

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), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☐ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>BRAXTON COUNTY MEMORIAL HOSPITAL INC RETIREMENT SAVINGS PLAN</u>	1b Three-digit plan number (PN) ► <u>002</u> 1c Effective date of plan <u>01/01/1998</u>
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>BRAXTON COUNTY MEMORIAL HOSPITAL INC</u> <u>100 HOYLMAN DRIVE</u> <u>GASSAWAY, WV 26624</u>	2b Employer Identification Number (EIN) <u>55-0611919</u> 2c Sponsor's telephone number <u>304-364-5156</u> 2d Business code (see instructions) <u>622000</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>07/25/2012</u>	<u>BEN VINCENT</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>07/25/2012</u>	<u>BEN VINCENT</u>
	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 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") BRAXTON COUNTY MEMORIAL HOSPITAL INC 100 HOYLMAN DRIVE GASSAWAY, WV 26624	3b Administrator's EIN 55-0611919 3c Administrator's telephone number 304-364-5156
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	145
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	162
b Retired or separated participants receiving benefits.....	6b	1
c Other retired or separated participants entitled to future benefits.....	6c	34
d Subtotal. Add lines 6a , 6b , and 6c	6d	197
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	
f Total. Add lines 6d and 6e	6f	197
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	144
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	

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

2E 2F 2G 2J 2K 3D

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

9a Plan funding arrangement (check all that apply)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

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
		2011
		This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

Part I	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)

FIDELITY INV. INSTITUTIONAL CO. INC

82 DEVONSHIRE STREET
BOSTON, MA 02109

04-2647786

(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?
64 37 65		1825	Yes ☐ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV. INSTITUTIONAL CO. INC	52	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FID PURITAN</p> <p>04-2647786</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>.41%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INV. INSTITUTIONAL CO. INC</p>		
<p>(b) Service Codes (see instructions)</p> <p>52</p>		
<p>(c) Enter amount of indirect compensation</p> <p>0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FID GMNA</p> <p>04-2647786</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>.32%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INV. INSTITUTIONAL CO. INC</p>		
<p>(b) Service Codes (see instructions)</p> <p>52</p>		
<p>(c) Enter amount of indirect compensation</p> <p>0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FID CONTRAFUND</p> <p>04-2647786</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>.60%</p>		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV. INSTITUTIONAL CO. INC	52	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FID EQUITY INCOME</p> <p>04-2647786</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>.46%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INV. INSTITUTIONAL CO. INC</p>		
<p>(b) Service Codes (see instructions)</p> <p style="text-align: center;">52</p>		
<p>(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FID GROWTH COMPANY</p> <p>04-2647786</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>.61%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INV. INSTITUTIONAL CO. INC</p>		
<p>(b) Service Codes (see instructions)</p> <p style="text-align: center;">52</p>		
<p>(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FID INVST GR BD</p> <p>04-2647786</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>.32%</p>		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV. INSTITUTIONAL CO. INC	52	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FID GROWTH & INCOME</p> <p>04-2647786</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>.46%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INV. INSTITUTIONAL CO. INC</p>		
<p>(b) Service Codes (see instructions)</p> <p style="text-align: center;">52</p>		
<p>(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FID INTERMED BOND</p> <p>04-2647786</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>.32%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INV. INSTITUTIONAL CO. INC</p>		
<p>(b) Service Codes (see instructions)</p> <p style="text-align: center;">52</p>		
<p>(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FID OTC PORTFOLIO</p> <p>04-2647786</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>.71%</p>		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV. INSTITUTIONAL CO. INC	52	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FID OVERSEAS</p> <p>04-2647786</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>.46%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INV. INSTITUTIONAL CO. INC</p>		
<p>(b) Service Codes (see instructions)</p> <p>52</p>		
<p>(c) Enter amount of indirect compensation</p> <p>0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FID EUROPE</p> <p>04-2647786</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>.81%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INV. INSTITUTIONAL CO. INC</p>		
<p>(b) Service Codes (see instructions)</p> <p>52</p>		
<p>(c) Enter amount of indirect compensation</p> <p>0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FID PACIFIC BASIN</p> <p>04-2647786</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>.82%</p>		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV. INSTITUTIONAL CO. INC	52	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FID BALANCED</p> <p>04-2647786</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>.41%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INV. INSTITUTIONAL CO. INC</p>		
<p>(b) Service Codes (see instructions)</p> <p style="text-align: center;">52</p>		
<p>(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FID BLUE CHIP GROWTH</p> <p>04-2647786</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>.70%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INV. INSTITUTIONAL CO. INC</p>		
<p>(b) Service Codes (see instructions)</p> <p style="text-align: center;">52</p>		
<p>(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FID ASSET MGR 50%</p> <p>04-2647786</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>.51%</p>		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV. INSTITUTIONAL CO. INC	52	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FID DISCIPLINED EQTY</p> <p>04-2647786</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>.36%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INV. INSTITUTIONAL CO. INC</p>		
<p>(b) Service Codes (see instructions)</p> <p style="text-align: center;">52</p>		
<p>(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FID ASSET MGR 70%</p> <p>04-2647786</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>.56%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INV. INSTITUTIONAL CO. INC</p>		
<p>(b) Service Codes (see instructions)</p> <p style="text-align: center;">52</p>		
<p>(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FID FREEDOM INCOME</p> <p>04-2647786</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>.46% * 5</p>		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV. INSTITUTIONAL CO. INC	52	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FID FREEDOM 2000</p> <p>04-2647786</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>.47% * 5</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INV. INSTITUTIONAL CO. INC</p>		
<p>(b) Service Codes (see instructions)</p> <p style="text-align: center;">52</p>		
<p>(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FID FREEDOM 2010</p> <p>04-2647786</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>.62% * 5</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INV. INSTITUTIONAL CO. INC</p>		
<p>(b) Service Codes (see instructions)</p> <p style="text-align: center;">52</p>		
<p>(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FID FREEDOM 2020</p> <p>04-2647786</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>.69% * 5</p>		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV. INSTITUTIONAL CO. INC	52	0
(d) Enter name and EIN (address) of source of indirect compensation		
FID FREEDOM 2030	.75% * 5	
04-2647786		
(a) Enter service provider name as it appears on line 2		
FIDELITY INV. INSTITUTIONAL CO. INC	52	0
(d) Enter name and EIN (address) of source of indirect compensation		
FID SHORT TERM BOND	.32%	
04-2647786		
(a) Enter service provider name as it appears on line 2		
FIDELITY INV. INSTITUTIONAL CO. INC	52	0
(d) Enter name and EIN (address) of source of indirect compensation		
FIDELITY RETIRE MMKT	.42%	
04-2647786		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV. INSTITUTIONAL CO. INC	52	0
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>FIDELITY RET GOVT MM</p> <p>04-2647786</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>.42%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INV. INSTITUTIONAL CO. INC</p>		
<p>(b) Service Codes (see instructions)</p> <p style="text-align: center;">52</p>		
<p>(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>SPARTAN 500 INDEX</p> <p>04-2647786</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>.03%</p>		
<p>(a) Enter service provider name as it appears on line 2</p> <p>FIDELITY INV. INSTITUTIONAL CO. INC</p>		
<p>(b) Service Codes (see instructions)</p> <p style="text-align: center;">52</p>		
<p>(c) Enter amount of indirect compensation</p> <p style="text-align: center;">0</p>		
<p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>SPARTAN US BD INDEX</p> <p>04-2647786</p>		
<p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>.12%</p>		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV. INSTITUTIONAL CO. INC	52	0
(d) Enter name and EIN (address) of source of indirect compensation		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. FID FREEDOM 2040 .78% * 5 04-2647786		
(a) Enter service provider name as it appears on line 2		
FIDELITY INV. INSTITUTIONAL CO. INC	52	0
(d) Enter name and EIN (address) of source of indirect compensation		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. FID FREEDOM 2015 .63% * 5 04-2647786		
(a) Enter service provider name as it appears on line 2		
FIDELITY INV. INSTITUTIONAL CO. INC	52	0
(d) Enter name and EIN (address) of source of indirect compensation		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. FID FREEDOM 2025 .73% * 5 04-2647786		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV. INSTITUTIONAL CO. INC	52	0
(d) Enter name and EIN (address) of source of indirect compensation		
FID FREEDOM 2035	.77% * 5	
04-2647786		
(a) Enter service provider name as it appears on line 2		
FIDELITY INV. INSTITUTIONAL CO. INC	52	0
(d) Enter name and EIN (address) of source of indirect compensation		
FID FREEDOM 2045	.79% * 5	
04-2647786		
(a) Enter service provider name as it appears on line 2		
FIDELITY INV. INSTITUTIONAL CO. INC	52	0
(d) Enter name and EIN (address) of source of indirect compensation		
FID FREEDOM 2050	.80% * 5	
04-2647786		

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INV. INSTITUTIONAL CO. INC	52	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
FID ASSET MGR 20%	.42%	
04-2647786		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2011
		This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan BRAXTON COUNTY MEMORIAL HOSPITAL INC RETIREMENT SAVINGS PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 BRAXTON COUNTY MEMORIAL HOSPITAL INC	D Employer Identification Number (EIN) 55-0611919	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	106412	91465
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	78115	105314
(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)	2745753	2937237
(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	2930280	3134016

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	11432	10006
k Total liabilities (add all amounts in lines 1g through 1j)	1k	11432	10006

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	2918848	3124010
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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)	98436	
(B) Participants	2a(1)(B)	275158	
(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)		373594

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	3150	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3150

(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)	85008	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		85008

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		-139417
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		322335

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	112603	
(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)		112603
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	4570	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		4570
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		117173

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		205162
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: ARNETT & FOSTER, P.L.L.C (2) EIN: 55-0486667

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		4000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....		X	
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)

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

<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>2011</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
A Name of plan BRAXTON COUNTY MEMORIAL HOSPITAL INC RETIREMENT SAVINGS PLAN		B Three-digit plan number (PN) 002
C Plan sponsor's name as shown on line 2a of Form 5500 BRAXTON COUNTY MEMORIAL HOSPITAL INC		D Employer Identification Number (EIN) 55-0611919
Part I Distributions		
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 04-6568107		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3 7
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)?..... ☐ Yes ☐ No ☒ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☒ N/A		
Part III Amendments		
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☐ No		
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.		
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2011 v.012611		

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 _____

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(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

e Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents) _____

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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



INDEPENDENT AUDITOR'S REPORT

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

We were engaged to audit the accompanying statements of net assets available for benefits of Braxton County Memorial Hospital, Inc. Retirement Savings Plan (the Plan) as of December 31, 2011 and 2010 and the related statements of changes in net assets available for benefits, for the years then ended, and the supplemental schedule of assets (held at end of year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5 to the financial statements, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's assets and executes transactions. The plan administrator has obtained certifications from the trustee regarding the completeness and accuracy of the investment information summarized in Note 5 that was provided to the plan administrator by the trustee as of and for the years ended December 31, 2011 and 2010.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

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

Arnett & Foster, P. L. L. C.

Charleston, West Virginia
July 20, 2012

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

SUPPLEMENTARY INFORMATION
SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2011

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of Interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Mutual Funds:			
*	Fidelity	Puritan Fund	**	\$ 130,755
*	Fidelity	Ginnie Mae Fund	**	36,201
*	Fidelity	Contrafund	**	286,450
*	Fidelity	Equity Income Fund	**	17,941
*	Fidelity	Growth Company Fund	**	54,320
*	Fidelity	Investment Grade Bond Fund	**	18,893
*	Fidelity	Growth and Income Fund	**	24,205
*	Fidelity	Intermediate Bond	**	30,880
*	Fidelity	OTC Portfolio	**	34,311
*	Fidelity	Overseas Portfolio	**	8,495
*	Fidelity	Europe Fund	**	23,562
*	Fidelity	Pacific Basin Fund	**	9,653
*	Fidelity	Balanced Fund	**	115,644
*	Fidelity	Blue Chip Growth Fund	**	358,467
*	Fidelity	Disciplined Equity Fund	**	42,196
*	Fidelity	Asset Growth Manager 20%	**	9,275
*	Fidelity	Asset Growth Manager 50%	**	6,283
*	Fidelity	Asset Growth Manager 70%	**	131,465
*	Fidelity	Freedom Income Fund	**	3,553
*	Fidelity	Freedom 2000 Fund	**	62,568
*	Fidelity	Freedom 2010 Fund	**	171,500
*	Fidelity	Freedom 2015 Fund	**	420,428
*	Fidelity	Freedom 2020 Fund	**	215,242
*	Fidelity	Freedom 2025 Fund	**	220,263
*	Fidelity	Freedom 2030 Fund	**	110,291
*	Fidelity	Freedom 2035 Fund	**	33,260
*	Fidelity	Freedom 2040 Fund	**	96,377
*	Fidelity	Freedom 2045 Fund	**	33,401
*	Fidelity	Freedom 2050 Fund	**	204,510
*	Fidelity	Short-Term Bond Fund	**	281
*	Fidelity	Retirement Money Market Portfolio	**	17,659
*	Fidelity	Retirement Government Money Market Portfolio	**	73,806
*	Fidelity	Spartan US Equity Index Fund	**	4,885
*	Fidelity	US Bond Index Fund	**	<u>21,682</u>
				3,028,702
*	Participant Loans	Interest rate ranging from 3.25% to 8.25% and various maturity dates through December 2016	**	<u>105,314</u>
				<u>\$ 3,134,016</u>

* Denotes issuer or sponsor considered to be a party-in-interest to the Plan.

** Historical cost information is not required to be presented for participant directed investments.

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

Financial Report

December 31, 2011



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INDEPENDENT AUDITOR'S REPORT

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

We were engaged to audit the accompanying statements of net assets available for benefits of Braxton County Memorial Hospital, Inc. Retirement Savings Plan (the Plan) as of December 31, 2011 and 2010 and the related statements of changes in net assets available for benefits, for the years then ended, and the supplemental schedule of assets (held at end of year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5 to the financial statements, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's assets and executes transactions. The plan administrator has obtained certifications from the trustee regarding the completeness and accuracy of the investment information summarized in Note 5 that was provided to the plan administrator by the trustee as of and for the years ended December 31, 2011 and 2010.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, 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 United States Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

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

Arnett & Foster, P. L. L. C.

Charleston, West Virginia
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**BRAXTON COUNTY MEMORIAL HOSPITAL, INC.
RETIREMENT SAVINGS PLAN**

**STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
December 31, 2011 and 2010**

	<u>2011</u>	<u>2010</u>
ASSETS		
Investments at fair value	<u>\$ 3,028,702</u>	<u>\$ 2,852,165</u>
Notes receivable from participants	<u>105,314</u>	<u>78,115</u>
Total assets	<u>3,134,016</u>	<u>2,930,280</u>
LIABILITIES - Excess participant contributions payable	<u>10,006</u>	<u>11,432</u>
NET ASSETS AVAILABLE FOR PLAN BENEFITS	<u>\$ 3,124,010</u>	<u>\$ 2,918,848</u>

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

**STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE
FOR BENEFITS**

Years ended December 31, 2011 and 2010

	2011	2010
Additions to net assets attributable to:		
Net appreciation in fair value of investments	\$ -	\$ 300,608
Interest/dividends from investments	85,008	42,484
Interest income from notes receivable from participants	3,150	4,330
	88,158	347,422
Contributions:		
Employer	98,436	92,808
Participants	251,214	248,625
Rollover contributions	23,944	-
	373,594	341,433
Total additions	461,752	688,855
Deductions from net assets attributable to:		
Net depreciation in fair value of investments	139,417	-
Benefits paid to participants	112,603	107,486
Administrative expenses	4,570	2,020
	256,590	109,506
Total deductions	256,590	109,506
Net increase	205,162	579,349
Net assets available for benefits:		
Beginning of year	2,918,848	2,339,499
End of year	\$ 3,124,010	\$ 2,918,848

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

NOTES TO FINANCIAL STATEMENTS

Note 1. Description of Plan and Significant Accounting Policies

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

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

A member of the Braxton County Memorial Hospital, Inc. has been designated by the Plan Sponsor to administer the Plan in accordance with the Plan document under the provisions of ERISA.

Contributions: Participants may elect to defer an amount from one percent (1%) up to nineteen percent (19%) of their compensation, as defined in the Plan document, limited to the maximum allowed under the Internal Revenue Code for such plan year. Once an employee completes one year of service, the employer makes matching contributions to the Plan as prescribed by the Plan's governing documents as follows:

Length of Service of Participant	% Match of the Employee's Deferral	Limited to the first % of the Employee's Compensation
Less than 1 year	0%	0%
1 – 5 years	100%	1%
6 – 10 years	100%	2%
11 – 15 years	100%	3%
16 – 20 years	100%	4%
21 + years	100%	5%

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

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

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

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

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

NOTES TO FINANCIAL STATEMENTS

Payment of benefits: Upon retirement (normal retirement age is 59½), death, disability or other termination of employment, as defined in the Plan document, participants or their spouses and/or beneficiaries may elect to receive their account as a lump sum cash payment. Alternatively, upon termination of employment, the participant may elect to transfer his or her account balances to another qualified plan or individual retirement account. Required distributions commence no later than April 1 of the calendar year after a participant attains age 70½. Lump sum distributions will be made to terminated participants when the participant's account balance is less than \$1,000. Benefit payments are recorded upon distribution.

The Plan allows for hardship withdrawals as defined in the Plan document. The Plan Sponsor has sole authority to authorize hardship withdrawals, pursuant to the Plan specifications. Hardship withdrawals approximated \$0 and \$5,850 for the years ended December 31, 2011 and 2010, respectively.

Notes receivable from participants: Participants may borrow from their fund accounts for any purpose subject to a \$1,000 minimum and a maximum amount which is the lesser of one-half of a participant's vested account balance or \$50,000 reduced by the highest outstanding loan balance in the participant's loans during the prior twelve months. The participant's account balance serves as collateral for the loan. Loans bear interest at a rate determined by the Plan Administrator based on prevailing industry loan rates and must be repaid on a bimonthly basis over a five year period (principal residence loans over a fifteen year period) through payroll deductions.

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

Significant New Accounting Pronouncements: In January 2010, the FASB issued Accounting Standards Update No. 2010-06, "Improving Disclosures About Fair Value Measurements." The update clarifies existing disclosure and requires additional disclosures regarding fair value measurements. Effective for reporting periods beginning after December 15, 2009, the Plan is required to disclose significant transfers into and out of Level 1 and 2 measurements in the fair value hierarchy and the reasons for those transfers. Effective for reporting periods beginning after December 15, 2010, the Plan is required to provide separate disclosures about purchases, sales, issuances and settlements relating to Level 3 investment measurements. As this update only relates to financial statement disclosures, it did not have any impact on the statement of net assets available for benefits or the statement of changes in net assets available for benefits.

In May of 2011, the Financial Accounting Standards Board (FASB) issued *Fair Value Measurement (Topic 820): Amendments to Achieve Common Fair Value Measurement and Disclosure Requirements in U.S. GAAP and IFRS*. ASU 2011-04 amends Accounting Standards Codification (ASC) Section 820 to provide for common fair value measurement and disclosure requirements for financial statements in accordance with US GAAP as with those prepared under International Financial Reporting Standards. Consequently, the amendments of the ASU change the wording used to describe many of the requirements of US GAAP for measuring fair value and for disclosing information about fair value measurements. For many of the requirements, the FASB did not intend for the amendments in this ASU to result in a change in the application of the requirements in ASC Section 820. This ASU is effective on a prospective basis for fiscal years, beginning after December 15, 2011, with early adoption not permitted.

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

NOTES TO FINANCIAL STATEMENTS

Investment valuation and income recognition: The Plan's investments are stated at fair value based on quoted market prices (Note 6). Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the accrual basis and dividends are recorded on the ex-dividend date.

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

The Plan does not require collateral to secure investment instruments.

Notes receivable from participants: Loans to participants are reported as notes receivable from participants at the unpaid principal balance plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the plan document.

Operating expenses: Certain administrative expenses necessary for maintaining the Plan are paid by the Plan Sponsor and include expenses for legal, accounting, and other professional services. Further, certain administrative functions are performed by officers or employees of the Plan Sponsor at no cost to the Plan.

Subsequent events: The Plan has evaluated subsequent events through July 20, 2012, the date the financial statements were available to be issued.

Note 2. Tax Status

The Internal Revenue Service has determined and informed the Plan by a letter dated June 15, 2011 that the Plan and related amendment are designed in accordance with applicable sections of the Internal Revenue Code (IRC).

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan. Management evaluated the Plan's tax positions and concluded that the Plan had maintained its tax exempt status and had taken no uncertain tax positions that require recognition or disclosure in the financial statements. Therefore, no provision or liability for income taxes has been included in the financial statements. With few exceptions, the Plan is no longer subject to income tax examinations by the U.S. federal, state, or local tax authorities for years before 2008.

Note 3. Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to terminate the Plan subject to the provisions of ERISA.

Note 4. Related Party Transactions and Investment Administration

Parties-in-interest are defined under Department of Labor Regulations as any fiduciary of the Plan, any party rendering service to the Plan, and certain others. During 2011 and 2010, the Plan Sponsor contracted with Fidelity Management Trust Company (Fidelity) to administer the Plan assets. Administrative functions include participant account maintenance, custodial services, and participant loan services. The only fees paid to Fidelity are paid by the participant for the application of participant loans and those fees are already built into Fidelity's mutual fund structure. Also, quarterly administrative fees paid to Fidelity related to participant loans are charged to the participant's account. These fees approximated \$4,500 and \$2,000 for the years ended December 31, 2011 and 2010, respectively, and are reported in administrative expenses in the statements of changes in net assets available for benefits.

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

NOTES TO FINANCIAL STATEMENTS

Note 5. Assets Certified

The following is a summary of the Plan's asset information as of December 31, 2011 and 2010, and for the years then ended. The Plan's financial statements and supplemental schedule was prepared by or derived from information provided by the trustee and furnished to the Plan Administrator. The Plan Administrator has obtained certifications from the trustee that information provided to the Plan Administrator by the trustee related to the Plan's assets is complete and accurate. Accordingly, as permitted by 29 CFR 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA, the Plan Administrator instructed the Plan's independent auditors not to perform any auditing procedures with respect to the Plan's assets presented in the table below. Investments that represent 5% or more of the Plan's net assets are separately identified.

	December 31,	
	2011	2010
Fidelity Puritan Fund	\$ *	\$ 200,010
Fidelity Contrafund	286,450	303,567
Fidelity Blue Chip Growth Fund	358,467	439,581
Fidelity Freedom 2010 Fund	171,500	166,666
Fidelity Freedom 2015 Fund	420,428	*
Fidelity Freedom 2020 Fund	215,242	191,958
Fidelity Freedom 2025 Fund	220,263	187,754
Fidelity Freedom 2050 Fund	204,510	*
Other funds, less than 5% of net assets	1,151,842	1,362,629
Total investments	\$ 3,028,702	\$ 2,852,165
Notes receivable from participants (none in excess of 5% of net assets)	\$ 105,314	\$ 78,115

*Not in excess of 5% of net assets

Other Certified Information: During the years ended December 31, 2011, the Plan's investments depreciated by \$139,417 and during the year ended December 31, 2010, appreciated in value by \$300,608 including gains and losses on investments bought, sold and held during each year depreciated in value. Interest and dividend income was \$85,008 and \$42,484 for the years ended December 31, 2011 and 2010, respectively. Interest income on notes receivable from participants was \$3,150 and \$4,330 for the years ended December 31, 2011 and 2010, respectively.

Note 6. Fair Value Measurements

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

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

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

NOTES TO FINANCIAL STATEMENTS

Level 2: Inputs to the valuation methodology include:

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

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

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

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. There have been no changes in the methodologies used at December 31, 2011 and 2010. The following is a description of the valuation methodologies used for assets measured at fair value.

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

The following tables set forth by level, within the fair value hierarchy, the Plan's investment at fair value as of December 31, 2011 and 2010, respectively.

Assets at Fair Value as of December 31, 2011				
	Level 1	Level 2	Level 3	Total
Mutual Funds				
High total returns	\$ 1,765,635	\$ -	\$ -	\$ 1,765,635
Long-term capital growth	442,374	-	-	442,374
Capital appreciation	375,081	-	-	375,081
Income and capital growth	246,398	-	-	246,398
High level current income	199,214	-	-	199,214
Total assets at fair value	\$ 3,028,702	\$ -	\$ -	\$ 3,028,702
Assets at Fair Value as of December 31, 2010				
	Level 1	Level 2	Level 3	Total
Mutual Funds				
High total returns	\$ 1,258,780	\$ -	\$ -	\$ 1,258,780
Long-term capital growth	611,841	-	-	611,841
Capital appreciation	471,252	-	-	471,252
Income and capital growth	305,003	-	-	305,003
High level current income	205,289	-	-	205,289
Total assets at fair value	\$ 2,852,165	\$ -	\$ -	\$ 2,852,165

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

NOTES TO FINANCIAL STATEMENTS

Note 7. Risks and Uncertainties

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

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

SUPPLEMENTARY INFORMATION
SCHEDULE H, Line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
December 31, 2011

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of Interest, collateral, par or maturity value	(d) Cost	(e) Current value
	Mutual Funds:			
*	Fidelity	Puritan Fund	**	\$ 130,755
*	Fidelity	Ginnie Mae Fund	**	36,201
*	Fidelity	Contrafund	**	286,450
*	Fidelity	Equity Income Fund	**	17,941
*	Fidelity	Growth Company Fund	**	54,320
*	Fidelity	Investment Grade Bond Fund	**	18,893
*	Fidelity	Growth and Income Fund	**	24,205
*	Fidelity	Intermediate Bond	**	30,880
*	Fidelity	OTC Portfolio	**	34,311
*	Fidelity	Overseas Portfolio	**	8,495
*	Fidelity	Europe Fund	**	23,562
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*	Fidelity	Balanced Fund	**	115,644
*	Fidelity	Blue Chip Growth Fund	**	358,467
*	Fidelity	Disciplined Equity Fund	**	42,196
*	Fidelity	Asset Growth Manager 20%	**	9,275
*	Fidelity	Asset Growth Manager 50%	**	6,283
*	Fidelity	Asset Growth Manager 70%	**	131,465
*	Fidelity	Freedom Income Fund	**	3,553
*	Fidelity	Freedom 2000 Fund	**	62,568
*	Fidelity	Freedom 2010 Fund	**	171,500
*	Fidelity	Freedom 2015 Fund	**	420,428
*	Fidelity	Freedom 2020 Fund	**	215,242
*	Fidelity	Freedom 2025 Fund	**	220,263
*	Fidelity	Freedom 2030 Fund	**	110,291
*	Fidelity	Freedom 2035 Fund	**	33,260
*	Fidelity	Freedom 2040 Fund	**	96,377
*	Fidelity	Freedom 2045 Fund	**	33,401
*	Fidelity	Freedom 2050 Fund	**	204,510
*	Fidelity	Short-Term Bond Fund	**	281
*	Fidelity	Retirement Money Market Portfolio	**	17,659
*	Fidelity	Retirement Government Money Market Portfolio	**	73,806
*	Fidelity	Spartan US Equity Index Fund	**	4,885
*	Fidelity	US Bond Index Fund	**	<u>21,682</u>
				3,028,702
*	Participant Loans	Interest rate ranging from 3.25% to 8.25% and various maturity dates through December 2016	**	<u>105,314</u>
				<u>\$ 3,134,016</u>

* Denotes issuer or sponsor considered to be a party-in-interest to the Plan.

** Historical cost information is not required to be presented for participant directed investments.