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 01/01/2011 and ending 12/31/2011

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] 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:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
PROFIT SHARING PLAN FOR EMPLOYEES OF BELMONT COMMUNITY HOSPITAL

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 01/01/1990

2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan)

BELMONT COMMUNITY HOSPITAL

4697 HARRISON ST 653
BELLAIRE, OH 43906-1338

2b Employer Identification Number (EIN) 34-0714643

2c Sponsor's telephone number 740-671-1229

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/13/2012	JAMES MURDY
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
BELMONT COMMUNITY HOSPITAL

4697 HARRISON ST 653
BELLAIRE, OH 43906-1338

3b Administrator's EIN
34-0714643

3c Administrator's telephone number
740-671-1229

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**	336
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**	297
b	Retired or separated participants receiving benefits	**6b**	0
c	Other retired or separated participants entitled to future benefits	**6c**	43
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	340
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	340
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	238
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	7
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:
2E 2G 3D 3H

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

9a Plan funding arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(4)		General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

(1)		Insurance
(2)		Code section 412(e)(3) insurance contracts
(3)	X	Trust
(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)	X	**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)	X	**H** (Financial Information)
(2)		**I** (Financial Information – Small Plan)
(3)		**A** (Insurance Information)
(4)	X	**C** (Service Provider Information)
(5)		**D** (DFE/Participating Plan Information)
(6)		**G** (Financial Transaction Schedules)

SCHEDULE C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	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.**	**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
PROFIT SHARING PLAN FOR EMPLOYEES OF BELMONT COMMUNITY HOSPITAL

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BELMONT COMMUNITY HOSPITAL

D Employer Identification Number (EIN)
34-0714643

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

PNC BANK, N.A.

25-1211909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
59 60 63	TRUSTEE	0	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [X] 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
PNC BANK, N.A.	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY LIVESTRONG 2015 PO P.O. BOX 419385 KANSAS CITY, MO 64141	35 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY LIVESTRONG 2015 PO P.O. BOX 419385 KANSAS CITY, MO 64141	35 BASIS POINTS ANNUALLY-60

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY LIVESTRONG 2025 PO P.O. BOX 419385 KANSAS CITY, MO 64141	35 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY LIVESTRONG 2025 PO P.O. BOX 419385 KANSAS CITY, MO 64141	35 BASIS POINTS ANNUALLY-60

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY LIVESTRONG 2035 PO P.O. BOX 419385 KANSAS CITY, MO 64141	35 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY LIVESTRONG 2035 PO P.O. BOX 419385 KANSAS CITY, MO 64141	35 BASIS POINTS ANNUALLY-60

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY LIVESTRONG 2045 PO P.O. BOX 419385 KANSAS CITY, MO 64141	35 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY LIVESTRONG 2045 PO P.O. BOX 419385 KANSAS CITY, MO 64141	35 BASIS POINTS ANNUALLY-60

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY LIVESTRONG INCOME P.O. BOX 419385 KANSAS CITY, MO 64141	35 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN CENTURY LIVESTRONG INCOME P.O. BOX 419385 KANSAS CITY, MO 64141	35 BASIS POINTS ANNUALLY-60

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS - AMERICAN BALANCED 333 SOUTH HOPE STREET LOS ANGELES, CA 90071	10 BASIS POINTS ANNUALLY-60 50 BASIS POINTS ANNUALLY-63

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS - AMERICAN BALANCED 333 SOUTH HOPE STREET LOS ANGELES, CA 90071	10 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS - EUROPACIFIC GROWTH 333 SOUTH HOPE STREET LOS ANGELES, CA 90071	10 BASIS POINTS ANNUALLY-60 50 BASIS POINTS ANNUALLY-63

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS - EUROPACIFIC GROWTH 333 SOUTH HOPE STREET LOS ANGELES, CA 90071	10 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS - GROWTH FUND OF AME 333 SOUTH HOPE STREET LOS ANGELES, CA 90071	10 BASIS POINTS ANNUALLY-60 50 BASIS POINTS ANNUALLY-63

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS - GROWTH FUND OF AME 333 SOUTH HOPE STREET LOS ANGELES, CA 90071	10 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ARTISAN MID CAP VALUE FUND INV 875 E. WISCONSIN AVENUE, SUITE 800 MILWAUKEE, WI 53202	35 BASIS POINTS ANNUALLY-60

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BARON ASSET FUND 767 FIFTH AVENUE, 49TH FLOOR NEW YORK, NY 10153	15 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLACKROCK INDEX EQUITY FUND A 40 EAST 52ND STREET NEW YORK, NY 10022	4 BASIS POINTS ANNUALLY-60 15 BASIS POINTS ANNUALLY-63

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	59 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FEDERATED PRIME OBLIGATIONS MONEY M FEDERATED INVESTORS TOWER PITTSBURGH, PA 15222	25 BASIS POINTS ANNUALLY-59 25 BASIS POINTS ANNUALLY-63

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	59 60	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
FEDERATED TOTAL RETURN BOND FUND SS FEDERATED INVESTORS TOWER PITTSBURGH, PA 15222	25 BASIS POINTS ANNUALLY-59 5 BASIS POINTS ANNUALLY-60

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
JANUS OVERSEAS FUND S 151 DETROIT STREET DENVER, CO 80206	25 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIONEER CULLEN VALUE FUND A 60 STATE STREET FLOOR 18 BOSTON, MA 02109	30 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
PIONEER GROWTH OPPORTUNITY FUND CLA 60 STATE STREET FLOOR 18 BOSTON, MA 02109	30 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
ROYCE VALUE PLUS FUND SVC 745 5TH AVENUE, 24TH FLOOR NEW YORK, NY 10151	10 BASIS POINTS ANNUALLY-60 25 BASIS POINTS ANNUALLY-63

(a) Enter service provider name as it appears on line 2	**(b)** Service Codes (see instructions)	**(c)** Enter amount of indirect compensation
PNC BANK, N.A.	60 63	0

(d) Enter name and EIN (address) of source of indirect compensation	**(e)** Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
T. ROWE PRICE GROWTH STOCK FUND R 100 EAST PRATT STREET BALTIMORE, MD 21202	15 BASIS POINTS ANNUALLY-60 50 BASIS POINTS ANNUALLY-63

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

(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
PROFIT SHARING PLAN FOR EMPLOYEES OF BELMONT COMMUNITY HOSPITAL

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BELMONT COMMUNITY HOSPITAL

D Employer Identification Number (EIN)
34-0714643

Part I Asset and Liability Statement

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)	322166	325397
(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)		
(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)	1937590	1882839
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(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	2259756	2208236
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	2259756	2208236

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	58454	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		58454
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	1300746	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	1316197	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-15451

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-14319
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		28684
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	80204	
(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)		80204
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)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		0
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		80204
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-51520
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) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: BODKIN, WILSOM & KOZICKI, PLLC (2) EIN: 55-0526247

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.) **4a**		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.) **4b**		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.) **4c**		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.) **4d**		X	
e	Was this plan covered by a fidelity bond? **4e**	X		3000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? **4f**		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? **4g**		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? **4h**		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.) **4i**	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.) **4j**		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? **4k**		X	
l	Has the plan failed to provide any benefit when due under the plan? **4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) **4m**	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. **4n**	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)

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

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
PROFIT SHARING PLAN FOR EMPLOYEES OF BELMONT COMMUNITY HOSPITAL

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
BELMONT COMMUNITY HOSPITAL

D Employer Identification Number (EIN)
34-0714643

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 25-1211909

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3**

Part II Funding Information (If the plan is not subject to the minimum funding requirements of section of 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**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

13 Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

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

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

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

Profit Sharing Plan for Employees of Belmont Community Hospital

Financial Statements
Together with Auditor's Report
As of December 31, 2011 and 2010

BODKIN WILSON & KOZICKI PLLC
CERTIFIED PUBLIC ACCOUNTANTS

PROFIT SHARING PLAN FOR EMPLOYEES OF
BELMONT COMMUNITY HOSPITAL
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BODKIN WILSON & KOZICKI PLLC
CERTIFIED PUBLIC ACCOUNTANTS

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INDEPENDENT AUDITOR'S REPORT

To the Pension Advisory Committee of the Profit Sharing Plan
for Employees of Belmont Community Hospital:

We were engaged to audit the financial statements of the Profit Sharing Plan for Employees of Belmont Community Hospital as of December 31, 2011 and 2010, and for the years then ended, and the supplemental information as of December 31, 2011 as listed in the accompanying index. These financial statements and supplemental 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 for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by PNC Institutional Investments, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental information. We have been informed by the plan administrator that PNC Institutional Investments holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Bodkin Wilson & Kozicki PLLC

Wheeling, West Virginia,
August 10, 2012.

PROFIT SHARING PLAN FOR EMPLOYEES OF
BELMONT COMMUNITY HOSPITAL
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011 AND 2010

	2011	2010
ASSETS		
Investments		
Cash and cash equivalents	**$ 325,397**	$ 322,166
Mutual funds	**1,882,839**	1,937,590
Total investments	**2,208,236**	2,259,756
Total assets	**2,208,236**	2,259,756
LIABILITIES	**-**	-
NET ASSETS AVAILABLE FOR BENEFITS	**$ 2,208,236**	$ 2,259,756

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

PROFIT SHARING PLAN FOR EMPLOYEES OF
BELMONT COMMUNITY HOSPITAL
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

	2011	2010
ADDITIONS TO NET ASSETS		
Investment income		
Net (depreciation) appreciation in fair value of investments	**$ (29,770)**	$ 183,033
Dividend income	**58,454**	34,229
Net investment income	**28,684**	217,262
Total additions	**28,684**	217,262
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants	**80,204**	158,542
Total deductions	**80,204**	158,542
Net (decrease) increase	**(51,520)**	58,720
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	**2,259,756**	2,201,037
End of year	**$ 2,208,236**	$ 2,259,756

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

PROFIT SHARING PLAN FOR EMPLOYEES OF
BELMONT COMMUNITY HOSPITAL
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

1. Description of the Plan

The following description of the Profit Sharing Plan for Employees of Belmont Community Hospital (the Plan) provides general information. Users of these financial statements should refer to the Plan document for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution profit sharing plan covering substantially all employees of Belmont Community Hospital (the Hospital), established January 1, 1990 and most recently amended and restated on January 1, 2009. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. For the years ended December 31, 2011 and 2010, PNC Institutional Investments was the Plan trustee and third party recordkeeper.

Eligibility – Hospital employees, age twenty-one or older, are eligible to participate in the Plan after completing one year of service. One year of service is attained after the employee reaches their one year anniversary with the Hospital and has accumulated 1000 hours of service. Once eligible, an employee only needs to complete 500 hours of service each year to maintain eligibility.

Contributions – The Hospital has the option to make a discretionary contribution to the Plan each year based on its operating results. This contribution is determined by the Hospital's Board of Trustees. The Hospital did not make a contribution to the Plan in 2011 or 2010. No participant contributions are permitted under the Plan. Participants direct the investment of their contributions into various investment options offered by the Plan.

Participant Accounts – Each participant's account is credited with an allocation of the Hospital's contribution (when applicable), Plan earnings, and forfeitures of terminated participants' non vested accounts (when applicable). Allocations of contributions and forfeitures (when applicable) are based on the proportion that each participant's gross payroll earnings bears to the total of all participants' gross payroll earnings. Allocations of investment earnings are based on account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participant accounts are valued daily and earnings or losses are posted to accounts on a daily basis.

Vesting – Vested interest is determined based on the following schedule:

Years of Service	Percent Vested
Less than one	0%
One	20%
Two	40%
Three	60%
Four	80%
Five or more	100%

1. Description of Plan (Continued)

Forfeited Accounts – Forfeitures for the year 2011 will be allocated in the next year that a contribution is made. Forfeitures for the year 2010 were allocated in 2010. The amount of forfeitures were $139 and $2,902 during the years ended December 31, 2011 and 2010, respectively.

Payment of Benefits – Upon termination of service due to death, disability or retirement, a vested participant shall be immediately eligible for Plan benefits. Benefits must be taken as a lump sum distribution. Participants who are eligible to receive distribution benefits are permitted the option of keeping a balance in the Plan. The total value of deferred vested benefit payments was $392,767 and $341,374 in 2011 and 2010, respectively.

Administrative Fees – Legal and accounting fees, and certain administrative expenses relating to the maintenance of participant eligibility records are paid by the Hospital.

2. Summary of Significant Accounting Policies

Basis of Accounting – The accompanying financial statements are prepared on the accrual basis of accounting. Benefits are recorded when paid.

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

Investment Valuation and Income Recognition – Investments are recorded at fair value (Note 4). Participant accounts are valued daily and earnings or losses are posted to accounts on a daily basis. Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's realized and unrealized gains and losses on investments bought and sold, as well as held, during the year.

3. Investments

Upon enrollment in the Plan, a participant may direct contributions in designated increments to any combination of a variety of mutual funds or the Federated Prime Obligations Fund, which is considered to be a cash equivalent. As of December 31, 2011 and 2010, the Plan's investments were comprised of the following:

	December 31,	
	2011	2010
Cash and cash equivalents	$ 325,397	$ 322,166
Equity mutual funds	946,740	1,374,765
Bond mutual funds	513,685	148,934
Target mutual funds	422,414	413,891
	$ 2,208,236	$ 2,259,756

3. Investments (Continued)

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

Description	December 31, 2011	2010
American Balanced R3	$ *	$ 275,074
American Balanced R4	$ 281,500	$ *
Baron Asset Fund	$ *	$ 118,303
BlackRock Index Equity Class A	$ 229,184	$ 230,713
Federated Prime Obligation Tr	$ 325,397	$ 322,166
Livestrong 2015 Portfolio A	$ *	$ 224,579
Livestrong 2015 Portfolio Investor	$ 231,470	$ *
Livestrong 2025 Portfolio A	$ *	$ 143,081
Livestrong 2025 Portfolio Investor	$ 145,516	$ *
Livestrong Income Portfolio A	$ *	$ 398,955
Livestrong Income Portfolio Investor	$ 424,951	$ *
Federated Total Return Bond	$ *	$ 148,934
T. Rowe Growth Stock R	$ 120,915	$ *

4. Fair Value

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

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

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets that the Plan has the ability to access.

- Level 2 inputs are inputs (other than quoted prices included with level 1) that are observable for the asset, either directly or indirectly.

- Level 3 are unobservable inputs for the asset and rely on management's own assumptions about the assumptions that market participants would use in pricing the asset.

All of the Plan's investments are Level 1 as of December 31, 2011 and 2010.

5. Plan Termination

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

6. Parties-in-Interest

Parties-in-interest is defined by IRC Section 4975(e)(2) and ERISA Section 3(14)(c) to include, among others, any entity who provides services to the Plan. For the years ended December 31, 2011 and 2010, PNC Institutional Investments, the trustee and third party administrator, owned a portion of BlackRock. Therefore, investments in mutual funds managed by BlackRock are parties-in-interest. For the years ended December 31, 2011 and 2010, the amount invested in BlackRock is $229,184 and $230,713, respectively.

7. Tax Status of the Plan

The Plan uses the PNC Bank National Association Prototype document for Profit Sharing Plans, which received a favorable determination opinion from the Internal Revenue Service, (IRS), dated March 31, 2008. The Plan itself has not received a determination letter from the IRS. The prototype document has been amended and restated since receiving the prototype determination letter. However, the Plan administrator believes that the prototype document is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

The Plan is subject to routine audits by federal authorities. Income tax returns for the current year, as well as the prior three years ended December 31, 2008, 2009, and 2010 are subject to examination for generally up to three years after they are filed.

8. Information Certified by the Plan's Trustee

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

- Cash, cash equivalents, and mutual funds, as shown in the Statements of Net Assets Available for Plan Benefits as of December 31, 2011 and 2010

- Net depreciation and appreciation in fair value of investments and dividend income as shown in the Statement of Changes in Net Assets Available for Plan Benefits for the years ended December 31, 2011 and 2010

- The Schedule of Assets Held at End of Year as of December 31, 2011

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

9. Investment Risk

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

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value 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.

10. Reclassifications

Certain reclassifications have been made to prior year amounts to conform to the presentation in the current year financial statements. These reclassifications have no impact on the net assets available for benefits.

11. Classification Differences

The Form 5500 includes certain assets and liabilities that differ from amounts shown on the accompanying financial statements. These differences relate to classifications only and have no effect upon net assets available for benefits for either the year ended December 31, 2011.

12. Subsequent Events

Management has evaluated subsequent events through the date that the financial statements were issued, August 10, 2012, and determined that no events occurred that require disclosure. No subsequent events occurring after this date have been evaluated for inclusion in the financial statements.

SUPPLEMENTAL INFORMATION

PROFIT SHARING PLAN FOR EMPLOYEES OF
BELMONT COMMUNITY HOSPITAL
SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2011

FACE/ SHARES		DESCRIPTION	COST	MARKET VALUE
CASH AND EQUIVALENTS				
325,397		Federated Prime Obligation Tr	$ 325,397	$ 325,397
		Total cash and equivalents	$ 325,397	$ 325,397
MUTUAL FUNDS				
15,476		American Balanced R4	272,731	281,500
316		AM Europacific Growth R4	10,986	10,930
98		Am Growth Fund of America R4	2,740	2,796
5,392		Artisan Mid Cap Value Fund	107,134	106,216
2,372		Baron Asset Fund	132,692	108,392
9,565	*	BlackRock Index Equity Class A	253,933	229,184
7,866		Federated Total Return Bond	83,819	88,734
194		Janus Overseas Class S	6,790	6,079
20,145		Livestrong 2015 Portfolio Investor	230,299	231,470
12,544		Livestrong 2025 Portfolio Investor	144,294	145,516
3,803		Livestrong 2035 Portfolio Investor	44,471	45,103
27		Livestrong 2045 Portfolio Investor	319	324
38,702		Livestrong Income Portfolio Investor	418,069	424,951
1,753		Pioneer Cullen Value Class A	33,988	29,847
923		Pioneer Growth Opport Class A	19,496	24,547
2,195		Royce Value Plus Svc Fund	29,791	26,334
3,890		T Rowe Growth Stock R	121,582	120,916
		Total mutual funds	$ 1,913,134	$ 1,882,839
		Total investments	$ 2,238,531	$ 2,208,236

* Denotes Party-in-Interest (Note 6)

Profit Sharing Plan for Employees of Belmont Community Hospital

Financial Statements
Together with Auditor's Report
As of December 31, 2011 and 2010

BODKIN WILSON & KOZICKI PLLC
CERTIFIED PUBLIC ACCOUNTANTS

PROFIT SHARING PLAN FOR EMPLOYEES OF
BELMONT COMMUNITY HOSPITAL
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BODKIN WILSON & KOZICKI PLLC
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INDEPENDENT AUDITOR'S REPORT

To the Pension Advisory Committee of the Profit Sharing Plan
for Employees of Belmont Community Hospital:

We were engaged to audit the financial statements of the Profit Sharing Plan for Employees of Belmont Community Hospital as of December 31, 2011 and 2010, and for the years then ended, and the supplemental information as of December 31, 2011 as listed in the accompanying index. These financial statements and supplemental 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 for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by PNC Institutional Investments, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental information. We have been informed by the plan administrator that PNC Institutional Investments holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Bodkin Wilson & Kozicki PLLC

Wheeling, West Virginia,
August 10, 2012.

PROFIT SHARING PLAN FOR EMPLOYEES OF
BELMONT COMMUNITY HOSPITAL
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011 AND 2010

	2011	2010
ASSETS		
Investments		
Cash and cash equivalents	**$ 325,397**	$ 322,166
Mutual funds	**1,882,839**	1,937,590
Total investments	**2,208,236**	2,259,756
Total assets	**2,208,236**	2,259,756
LIABILITIES	**-**	-
NET ASSETS AVAILABLE FOR BENEFITS	**$ 2,208,236**	$ 2,259,756

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

PROFIT SHARING PLAN FOR EMPLOYEES OF
BELMONT COMMUNITY HOSPITAL
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

	2011	2010
ADDITIONS TO NET ASSETS		
Investment income		
Net (depreciation) appreciation in fair value of investments	**$ (29,770)**	$ 183,033
Dividend income	**58,454**	34,229
Net investment income	**28,684**	217,262
Total additions	**28,684**	217,262
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants	**80,204**	158,542
Total deductions	**80,204**	158,542
Net (decrease) increase	**(51,520)**	58,720
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	**2,259,756**	2,201,037
End of year	**$ 2,208,236**	$ 2,259,756

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

PROFIT SHARING PLAN FOR EMPLOYEES OF
BELMONT COMMUNITY HOSPITAL
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

1. Description of the Plan

The following description of the Profit Sharing Plan for Employees of Belmont Community Hospital (the Plan) provides general information. Users of these financial statements should refer to the Plan document for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution profit sharing plan covering substantially all employees of Belmont Community Hospital (the Hospital), established January 1, 1990 and most recently amended and restated on January 1, 2009. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. For the years ended December 31, 2011 and 2010, PNC Institutional Investments was the Plan trustee and third party recordkeeper.

Eligibility – Hospital employees, age twenty-one or older, are eligible to participate in the Plan after completing one year of service. One year of service is attained after the employee reaches their one year anniversary with the Hospital and has accumulated 1000 hours of service. Once eligible, an employee only needs to complete 500 hours of service each year to maintain eligibility.

Contributions – The Hospital has the option to make a discretionary contribution to the Plan each year based on its operating results. This contribution is determined by the Hospital's Board of Trustees. The Hospital did not make a contribution to the Plan in 2011 or 2010. No participant contributions are permitted under the Plan. Participants direct the investment of their contributions into various investment options offered by the Plan.

Participant Accounts – Each participant's account is credited with an allocation of the Hospital's contribution (when applicable), Plan earnings, and forfeitures of terminated participants' non vested accounts (when applicable). Allocations of contributions and forfeitures (when applicable) are based on the proportion that each participant's gross payroll earnings bears to the total of all participants' gross payroll earnings. Allocations of investment earnings are based on account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participant accounts are valued daily and earnings or losses are posted to accounts on a daily basis.

Vesting – Vested interest is determined based on the following schedule:

Years of Service	Percent Vested
Less than one	0%
One	20%
Two	40%
Three	60%
Four	80%
Five or more	100%

1. Description of Plan (Continued)

Forfeited Accounts – Forfeitures for the year 2011 will be allocated in the next year that a contribution is made. Forfeitures for the year 2010 were allocated in 2010. The amount of forfeitures were $139 and $2,902 during the years ended December 31, 2011 and 2010, respectively.

Payment of Benefits – Upon termination of service due to death, disability or retirement, a vested participant shall be immediately eligible for Plan benefits. Benefits must be taken as a lump sum distribution. Participants who are eligible to receive distribution benefits are permitted the option of keeping a balance in the Plan. The total value of deferred vested benefit payments was $392,767 and $341,374 in 2011 and 2010, respectively.

Administrative Fees – Legal and accounting fees, and certain administrative expenses relating to the maintenance of participant eligibility records are paid by the Hospital.

2. Summary of Significant Accounting Policies

Basis of Accounting – The accompanying financial statements are prepared on the accrual basis of accounting. Benefits are recorded when paid.

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

Investment Valuation and Income Recognition – Investments are recorded at fair value (Note 4). Participant accounts are valued daily and earnings or losses are posted to accounts on a daily basis. Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's realized and unrealized gains and losses on investments bought and sold, as well as held, during the year.

3. Investments

Upon enrollment in the Plan, a participant may direct contributions in designated increments to any combination of a variety of mutual funds or the Federated Prime Obligations Fund, which is considered to be a cash equivalent. As of December 31, 2011 and 2010, the Plan's investments were comprised of the following:

	December 31,	
	2011	2010
Cash and cash equivalents	$ 325,397	$ 322,166
Equity mutual funds	946,740	1,374,765
Bond mutual funds	513,685	148,934
Target mutual funds	422,414	413,891
	$ 2,208,236	$ 2,259,756

3. Investments (Continued)

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

Description	December 31, 2011	2010
American Balanced R3	$ *	$ 275,074
American Balanced R4	$ 281,500	$ *
Baron Asset Fund	$ *	$ 118,303
BlackRock Index Equity Class A	$ 229,184	$ 230,713
Federated Prime Obligation Tr	$ 325,397	$ 322,166
Livestrong 2015 Portfolio A	$ *	$ 224,579
Livestrong 2015 Portfolio Investor	$ 231,470	$ *
Livestrong 2025 Portfolio A	$ *	$ 143,081
Livestrong 2025 Portfolio Investor	$ 145,516	$ *
Livestrong Income Portfolio A	$ *	$ 398,955
Livestrong Income Portfolio Investor	$ 424,951	$ *
Federated Total Return Bond	$ *	$ 148,934
T. Rowe Growth Stock R	$ 120,915	$ *

4. Fair Value

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

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

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets that the Plan has the ability to access.

- Level 2 inputs are inputs (other than quoted prices included with level 1) that are observable for the asset, either directly or indirectly.

- Level 3 are unobservable inputs for the asset and rely on management's own assumptions about the assumptions that market participants would use in pricing the asset.

All of the Plan's investments are Level 1 as of December 31, 2011 and 2010.

5. Plan Termination

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

6. Parties-in-Interest

Parties-in-interest is defined by IRC Section 4975(e)(2) and ERISA Section 3(14)(c) to include, among others, any entity who provides services to the Plan. For the years ended December 31, 2011 and 2010, PNC Institutional Investments, the trustee and third party administrator, owned a portion of BlackRock. Therefore, investments in mutual funds managed by BlackRock are parties-in-interest. For the years ended December 31, 2011 and 2010, the amount invested in BlackRock is $229,184 and $230,713, respectively.

7. Tax Status of the Plan

The Plan uses the PNC Bank National Association Prototype document for Profit Sharing Plans, which received a favorable determination opinion from the Internal Revenue Service, (IRS), dated March 31, 2008. The Plan itself has not received a determination letter from the IRS. The prototype document has been amended and restated since receiving the prototype determination letter. However, the Plan administrator believes that the prototype document is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

The Plan is subject to routine audits by federal authorities. Income tax returns for the current year, as well as the prior three years ended December 31, 2008, 2009, and 2010 are subject to examination for generally up to three years after they are filed.

8. Information Certified by the Plan's Trustee

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

- Cash, cash equivalents, and mutual funds, as shown in the Statements of Net Assets Available for Plan Benefits as of December 31, 2011 and 2010

- Net depreciation and appreciation in fair value of investments and dividend income as shown in the Statement of Changes in Net Assets Available for Plan Benefits for the years ended December 31, 2011 and 2010

- The Schedule of Assets Held at End of Year as of December 31, 2011

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

9. Investment Risk

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

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value 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.

10. Reclassifications

Certain reclassifications have been made to prior year amounts to conform to the presentation in the current year financial statements. These reclassifications have no impact on the net assets available for benefits.

11. Classification Differences

The Form 5500 includes certain assets and liabilities that differ from amounts shown on the accompanying financial statements. These differences relate to classifications only and have no effect upon net assets available for benefits for either the year ended December 31, 2011.

12. Subsequent Events

Management has evaluated subsequent events through the date that the financial statements were issued, August 10, 2012, and determined that no events occurred that require disclosure. No subsequent events occurring after this date have been evaluated for inclusion in the financial statements.

SUPPLEMENTAL INFORMATION

PROFIT SHARING PLAN FOR EMPLOYEES OF
BELMONT COMMUNITY HOSPITAL
SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2011

FACE/ SHARES		DESCRIPTION	COST	MARKET VALUE
CASH AND EQUIVALENTS				
325,397		Federated Prime Obligation Tr	$ 325,397	$ 325,397
		Total cash and equivalents	$ 325,397	$ 325,397
MUTUAL FUNDS				
15,476		American Balanced R4	272,731	281,500
316		AM Europacific Growth R4	10,986	10,930
98		Am Growth Fund of America R4	2,740	2,796
5,392		Artisan Mid Cap Value Fund	107,134	106,216
2,372		Baron Asset Fund	132,692	108,392
9,565	*	BlackRock Index Equity Class A	253,933	229,184
7,866		Federated Total Return Bond	83,819	88,734
194		Janus Overseas Class S	6,790	6,079
20,145		Livestrong 2015 Portfolio Investor	230,299	231,470
12,544		Livestrong 2025 Portfolio Investor	144,294	145,516
3,803		Livestrong 2035 Portfolio Investor	44,471	45,103
27		Livestrong 2045 Portfolio Investor	319	324
38,702		Livestrong Income Portfolio Investor	418,069	424,951
1,753		Pioneer Cullen Value Class A	33,988	29,847
923		Pioneer Growth Opport Class A	19,496	24,547
2,195		Royce Value Plus Svc Fund	29,791	26,334
3,890		T Rowe Growth Stock R	121,582	120,916
		Total mutual funds	$ 1,913,134	$ 1,882,839
		Total investments	$ 2,238,531	$ 2,208,236

* Denotes Party-in-Interest (Note 6)

Profit Sharing Plan for Employees of Belmont Community Hospital

Financial Statements
Together with Auditor's Report
As of December 31, 2011 and 2010

BODKIN WILSON & KOZICKI PLLC
CERTIFIED PUBLIC ACCOUNTANTS

PROFIT SHARING PLAN FOR EMPLOYEES OF
BELMONT COMMUNITY HOSPITAL
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INDEPENDENT AUDITOR'S REPORT

To the Pension Advisory Committee of the Profit Sharing Plan
for Employees of Belmont Community Hospital:

We were engaged to audit the financial statements of the Profit Sharing Plan for Employees of Belmont Community Hospital as of December 31, 2011 and 2010, and for the years then ended, and the supplemental information as of December 31, 2011 as listed in the accompanying index. These financial statements and supplemental 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 for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by PNC Institutional Investments, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental information. We have been informed by the plan administrator that PNC Institutional Investments holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Bodkin Wilson & Kozicki PLLC

Wheeling, West Virginia,
August 10, 2012.

PROFIT SHARING PLAN FOR EMPLOYEES OF
BELMONT COMMUNITY HOSPITAL
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011 AND 2010

	2011	2010
ASSETS		
Investments		
Cash and cash equivalents	**$ 325,397**	$ 322,166
Mutual funds	**1,882,839**	1,937,590
Total investments	**2,208,236**	2,259,756
Total assets	**2,208,236**	2,259,756
LIABILITIES	**-**	-
NET ASSETS AVAILABLE FOR BENEFITS	**$ 2,208,236**	$ 2,259,756

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

PROFIT SHARING PLAN FOR EMPLOYEES OF
BELMONT COMMUNITY HOSPITAL
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

	2011	2010
ADDITIONS TO NET ASSETS		
Investment income		
Net (depreciation) appreciation in fair value of investments	**$ (29,770)**	$ 183,033
Dividend income	**58,454**	34,229
Net investment income	**28,684**	217,262
Total additions	**28,684**	217,262
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants	**80,204**	158,542
Total deductions	**80,204**	158,542
Net (decrease) increase	**(51,520)**	58,720
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	**2,259,756**	2,201,037
End of year	**$ 2,208,236**	$ 2,259,756

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

PROFIT SHARING PLAN FOR EMPLOYEES OF
BELMONT COMMUNITY HOSPITAL
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

1. Description of the Plan

The following description of the Profit Sharing Plan for Employees of Belmont Community Hospital (the Plan) provides general information. Users of these financial statements should refer to the Plan document for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution profit sharing plan covering substantially all employees of Belmont Community Hospital (the Hospital), established January 1, 1990 and most recently amended and restated on January 1, 2009. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. For the years ended December 31, 2011 and 2010, PNC Institutional Investments was the Plan trustee and third party recordkeeper.

Eligibility – Hospital employees, age twenty-one or older, are eligible to participate in the Plan after completing one year of service. One year of service is attained after the employee reaches their one year anniversary with the Hospital and has accumulated 1000 hours of service. Once eligible, an employee only needs to complete 500 hours of service each year to maintain eligibility.

Contributions – The Hospital has the option to make a discretionary contribution to the Plan each year based on its operating results. This contribution is determined by the Hospital's Board of Trustees. The Hospital did not make a contribution to the Plan in 2011 or 2010. No participant contributions are permitted under the Plan. Participants direct the investment of their contributions into various investment options offered by the Plan.

Participant Accounts – Each participant's account is credited with an allocation of the Hospital's contribution (when applicable), Plan earnings, and forfeitures of terminated participants' non vested accounts (when applicable). Allocations of contributions and forfeitures (when applicable) are based on the proportion that each participant's gross payroll earnings bears to the total of all participants' gross payroll earnings. Allocations of investment earnings are based on account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participant accounts are valued daily and earnings or losses are posted to accounts on a daily basis.

Vesting – Vested interest is determined based on the following schedule:

Years of Service	Percent Vested
Less than one	0%
One	20%
Two	40%
Three	60%
Four	80%
Five or more	100%

1. Description of Plan (Continued)

Forfeited Accounts – Forfeitures for the year 2011 will be allocated in the next year that a contribution is made. Forfeitures for the year 2010 were allocated in 2010. The amount of forfeitures were $139 and $2,902 during the years ended December 31, 2011 and 2010, respectively.

Payment of Benefits – Upon termination of service due to death, disability or retirement, a vested participant shall be immediately eligible for Plan benefits. Benefits must be taken as a lump sum distribution. Participants who are eligible to receive distribution benefits are permitted the option of keeping a balance in the Plan. The total value of deferred vested benefit payments was $392,767 and $341,374 in 2011 and 2010, respectively.

Administrative Fees – Legal and accounting fees, and certain administrative expenses relating to the maintenance of participant eligibility records are paid by the Hospital.

2. Summary of Significant Accounting Policies

Basis of Accounting – The accompanying financial statements are prepared on the accrual basis of accounting. Benefits are recorded when paid.

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

Investment Valuation and Income Recognition – Investments are recorded at fair value (Note 4). Participant accounts are valued daily and earnings or losses are posted to accounts on a daily basis. Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's realized and unrealized gains and losses on investments bought and sold, as well as held, during the year.

3. Investments

Upon enrollment in the Plan, a participant may direct contributions in designated increments to any combination of a variety of mutual funds or the Federated Prime Obligations Fund, which is considered to be a cash equivalent. As of December 31, 2011 and 2010, the Plan's investments were comprised of the following:

	December 31,	
	2011	2010
Cash and cash equivalents	$ 325,397	$ 322,166
Equity mutual funds	946,740	1,374,765
Bond mutual funds	513,685	148,934
Target mutual funds	422,414	413,891
	$ 2,208,236	$ 2,259,756

3. Investments (Continued)

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

Description	December 31, 2011	2010
American Balanced R3	$ *	$ 275,074
American Balanced R4	$ 281,500	$ *
Baron Asset Fund	$ *	$ 118,303
BlackRock Index Equity Class A	$ 229,184	$ 230,713
Federated Prime Obligation Tr	$ 325,397	$ 322,166
Livestrong 2015 Portfolio A	$ *	$ 224,579
Livestrong 2015 Portfolio Investor	$ 231,470	$ *
Livestrong 2025 Portfolio A	$ *	$ 143,081
Livestrong 2025 Portfolio Investor	$ 145,516	$ *
Livestrong Income Portfolio A	$ *	$ 398,955
Livestrong Income Portfolio Investor	$ 424,951	$ *
Federated Total Return Bond	$ *	$ 148,934
T. Rowe Growth Stock R	$ 120,915	$ *

4. Fair Value

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

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

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets that the Plan has the ability to access.

- Level 2 inputs are inputs (other than quoted prices included with level 1) that are observable for the asset, either directly or indirectly.

- Level 3 are unobservable inputs for the asset and rely on management's own assumptions about the assumptions that market participants would use in pricing the asset.

All of the Plan's investments are Level 1 as of December 31, 2011 and 2010.

5. Plan Termination

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

6. Parties-in-Interest

Parties-in-interest is defined by IRC Section 4975(e)(2) and ERISA Section 3(14)(c) to include, among others, any entity who provides services to the Plan. For the years ended December 31, 2011 and 2010, PNC Institutional Investments, the trustee and third party administrator, owned a portion of BlackRock. Therefore, investments in mutual funds managed by BlackRock are parties-in-interest. For the years ended December 31, 2011 and 2010, the amount invested in BlackRock is $229,184 and $230,713, respectively.

7. Tax Status of the Plan

The Plan uses the PNC Bank National Association Prototype document for Profit Sharing Plans, which received a favorable determination opinion from the Internal Revenue Service, (IRS), dated March 31, 2008. The Plan itself has not received a determination letter from the IRS. The prototype document has been amended and restated since receiving the prototype determination letter. However, the Plan administrator believes that the prototype document is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

The Plan is subject to routine audits by federal authorities. Income tax returns for the current year, as well as the prior three years ended December 31, 2008, 2009, and 2010 are subject to examination for generally up to three years after they are filed.

8. Information Certified by the Plan's Trustee

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

- Cash, cash equivalents, and mutual funds, as shown in the Statements of Net Assets Available for Plan Benefits as of December 31, 2011 and 2010

- Net depreciation and appreciation in fair value of investments and dividend income as shown in the Statement of Changes in Net Assets Available for Plan Benefits for the years ended December 31, 2011 and 2010

- The Schedule of Assets Held at End of Year as of December 31, 2011

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

9. Investment Risk

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

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value 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.

10. Reclassifications

Certain reclassifications have been made to prior year amounts to conform to the presentation in the current year financial statements. These reclassifications have no impact on the net assets available for benefits.

11. Classification Differences

The Form 5500 includes certain assets and liabilities that differ from amounts shown on the accompanying financial statements. These differences relate to classifications only and have no effect upon net assets available for benefits for either the year ended December 31, 2011.

12. Subsequent Events

Management has evaluated subsequent events through the date that the financial statements were issued, August 10, 2012, and determined that no events occurred that require disclosure. No subsequent events occurring after this date have been evaluated for inclusion in the financial statements.

SUPPLEMENTAL INFORMATION

PROFIT SHARING PLAN FOR EMPLOYEES OF
BELMONT COMMUNITY HOSPITAL
SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2011

FACE/ SHARES		DESCRIPTION	COST	MARKET VALUE
CASH AND EQUIVALENTS				
325,397		Federated Prime Obligation Tr	$ 325,397	$ 325,397
		Total cash and equivalents	$ 325,397	$ 325,397
MUTUAL FUNDS				
15,476		American Balanced R4	272,731	281,500
316		AM Europacific Growth R4	10,986	10,930
98		Am Growth Fund of America R4	2,740	2,796
5,392		Artisan Mid Cap Value Fund	107,134	106,216
2,372		Baron Asset Fund	132,692	108,392
9,565	*	BlackRock Index Equity Class A	253,933	229,184
7,866		Federated Total Return Bond	83,819	88,734
194		Janus Overseas Class S	6,790	6,079
20,145		Livestrong 2015 Portfolio Investor	230,299	231,470
12,544		Livestrong 2025 Portfolio Investor	144,294	145,516
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923		Pioneer Growth Opport Class A	19,496	24,547
2,195		Royce Value Plus Svc Fund	29,791	26,334
3,890		T Rowe Growth Stock R	121,582	120,916
		Total mutual funds	$ 1,913,134	$ 1,882,839
		Total investments	$ 2,238,531	$ 2,208,236

* Denotes Party-in-Interest (Note 6)

Profit Sharing Plan for Employees of Belmont Community Hospital

Financial Statements
Together with Auditor's Report
As of December 31, 2011 and 2010

BODKIN WILSON & KOZICKI PLLC
CERTIFIED PUBLIC ACCOUNTANTS

PROFIT SHARING PLAN FOR EMPLOYEES OF
BELMONT COMMUNITY HOSPITAL
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INDEPENDENT AUDITOR'S REPORT

To the Pension Advisory Committee of the Profit Sharing Plan
for Employees of Belmont Community Hospital:

We were engaged to audit the financial statements of the Profit Sharing Plan for Employees of Belmont Community Hospital as of December 31, 2011 and 2010, and for the years then ended, and the supplemental information as of December 31, 2011 as listed in the accompanying index. These financial statements and supplemental 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 for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 8, which was certified by PNC Institutional Investments, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental information. We have been informed by the plan administrator that PNC Institutional Investments holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

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

Bodkin Wilson & Kozicki PLLC

Wheeling, West Virginia,
August 10, 2012.

PROFIT SHARING PLAN FOR EMPLOYEES OF
BELMONT COMMUNITY HOSPITAL
STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
DECEMBER 31, 2011 AND 2010

	2011	2010
ASSETS		
Investments		
Cash and cash equivalents	**$ 325,397**	$ 322,166
Mutual funds	**1,882,839**	1,937,590
Total investments	**2,208,236**	2,259,756
Total assets	**2,208,236**	2,259,756
LIABILITIES	**-**	-
NET ASSETS AVAILABLE FOR BENEFITS	**$ 2,208,236**	$ 2,259,756

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

PROFIT SHARING PLAN FOR EMPLOYEES OF
BELMONT COMMUNITY HOSPITAL
STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
FOR THE YEARS ENDED DECEMBER 31, 2011 AND 2010

	2011	2010
ADDITIONS TO NET ASSETS		
Investment income		
Net (depreciation) appreciation in fair value of investments	**$ (29,770)**	$ 183,033
Dividend income	**58,454**	34,229
Net investment income	**28,684**	217,262
Total additions	**28,684**	217,262
DEDUCTIONS FROM NET ASSETS		
Benefits paid to participants	**80,204**	158,542
Total deductions	**80,204**	158,542
Net (decrease) increase	**(51,520)**	58,720
NET ASSETS AVAILABLE FOR BENEFITS		
Beginning of year	**2,259,756**	2,201,037
End of year	**$ 2,208,236**	$ 2,259,756

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

PROFIT SHARING PLAN FOR EMPLOYEES OF
BELMONT COMMUNITY HOSPITAL
NOTES TO FINANCIAL STATEMENTS
DECEMBER 31, 2011 AND 2010

1. Description of the Plan

The following description of the Profit Sharing Plan for Employees of Belmont Community Hospital (the Plan) provides general information. Users of these financial statements should refer to the Plan document for a more complete description of the Plan's provisions.

General – The Plan is a defined contribution profit sharing plan covering substantially all employees of Belmont Community Hospital (the Hospital), established January 1, 1990 and most recently amended and restated on January 1, 2009. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. For the years ended December 31, 2011 and 2010, PNC Institutional Investments was the Plan trustee and third party recordkeeper.

Eligibility – Hospital employees, age twenty-one or older, are eligible to participate in the Plan after completing one year of service. One year of service is attained after the employee reaches their one year anniversary with the Hospital and has accumulated 1000 hours of service. Once eligible, an employee only needs to complete 500 hours of service each year to maintain eligibility.

Contributions – The Hospital has the option to make a discretionary contribution to the Plan each year based on its operating results. This contribution is determined by the Hospital's Board of Trustees. The Hospital did not make a contribution to the Plan in 2011 or 2010. No participant contributions are permitted under the Plan. Participants direct the investment of their contributions into various investment options offered by the Plan.

Participant Accounts – Each participant's account is credited with an allocation of the Hospital's contribution (when applicable), Plan earnings, and forfeitures of terminated participants' non vested accounts (when applicable). Allocations of contributions and forfeitures (when applicable) are based on the proportion that each participant's gross payroll earnings bears to the total of all participants' gross payroll earnings. Allocations of investment earnings are based on account balances. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account. Participant accounts are valued daily and earnings or losses are posted to accounts on a daily basis.

Vesting – Vested interest is determined based on the following schedule:

Years of Service	Percent Vested
Less than one	0%
One	20%
Two	40%
Three	60%
Four	80%
Five or more	100%

1. Description of Plan (Continued)

Forfeited Accounts – Forfeitures for the year 2011 will be allocated in the next year that a contribution is made. Forfeitures for the year 2010 were allocated in 2010. The amount of forfeitures were $139 and $2,902 during the years ended December 31, 2011 and 2010, respectively.

Payment of Benefits – Upon termination of service due to death, disability or retirement, a vested participant shall be immediately eligible for Plan benefits. Benefits must be taken as a lump sum distribution. Participants who are eligible to receive distribution benefits are permitted the option of keeping a balance in the Plan. The total value of deferred vested benefit payments was $392,767 and $341,374 in 2011 and 2010, respectively.

Administrative Fees – Legal and accounting fees, and certain administrative expenses relating to the maintenance of participant eligibility records are paid by the Hospital.

2. Summary of Significant Accounting Policies

Basis of Accounting – The accompanying financial statements are prepared on the accrual basis of accounting. Benefits are recorded when paid.

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

Investment Valuation and Income Recognition – Investments are recorded at fair value (Note 4). Participant accounts are valued daily and earnings or losses are posted to accounts on a daily basis. Purchases and sales of securities are recorded on a trade date basis. Dividends are recorded on the ex-dividend date. Net appreciation or depreciation includes the Plan's realized and unrealized gains and losses on investments bought and sold, as well as held, during the year.

3. Investments

Upon enrollment in the Plan, a participant may direct contributions in designated increments to any combination of a variety of mutual funds or the Federated Prime Obligations Fund, which is considered to be a cash equivalent. As of December 31, 2011 and 2010, the Plan's investments were comprised of the following:

	December 31,	
	2011	2010
Cash and cash equivalents	$ 325,397	$ 322,166
Equity mutual funds	946,740	1,374,765
Bond mutual funds	513,685	148,934
Target mutual funds	422,414	413,891
	$ 2,208,236	$ 2,259,756

3. Investments (Continued)

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

Description	December 31, 2011	2010
American Balanced R3	$ *	$ 275,074
American Balanced R4	$ 281,500	$ *
Baron Asset Fund	$ *	$ 118,303
BlackRock Index Equity Class A	$ 229,184	$ 230,713
Federated Prime Obligation Tr	$ 325,397	$ 322,166
Livestrong 2015 Portfolio A	$ *	$ 224,579
Livestrong 2015 Portfolio Investor	$ 231,470	$ *
Livestrong 2025 Portfolio A	$ *	$ 143,081
Livestrong 2025 Portfolio Investor	$ 145,516	$ *
Livestrong Income Portfolio A	$ *	$ 398,955
Livestrong Income Portfolio Investor	$ 424,951	$ *
Federated Total Return Bond	$ *	$ 148,934
T. Rowe Growth Stock R	$ 120,915	$ *

4. Fair Value

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

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

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets that the Plan has the ability to access.

- Level 2 inputs are inputs (other than quoted prices included with level 1) that are observable for the asset, either directly or indirectly.

- Level 3 are unobservable inputs for the asset and rely on management's own assumptions about the assumptions that market participants would use in pricing the asset.

All of the Plan's investments are Level 1 as of December 31, 2011 and 2010.

5. Plan Termination

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

6. Parties-in-Interest

Parties-in-interest is defined by IRC Section 4975(e)(2) and ERISA Section 3(14)(c) to include, among others, any entity who provides services to the Plan. For the years ended December 31, 2011 and 2010, PNC Institutional Investments, the trustee and third party administrator, owned a portion of BlackRock. Therefore, investments in mutual funds managed by BlackRock are parties-in-interest. For the years ended December 31, 2011 and 2010, the amount invested in BlackRock is $229,184 and $230,713, respectively.

7. Tax Status of the Plan

The Plan uses the PNC Bank National Association Prototype document for Profit Sharing Plans, which received a favorable determination opinion from the Internal Revenue Service, (IRS), dated March 31, 2008. The Plan itself has not received a determination letter from the IRS. The prototype document has been amended and restated since receiving the prototype determination letter. However, the Plan administrator believes that the prototype document is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code.

The Plan is subject to routine audits by federal authorities. Income tax returns for the current year, as well as the prior three years ended December 31, 2008, 2009, and 2010 are subject to examination for generally up to three years after they are filed.

8. Information Certified by the Plan's Trustee

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

- Cash, cash equivalents, and mutual funds, as shown in the Statements of Net Assets Available for Plan Benefits as of December 31, 2011 and 2010

- Net depreciation and appreciation in fair value of investments and dividend income as shown in the Statement of Changes in Net Assets Available for Plan Benefits for the years ended December 31, 2011 and 2010

- The Schedule of Assets Held at End of Year as of December 31, 2011

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

9. Investment Risk

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

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the value 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.

10. Reclassifications

Certain reclassifications have been made to prior year amounts to conform to the presentation in the current year financial statements. These reclassifications have no impact on the net assets available for benefits.

11. Classification Differences

The Form 5500 includes certain assets and liabilities that differ from amounts shown on the accompanying financial statements. These differences relate to classifications only and have no effect upon net assets available for benefits for either the year ended December 31, 2011.

12. Subsequent Events

Management has evaluated subsequent events through the date that the financial statements were issued, August 10, 2012, and determined that no events occurred that require disclosure. No subsequent events occurring after this date have been evaluated for inclusion in the financial statements.

SUPPLEMENTAL INFORMATION

PROFIT SHARING PLAN FOR EMPLOYEES OF
BELMONT COMMUNITY HOSPITAL
SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2011

FACE/ SHARES		DESCRIPTION	COST	MARKET VALUE
CASH AND EQUIVALENTS				
325,397		Federated Prime Obligation Tr	$ 325,397	$ 325,397
		Total cash and equivalents	$ 325,397	$ 325,397
MUTUAL FUNDS				
15,476		American Balanced R4	272,731	281,500
316		AM Europacific Growth R4	10,986	10,930
98		Am Growth Fund of America R4	2,740	2,796
5,392		Artisan Mid Cap Value Fund	107,134	106,216
2,372		Baron Asset Fund	132,692	108,392
9,565	*	BlackRock Index Equity Class A	253,933	229,184
7,866		Federated Total Return Bond	83,819	88,734
194		Janus Overseas Class S	6,790	6,079
20,145		Livestrong 2015 Portfolio Investor	230,299	231,470
12,544		Livestrong 2025 Portfolio Investor	144,294	145,516
3,803		Livestrong 2035 Portfolio Investor	44,471	45,103
27		Livestrong 2045 Portfolio Investor	319	324
38,702		Livestrong Income Portfolio Investor	418,069	424,951
1,753		Pioneer Cullen Value Class A	33,988	29,847
923		Pioneer Growth Opport Class A	19,496	24,547
2,195		Royce Value Plus Svc Fund	29,791	26,334
3,890		T Rowe Growth Stock R	121,582	120,916
		Total mutual funds	$ 1,913,134	$ 1,882,839
		Total investments	$ 2,238,531	$ 2,208,236

* Denotes Party-in-Interest (Note 6)