
Registered Investment Companies-		
Artio International Equity Fund	\$ 20,041,470	\$ 15,499,784
Vanguard Extended Market Index Fund	17,994,974	*
Rainier Large Cap Core Equity Portfolio	14,441,123	12,135,426
Western Asset Core Plus Bond Portfolio	13,270,969	12,338,229
PIMCO Total Return Fund Institutional Shares	12,611,288	11,736,084
AXA Rosenberg Small-Mid Cap Fund	*	13,692,997

* Does not represent 5% or more of the Plan's net assets for the respective plan year

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Notes to Financial Statements

Note 5 - Information Prepared and Certified by the Asset Custodian

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

- Fair value of investments as of April 30, 2011 and 2010;
- Investments and other income earned or losses incurred for the years ended April 30, 2011 and 2010; and
- Investment transactions for the years ended April 30, 2011 and 2010.

Note 6 - Actuarial Valuation

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending December 31, 2010. Benefits payable under all circumstances are included, to the extent they are deemed attributable to employee service rendered through December 31, 2010. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated plan benefits.

The actuarial present values of accumulated plan benefits as of April 30, 2011 and 2010, were determined by an independent actuary and are those amounts which result from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Notes to Financial Statements

Note 6 - Continued

Significant actuarial assumptions for the years ended April 30, 2011 and 2010 are as follows:

2011

Assumed earnings rate:	7.38% per year compounded annually
Mortality basis:	2011 PPA static annuitant and non-annuitant table
Salary increases:	4.50% per year
Interest rates:	Segmented interest rates of 3.23% for payments made during the first 5 years, 5.25% for payments during the next 15 years and 5.81% for payments made after 20 years.
Retirement age:	Retirement age is 65
Withdrawal:	Termination Rate Table SOA3TSS

2010

Assumed earnings rate:	7.50% per year compounded annually
Mortality basis:	RP-2000 no collar table
Salary increases:	5.50% per year
Interest rates:	Segmented interest rates of 5.50% for payments made during the first 5 years, 6.00% for payments during the next 15 years and 6.50% for payments made after 20 years.
Retirement age:	Retirement age is 65
Withdrawal:	Termination Rate Table SOA3TSS

The actuarial assumptions are based on the Plan continuing. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. Changes in actuarial assumptions are made periodically to better anticipate future plan experience and are due to changes in market conditions and management's expectations.

For the 2011 valuation, a review of the actuarial assumptions was performed and the following assumptions were updated to better reflect the recent experience of the Plan: expected investment return was changed from 7.50% to 7.38% to better reflect expected market conditions, the mortality tables were updated from the RP2000 projected to 2006 to the 2011 PPA static annuitant and non-annuitant tables, and the mortality and interest rates used for converting contribution balances were updated.

As discussed in Note 1, the plan was amended to freeze benefit accruals and service effective December 31, 2010 for all participants which impacted the change in plan provisions for the 2011 valuation.

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Notes to Financial Statements

Note 6 - Continued

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

	<u>2011</u>	<u>2010</u>
Actuarial present value of accumulated benefits-		
Vested:		
Participants currently receiving payments	\$ 27,292,824	\$ 23,596,428
Other participants	<u>59,136,926</u>	<u>53,000,905</u>
Total Vested Benefits	86,429,750	76,597,333
Non-Vested:		
Other benefits attributable to service rendered	<u>531,158</u>	<u>555,895</u>
Total Accumulated Benefits	<u>\$ 86,960,908</u>	<u>\$ 77,153,228</u>

The changes in the actuarial present value of accumulated plan benefits for the plan years ended April 30, 2011 and 2010, are as follows:

	<u>2011</u>	<u>2010</u>
Actuarial present value of accumulated benefits at beginning of plan year	\$ 77,153,228	\$ 69,209,517
Increase (decrease) attributable to-		
Benefits accumulated and (gains) losses	4,915,497	5,457,306
Increase for interest due to decrease in discount period	5,676,739	5,092,968
Benefits paid	(2,926,744)	(2,606,563)
Change in actuarial assumptions	4,351,845	
Change in plan provisions	(2,473,146)	
Other changes	<u>263,489</u>	
Actuarial Present Value of Accumulated Benefits at End of Plan Year	<u>\$ 86,960,908</u>	<u>\$ 77,153,228</u>

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Notes to Financial Statements

Note 7 - Plan Termination

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

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

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

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

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

Note 8 - Party-In-Interest Transactions

The Plan invests in a short term money market fund managed by Wells Fargo. Wells Fargo is the asset custodian of the Plan; therefore, these transactions and fees paid to Wells Fargo qualify as party-in-interest transactions.

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Notes to Financial Statements

Note 9 - Tax Status

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

The Plan is subject to audits by the IRS for certain tax periods based on applicable laws and regulations; however, there are currently no audits for any tax periods in progress.

Note 10 - Risks and Uncertainties

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

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

Note 11 - Non-Exempt Transactions

During the year ended April 30, 2010, the Plan Sponsor's management identified deferral contributions in the amount of \$30,700, deemed as delinquent. The deemed delinquency periods for this deposit is 15 days. The Plan Sponsor has taken actions to mitigate future delays in remittances.

SUPPLEMENTARY INFORMATION

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

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

Employer: Harrison Medical Center

EIN: 91-0565546

Plan: 002

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

2010

\$30,700

See independent auditors' report.

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Attachment to Form 5500, Schedule H, Item 4(i) Schedule of Assets Held as of April 30, 2011

Employer: Harrison Medical Center

EIN: 91-0565546

Plan No.: 002

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Artio International Equity Fund	Shares of a registered investment company, 128,892 shares	\$ 17,047,981	\$ 20,041,470
	Vanguard Extended Market Index Fund	Shares of a registered investment company, 390,940 shares	14,076,080	17,994,974
	Rainier Large Cap Core Equity Portfolio	Shares of a registered investment company, 529,173 shares	12,352,830	14,441,123
	Western Asset Core Plus Bond Portfolio	Shares of a registered investment company, 1,213,069 shares	12,581,221	13,270,969
	PIMCO Total Return Fund Institutional Shares	Shares of a registered investment company, 1,143,363 shares	12,584,151	12,611,288
	RREEF America REIT II Investment Fund	Real estate investment trust, 45,086 shares	5,416,454	3,563,609
	Lion Value Fund	Real estate investment trust, 2,289 shares	2,500,000	1,882,552
*	Wells Fargo Short Term Investment Fund	Money market fund, 931,114 shares	931,184	931,184
	Hess Corp.	Common Stock, 7,300 shares	479,442	627,508
	Apache Corporation	Common Stock, 3,700 shares	364,017	494,024
	Norfolk Southern Corporation	Common Stock, 6,300 shares	251,056	470,484
	Honeywell International	Common Stock, 7,540 shares	262,534	461,674
	MetLife Inc.	Common Stock, 9,800 shares	361,742	458,542
	Western Union	Common Stock, 20,900 shares	288,724	444,125
	Vodafone Group PLC	Common Stock, 15,200 shares	422,245	442,624
	Halliburton Co.	Common Stock, 8,700 shares	285,702	439,176
	Sprint Nextel Corp.	Common Stock, 84,700 shares	384,530	438,746
	Medtronic Inc.	Common Stock, 10,500 shares	341,007	438,375
	Abbott Labs	Common Stock, 8,300 shares	389,044	436,444
	Archer Daniels Midland Company	Common Stock, 11,700 shares	358,774	433,134
	Devon Energy Corporation	Common Stock, 4,725 shares	295,149	429,975
	Applied Materials Inc.	Common Stock, 27,200 shares	346,587	426,768
	Target Corporation	Common Stock, 8,530 shares	429,488	418,823
	National Oilwell Varco Inc. Company	Common Stock, 5,400 shares	210,333	414,126
	Flextronics International	Common Stock, 57,780 shares	411,757	402,727
	Corning Inc.	Common Stock, 18,900 shares	349,799	395,766
	Motorola Mobility Holdings Inc.	Common Stock, 14,500 shares	432,122	377,870
	Cooper Industries PLC New Ireland	Common Stock, 4,940 shares	184,108	325,793
	Baxter International Inc.	Common Stock, 5,600 shares	314,318	318,640
	CVS/Caremark Corporation	Common Stock, 8,750 shares	271,456	318,018
	KBR Inc.	Common Stock, 8,100 shares	145,695	310,797
	Aetna, Inc.	Common Stock, 7,400 shares	247,988	306,212
	Willis Group Holdings LTD	Common Stock, 7,400 shares	180,060	305,768
	Ace Limited	Common Stock, 4,545 shares	230,111	305,651
	Computer Sciences Corp.	Common Stock, 5,900 shares	299,022	300,782
	ON Semiconductor Corp.	Common Stock, 28,500 shares	220,786	299,250
	Chevron Corporation	Common Stock, 2,720 shares	191,199	297,677
	Time Warner, Inc.	Common Stock, 7,666 shares	211,623	290,235
	Union Pacific Corp.	Common Stock, 2,800 shares	161,520	289,716
	Ralcorp Holdings Inc.	Common Stock, 3,710 shares	214,567	288,638
	Unilever N.V.	Common Stock, 8,700 shares	222,842	287,100
	Owens Illinois, Inc.	Common Stock, 9,200 shares	254,984	272,964
	Hospira, Inc.	Common Stock, 4,800 shares	200,838	272,304
	Bank of New York Mellon Corp.	Common Stock, 9,100 shares	254,046	264,719
	TEVA Pharmaceutical Industries	Common Stock, 5,580 shares	251,431	255,174
	DST Systems Inc.	Common Stock, 3,800 shares	148,260	187,378
	Bank of America Corp.	Common Stock, 26,400 shares	240,939	180,576
	Nexen Inc.	Common Stock, 4,600 shares	112,895	121,578
	Total		\$ 88,712,641	\$ 98,987,050

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

See independent auditors' report.

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Attachment to Form 5500, Schedule H, Item 4(j)

Schedule of Reportable Transactions for the Year Ended April 30, 2011

Employer: Harrison Medical Center

EIN: 91-0565546

Plan No.: 002

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

* Wells Fargo Short Term Investment Fund	Money market	13,910,428		13,910,428		
* Wells Fargo Short Term Investment Fund	Money market		13,910,428	13,910,428		
Vanguard Extended Market Index Fund	Registered investment company	13,910,428		13,910,428		
AXA Rosenberg Small/Mid Cap Inst. Fund	Registered investment company		13,910,428	13,002,881		907,547

Category (i) - Single Transactions by Broker in Excess of 5% of Plan Assets

AXA Rosenberg Small/Mid Cap Inst. Fund	Registered investment company		13,910,428	13,002,881		907,547
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Category (ii) - Series of Transactions by Broker in Excess of 5% of Plan Assets

AXA Rosenberg Small/Mid Cap Inst. Fund	Registered investment company		13,933,667	13,024,605		909,062
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Category (iii) - Series of Transactions by Issue in Excess of 5% of Plan Assets

* Wells Fargo Short Term Investment Fund	Money market	21,547,575		21,547,575		
* Wells Fargo Short Term Investment Fund	Money market		22,355,395	22,355,395		
Vanguard Extended Market Index Fund	Registered investment company	14,076,080		14,076,080		
AXA Rosenberg Small/Mid Cap Inst. Fund	Registered investment company		13,933,667	13,024,605		909,062

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

There were no Category (iv) reportable transactions during the year ended April 30, 2011.

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

See independent auditors' report.

Schedule SB, Line 19 — Discounted Employer Contributions

Date	Amount contributed	Plan year	Applicable effective interest rate	Discounted value of May 1, 2010
8/6/2010	\$ 600,000	2010-2011	6.56%	\$ 589,954
8/13/2010	420,000	2010-2011	6.56%	412,465
8/31/2010	340,000	2010-2011	6.56%	332,855
10/20/2010	340,000	2010-2011	6.56%	329,971
11/5/2010	340,000	2010-2011	6.56%	329,053
12/27/2010	108	2010-2011	6.56%	104
2/14/2011	600,930	2010-2011	6.56%	571,446
3/14/2011	36	2010-2011	6.56%	34
5/10/2011	880,310	2010-2011	6.56%	824,827
5/25/2011	330,000	2010-2011	6.56%	308,397
6/17/2011	330,000	2010-2011	6.56%	307,168
7/7/2011	330,000	2010-2011	6.56%	306,104
7/25/2011	330,000	2010-2011	6.56%	305,148
9/12/2011	330,000	2010-2011	6.56%	302,564
10/5/2011	330,000	2010-2011	6.56%	301,358
11/2/2011	330,000	2010-2011	6.56%	299,897
11/23/2011	330,000	2010-2011	6.56%	298,805
12/27/2011	330,000	2010-2011	6.56%	297,047
Total	\$ 6,491,384			\$ 6,117,197

Schedule SB, Line 22 — Description of Weighted Average Retirement Age

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 65.

A	B	C	D	E	F	G
	Rates of				Number of Employees Expected to Retire	
Age	Retirement	Death ¹	Disability	Lx	(Count)	Count * Age
55	0.0250	0.2034%	0.0000%	10,000	250	13,750
56	0.0250	0.2326%	0.0000%	9,730	243	13,622
57	0.0250	0.2606%	0.0000%	9,464	237	13,486
58	0.0250	0.2864%	0.0000%	9,203	230	13,344
59	0.0250	0.3137%	0.0000%	8,946	224	13,196
60	0.0250	0.3433%	0.0000%	8,694	217	13,042
61	0.0250	0.3765%	0.0000%	8,447	211	12,882
62	0.0500	0.4099%	0.0000%	8,204	410	25,433
63	0.1000	0.4463%	0.0000%	7,760	776	48,890
64	0.1500	0.4815%	0.0000%	6,950	1,042	66,717
65	0.2500	0.5166%	0.0000%	5,874	1,468	95,449
66	0.2500	0.5536%	0.0000%	4,375	1,094	72,187
67	0.1500	0.5873%	0.0000%	3,257	489	32,733
68	0.1500	0.6168%	0.0000%	2,749	412	28,043
69	0.1500	0.6473%	0.0000%	2,320	348	24,012
70	1.0000	0.6730%	0.0000%	1,957	1,957	136,987
Total					9,609	623,771
Weighted Average Retirement Age						64.916

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

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

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

Actuarial assumptions

Discount rate sponsor elections	<u>Funding</u>
Segment rates or full yield curve	Segment
Look-back months	0
First 5 years	4.26%
Next 15 years	6.56%
Over 20 years	6.70%
Mortality sponsor elections	
<ul style="list-style-type: none"> Healthy participants 	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.
Contribution balance conversion	<u>Segmented interest rates:</u> 3.23% for payments during the first 5 years, 5.25% for payments during the next 15 years and 5.81% for payments after 20 years. <u>Mortality:</u> IRS mandated table for lump sums paid during 2010, with no pre-retirement mortality assumed.
Other economic assumptions	
<ul style="list-style-type: none"> Salary increases Inflation Expected investment return Expenses 	4.50% per year 2.80% per year 7.50% per year for years 2008 through 2010 Administrative expenses will be paid by the employer.
Demographic assumptions	
Withdrawal	Termination Rate Table SOA3TSS. See table of sample rates.
Disability incidence	None assumed.

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

Retirement age	<u>Attained age</u>	<u>Percentage</u>
	Under 55	0%
	55-61	2.5%
	62	5.0%
	63	10.0%
	64	15.0%
	65-66	25.0%
	67-69	15.0%
	70	100.0%
Benefit commencement age for		
▪ Future vested deferred	65	
▪ Current vested deferred	65	
Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>
▪ Percentage married	70%	70%
▪ Spouse age difference	3 years younger	3 years older
Form of payment	<u>Active Participants:</u>	
	<ul style="list-style-type: none"> ▪ Upon termination retirement, 75% of current active participants are assumed to elect an annuity form of benefit at retirement, and 25% are assumed to elect an immediate refund of their contribution balance, with an actuarially reduced annuity form of benefit at retirement. ▪ 80% of participants who receive an annuity are assumed to elect Single Life Annuity; the remaining 20% are assumed to elect 100% Joint & Survivor Annuity. 	
	<u>Vested Terminated Participants:</u>	
	<ul style="list-style-type: none"> ▪ Current terminated vested participants, who are entitled to a deferred benefit are assumed to elect to receive their benefits as a full annuity at age 65 (which is reduced if they received a refund of contributions previously). ▪ Assume 80% of terminated vested participants elect a Single-Life Annuity and 20% elect a 100% Joint & Survivor Annuity. 	
Unpredictable contingent event assumptions	N/A	

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Table of sample rates**

Attained Age	Withdrawal
	Unisex
25	19.5%
30	15.5%
35	12.1%
40	9.4%
45	7.3%
50	5.6%
60	3.0%
65	0.0%

Schedule SB, Part V — Statement of Actuarial Assumptions/Methods**Actuarial methods****Asset methods**

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

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

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

Participant methods

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

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

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

Minimum funding methods

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

A detailed description of the calculation follows:

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

Maximum deductible contribution method

Calculations of maximum deductible contributions include the excess of the funding target computed using the projected unit credit method over the minimum funding target. The objective of the projected unit credit method is to fund each participant's benefits under the plan as they accrue, taking into consideration expected future compensation increases. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- An individual's **projected funding target** is the present value of benefits based on credited service as of the beginning of the plan year and projected compensation that would be used in the calculation of the benefit on each expected separation date. If multiple decrements are used, the projected funding target for an individual is the sum of the component projected funding targets associated with the various anticipated separation dates.
- The plan's **projected funding target** is the sum of the projected funding targets for all participants under the plan. The excess of the plan's projected funding target over the plan's funding target is included in the "cushion amount".

Schedule SB, Part V — Summary of Plan Provisions

Benefits included or excluded

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

- **Plan amendments:** Amendments adopted after the valuation date and effective during the current plan year are included in the valuation
- **IRC Section 436 benefit restrictions:** Benefit restrictions (if applicable) are ignored in this valuation.
- **Late retirement increases:**
 - *Active participants:* Current active participants over normal retirement age are valued including the late retirement actuarial increase.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Shutdown benefits:** We are not aware of any corporate actions that would create shutdown benefits; therefore, they are excluded.
- **IRC Section 415(b) and 401(a)(17) limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60 percent of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.
- **Unpredictable contingent event benefits:** It is our understanding that the plan does not have any unpredictable contingent event benefits.

Schedule SB, Part V — Summary of Plan Provisions**Summary of major plan provisions**

Effective date and plan year	Original plan: May 1, 1968 Plan year: May 1 through April 30
Status of the plan	The plan is closed to the new entrants as of January 1, 2006 and amended to cease benefit accruals for all participants as of December 31, 2010.
Type of plan	Contributory defined benefit plan.
Significant events that occurred during the year	The plan was amended to cease benefit accruals for all participants as of December 31, 2010.

Definitions

- Eligibility

May 1 or November 1 following the date employee reaches age 21 and completes 1,000 hours of service in the 12 months following the date of hire and agrees to make mandatory contributions to the plan.

On the effective dates shown below, the plan's eligibility provisions were amended for the employee groups shown. Employees who satisfied the eligibility requirements prior to those dates could choose whether to participate in the plan or begin participating in Harrison's new retirement program. Employees becoming eligible on and after those dates automatically participate in the new program.

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

- Participant contributions

2% of pay. No longer required as of December 31, 2010.

- Credited service

Years in which mandatory contributions were made to the plan and completed 1,000 hours.
Credited service accrual stopped for all participants as of December 31, 2010.

- Earnings

Employee's regular salary, wages, and contractual bonuses.
No earnings area considered after December 31, 2010.

Schedule SB, Part V — Summary of Plan Provisions

Normal retirement

- Eligibility Age 65
- Benefit For each year participant has contributed to the plan, he or she will receive 2% of the highest final average earnings over five consecutive years.

Effective December 31, 2010, the plan was amended to cease benefit accruals for all participants.

Early retirement

- Eligibility Age 55 and 10 years of service
 - Benefit Benefit accrued to termination date is reduced by 5/12 of 1% for each month by which retirement precedes age 65.
-

Late retirement

- Eligibility Retirement after age 65
 - Benefit The benefits payable are calculated the same as for normal retirement, taking into account earnings and service to the late retirement date.
Effective December 31, 2010, the plan was amended to cease benefit accruals for all participants.
The benefit will not be less than the benefit which would have been payable had the participant retired on his Normal Retirement Date, actuarially increased for late retirement.
-

Deferred vested

- Benefit A participant's accrued benefit is 100% vested after five years of service earned during plan years in which the employee works at least 1,000 hours. The participant's vested accrued benefit will be payable at age 65 or earlier, as described under early retirement benefit above. A participant's accrued benefit attributable to mandatory participant contributions is 100% vested at all times.
-

Death

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

Schedule SB, Part V — Summary of Plan Provisions

Form of benefits

- | | |
|---|---|
| ▪ Automatic form for unmarried participants | Single Life Annuity. Participants may elect to receive a mandatory contribution refund at any time after termination. |
| ▪ Automatic form for married participants | 50% Joint and Survivor Annuity. Participants may elect to receive a mandatory contribution refund at any time after termination. |
| ▪ Optional forms | Optional forms are 66 2/3%, 75%, and 100% Joint and Survivor Annuities |
| ▪ Optional form conversion factors | Actuarial equivalence for annuity options is determined based on 7% interest and the 1994 Group Annuity Reserving Table projected to 2002, blended 50% male and 50% female. |
-

Miscellaneous

- | | |
|------------------------|--|
| ▪ Maximum compensation | Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a)(17) for the calendar year in which the 12-month period begins. This limit is indexed annually. For 2010, the limit is \$245,000. |
| ▪ Maximum benefits | Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2010, the limit is \$195,000. |
-

Plan provision changes since prior valuation

- Maximum compensation and maximum benefits were updated from 2009 to 2010.
- The plan was amended to cease benefit accruals for all Participants as of December 31, 2010. Participant contributions are no longer required and no earnings are considered after December 31, 2010. This change has been reflected in the results presented herein.

Schedule SB, Line 24 — Change in Actuarial Assumptions

- Interest discounts and mortality rates were updated from 2009 to 2010 in accordance with PPA and the sponsor changed their interest rate election from full yield curve with a one month look-back to segment rates with no look-back.
- Salary scale decreased from 5.50% to 4.50% to better reflect expected future plan experience.

Schedule SB, Line 26 — Schedule of Active Participant Data

Years of credited service as of May 1, 2010										
Attained age	Under 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40 & Up
< 25										
25 - 29			6							
30 - 34		1	15	3						
35 - 39		1	29 53,605	7	2					
40 - 44		2	30 47,498	20 57,277	4	4				
45 - 49			30 50,215	31 52,321	13	6	2	2		
50 - 54			43 49,311	49 51,393	25 59,458	17	12	4		
55 - 59	1	1	35 53,030	41 49,047	32 63,962	15	21 71,020	8	2	
60 - 64		1	17	18	24 59,402	14	11	11	1	
65 - 69										
70+					1					

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is the compensation for the year ending on the valuation date limited to the 2010 401(a)(17) limit of \$245,000.

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

Schedule SB, Line 32 — Schedule of Amortization Bases

The shortfall amortization charge is the sum of the shortfall base amortization for each plan year covered under PPA. Although a shortfall base can be negative, the combined shortfall amortization charge cannot be negative.

Shortfall bases				
Year established		Outstanding balance	Years remaining	Installment
2010	\$	5,407,737	7	\$ 898,503
Total	\$	5,407,737		\$ 898,503

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Attachment to Form 5500, Schedule H, Item 4(i) Schedule of Assets Held as of April 30, 2011

Employer: Harrison Medical Center

EIN: 91-0565546

Plan No.: 002

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Artio International Equity Fund	Shares of a registered investment company, 128,892 shares	\$ 17,047,981	\$ 20,041,470
	Vanguard Extended Market Index Fund	Shares of a registered investment company, 390,940 shares	14,076,080	17,994,974
	Rainier Large Cap Core Equity Portfolio	Shares of a registered investment company, 529,173 shares	12,352,830	14,441,123
	Western Asset Core Plus Bond Portfolio	Shares of a registered investment company, 1,213,069 shares	12,581,221	13,270,969
	PIMCO Total Return Fund Institutional Shares	Shares of a registered investment company, 1,143,363 shares	12,584,151	12,611,288
	RREEF America REIT II Investment Fund	Real estate investment trust, 45,086 shares	5,416,454	3,563,609
	Lion Value Fund	Real estate investment trust, 2,289 shares	2,500,000	1,882,552
*	Wells Fargo Short Term Investment Fund	Money market fund, 931,114 shares	931,184	931,184
	Hess Corp.	Common Stock, 7,300 shares	479,442	627,508
	Apache Corporation	Common Stock, 3,700 shares	364,017	494,024
	Norfolk Southern Corporation	Common Stock, 6,300 shares	251,056	470,484
	Honeywell International	Common Stock, 7,540 shares	262,534	461,674
	MetLife Inc.	Common Stock, 9,800 shares	361,742	458,542
	Western Union	Common Stock, 20,900 shares	288,724	444,125
	Vodafone Group PLC	Common Stock, 15,200 shares	422,245	442,624
	Halliburton Co.	Common Stock, 8,700 shares	285,702	439,176
	Sprint Nextel Corp.	Common Stock, 84,700 shares	384,530	438,746
	Medtronic Inc.	Common Stock, 10,500 shares	341,007	438,375
	Abbott Labs	Common Stock, 8,300 shares	389,044	436,444
	Archer Daniels Midland Company	Common Stock, 11,700 shares	358,774	433,134
	Devon Energy Corporation	Common Stock, 4,725 shares	295,149	429,975
	Applied Materials Inc.	Common Stock, 27,200 shares	346,587	426,768
	Target Corporation	Common Stock, 8,530 shares	429,488	418,823
	National Oilwell Varco Inc. Company	Common Stock, 5,400 shares	210,333	414,126
	Flextronics International	Common Stock, 57,780 shares	411,757	402,727
	Corning Inc.	Common Stock, 18,900 shares	349,799	395,766
	Motorola Mobility Holdings Inc.	Common Stock, 14,500 shares	432,122	377,870
	Cooper Industries PLC New Ireland	Common Stock, 4,940 shares	184,108	325,793
	Baxter International Inc.	Common Stock, 5,600 shares	314,318	318,640
	CVS/Caremark Corporation	Common Stock, 8,750 shares	271,456	318,018
	KBR Inc.	Common Stock, 8,100 shares	145,695	310,797
	Aetna, Inc.	Common Stock, 7,400 shares	247,988	306,212
	Willis Group Holdings LTD	Common Stock, 7,400 shares	180,060	305,768
	Ace Limited	Common Stock, 4,545 shares	230,111	305,651
	Computer Sciences Corp.	Common Stock, 5,900 shares	299,022	300,782
	ON Semiconductor Corp.	Common Stock, 28,500 shares	220,786	299,250
	Chevron Corporation	Common Stock, 2,720 shares	191,199	297,677
	Time Warner, Inc.	Common Stock, 7,666 shares	211,623	290,235
	Union Pacific Corp.	Common Stock, 2,800 shares	161,520	289,716
	Ralcorp Holdings Inc.	Common Stock, 3,710 shares	214,567	288,638
	Unilever N.V.	Common Stock, 8,700 shares	222,842	287,100
	Owens Illinois, Inc.	Common Stock, 9,200 shares	254,984	272,964
	Hospira, Inc.	Common Stock, 4,800 shares	200,838	272,304
	Bank of New York Mellon Corp.	Common Stock, 9,100 shares	254,046	264,719
	TEVA Pharmaceutical Industries	Common Stock, 5,580 shares	251,431	255,174
	DST Systems Inc.	Common Stock, 3,800 shares	148,260	187,378
	Bank of America Corp.	Common Stock, 26,400 shares	240,939	180,576
	Nexen Inc.	Common Stock, 4,600 shares	112,895	121,578
	Total		\$ 88,712,641	\$ 98,987,050

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

See independent auditors' report.

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Attachment to Form 5500, Schedule H, Item 4(j)

Schedule of Reportable Transactions for the Year Ended April 30, 2011

Employer: Harrison Medical Center

EIN: 91-0565546

Plan No.: 002

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

* Wells Fargo Short Term Investment Fund	Money market	13,910,428		13,910,428		
* Wells Fargo Short Term Investment Fund	Money market		13,910,428	13,910,428		
Vanguard Extended Market Index Fund	Registered investment company	13,910,428		13,910,428		
AXA Rosenberg Small/Mid Cap Inst. Fund	Registered investment company		13,910,428	13,002,881		907,547

Category (i) - Single Transactions by Broker in Excess of 5% of Plan Assets

AXA Rosenberg Small/Mid Cap Inst. Fund	Registered investment company		13,910,428	13,002,881		907,547
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Category (ii) - Series of Transactions by Broker in Excess of 5% of Plan Assets

AXA Rosenberg Small/Mid Cap Inst. Fund	Registered investment company		13,933,667	13,024,605		909,062
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Category (iii) - Series of Transactions by Issue in Excess of 5% of Plan Assets

* Wells Fargo Short Term Investment Fund	Money market	21,547,575		21,547,575		
* Wells Fargo Short Term Investment Fund	Money market		22,355,395	22,355,395		
Vanguard Extended Market Index Fund	Registered investment company	14,076,080		14,076,080		
AXA Rosenberg Small/Mid Cap Inst. Fund	Registered investment company		13,933,667	13,024,605		909,062

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

There were no Category (iv) reportable transactions during the year ended April 30, 2011.

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

See independent auditors' report.

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

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

Employer: Harrison Medical Center

EIN: 91-0565546

Plan: 002

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

2010

\$30,700

See independent auditors' report.

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 05/01/2010 and ending 04/30/2011

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


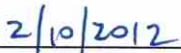
► **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

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

Part I Basic Information			
1	Enter the valuation date: Month <u>5</u> Day <u>1</u> Year <u>2010</u>		
2	Assets:		
a	Market value.....	2a	83,510,756
b	Actuarial value.....	2b	84,864,066
3	Funding target/participant count breakdown	(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	263
b	For terminated vested participants	3b	505
c	For active participants:		
	(1) Non-vested benefits.....	3c(1)	467,822
	(2) Vested benefits.....	3c(2)	44,709,599
	(3) Total active	3c(3)	612
d	Total.....	3d	1,380
4	If the plan is at-risk, check the box and complete items (a) and (b) <input type="checkbox"/>		
a	Funding target disregarding prescribed at-risk assumptions	4a	
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b	
5	Effective interest rate	5	6.56 %
6	Target normal cost	6	3,013,985

Statement by Enrolled Actuary

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

SIGN HERE	<div style="text-align: center;">  Signature of actuary </div> <div style="text-align: center;"> Brent R. Chubbs, ASA, EA, MAAA Type or print name of actuary </div> <div style="text-align: center;"> Mercer Firm name </div> <div style="text-align: center;"> 1301 Fifth Avenue, Suite 1900 Address of the firm </div> <div style="text-align: center;"> Seattle WA 98101 </div>	<div style="text-align: center;">  Date </div> <div style="text-align: center;"> 11-07082 Most recent enrollment number </div> <div style="text-align: center;"> (206) 214-3500 Telephone number (including area code) </div>
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If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐

Part II Beginning of year carryover and prefunding balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	3,018,782	0
8 Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9 Amount remaining (Item 7 minus item 8)	3,018,782	0
10 Interest on item 9 using prior year's actual return of <u>27.83</u> %	840,127	
11 Prior year's excess contributions to be added to prefunding balance:		
a Excess contributions (Item 38 from prior year)		147,107
b Interest on (a) using prior year's effective rate of <u>7.61</u> %		11,195
c Total available at beginning of current plan year to add to prefunding balance		158,302
d Portion of (c) to be added to prefunding balance		0
12 Reduction in balances due to elections or deemed elections	400,000	
13 Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	3,458,909	0

Part III Funding percentages		
14 Funding target attainment percentage	14	90.01 %
15 Adjusted funding target attainment percentage	15	90.01 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	98.40 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
06/15/2010	0	172,595	12/15/2011	990,000	0
09/15/2010	1,700,000	173,902			
12/15/2010	340,108	103,928			
03/15/2011	600,966	0			
06/15/2011	2,200,310	0			
09/15/2011	660,000	0			
Totals ▶			18(b)	6,491,384	18(c) 450,425

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

a Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	6,117,197

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of Quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.26 %	2nd segment: 6.56 %	3rd segment: 6.70 %	<input type="checkbox"/> N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	31	3,013,985
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	5,407,737	898,503
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	34	3,912,488
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	0	0
36 Additional cash requirement (item 34 minus item 35)	36	3,912,488
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	37	6,117,197
38 Interest-adjusted excess contributions for current year (see instructions)	38	2,204,709
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	39	0
40 Unpaid minimum required contribution for all years	40	0

Plan: Retirement Plan for Employees of Harrison Memorial Hospital
EIN/PN: 91-0565546/002
2010 Form 5500 – Schedule R

November 2011

Re: Retirement Plan for Employees of Harrison Memorial Hospital
IRC Section 412(d)(2) Statement of Election:
Amendment Adopted After the May 1, 2010 Valuation Date

On behalf of Harrison Medical Center., plan administrator of the Retirement Plan for Employees of Harrison Memorial Hospital, I hereby elect to treat Amendment No. 3 to the Retirement Plan for the Employees of Harrison Memorial Hospital as having been adopted on the first day of the 2010 plan year for purposes of determining the Plan's funding target and target normal cost for the May 1, 2010 valuation, in accordance with Treasury Regulation § 1.430(d)-1(d)(1)(ii) and Internal Revenue Code Section 412(d)(2).

Amendment No. 3 was effective for the plan year that ended April 30, 2011 and was adopted on December 23, 2010. The amendment does not reduce the accrued benefit of any participant determined as of the beginning of the plan year preceding the plan year in which the amendment was adopted. Further, the amendment does not reduce the accrued benefit of any participant determined as of the time of adoption of such amendment.

Harrison Medical Center

By_____