

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>11/01/2010</u> and ending <u>10/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>BELL MEMORIAL HOSPITAL NON-UNION PENSION PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>11/01/1959</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>11/01/1959</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>11/01/1959</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>BELL MEMORIAL HOSPITAL</u> <u>901 LAKESHORE DRIVE</u> <u>ISHPEMING, MI 49849-2151</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>38-1394903</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>906-486-4431</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>38-1394903</u>	2c Sponsor's telephone number <u>906-486-4431</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>38-1394903</u>					
2c Sponsor's telephone number <u>906-486-4431</u>					
2d Business code (see instructions) <u>622000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	08/15/2012	KAREN LASSILA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") BELL MEMORIAL HOSPITAL 901 LAKESHORE DRIVE ISHPEMING, MI 49849-2151	3b Administrator's EIN 38-1394903 3c Administrator's telephone number 906-486-4431
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	246
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	69
b Retired or separated participants receiving benefits.....	6b	61
c Other retired or separated participants entitled to future benefits.....	6c	105
d Subtotal. Add lines 6a , 6b , and 6c	6d	235
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	3
f Total. Add lines 6d and 6e	6f	238
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	0

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

1A 1G 1I

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

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 11/01/2010 and ending 10/31/2011

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

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

A Name of plan <u>BELL MEMORIAL HOSPITAL NON-UNION PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>BELL MEMORIAL HOSPITAL</u>	D Employer Identification Number (EIN) <u>38-1394903</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1	Enter the valuation date: Month <u>11</u> Day <u>01</u> Year <u>2010</u>
2	Assets:
a	Market value 2a <u>7074431</u>
b	Actuarial value 2b <u>6498141</u>
3	Funding target/participant count breakdown
	(1) Number of participants (2) Funding Target
a	For retired participants and beneficiaries receiving payment 3a <u>67</u> <u>3066500</u>
b	For terminated vested participants 3b <u>104</u> <u>2324660</u>
c	For active participants:
(1)	Non-vested benefits 3c(1) <u>130649</u>
(2)	Vested benefits 3c(2) <u>3255905</u>
(3)	Total active 3c(3) <u>75</u> <u>3386554</u>
d	Total 3d <u>246</u> <u>8777714</u>
4	If the plan is at-risk, check the box and complete items (a) and (b) ☐
a	Funding target disregarding prescribed at-risk assumptions 4a
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor 4b
5	Effective interest rate 5 <u>6.46</u> %
6	Target normal cost 6 <u>0</u>

Statement by Enrolled Actuary

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

SIGN HERE	<u>07/17/2012</u>
Signature of actuary <u>WESLEY J. WICKENHEISER, FSA,EA,MAAA</u>	Date <u>11-06598</u>
Type or print name of actuary <u>BPS&M, LLC</u>	Most recent enrollment number <u>502-244-7828</u>
Firm name <u>11807 BRINLEY AVENUE, SUITE 101</u> <u>LOUISVILLE, KY 40243-1090</u>	Telephone number (including area code)
Address of the firm	

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

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

Schedule SB (Form 5500) 2010
v.092308.1

Part II Beginning of year carryover and prefunding balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	243627	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	177147	0
9	Amount remaining (Item 7 minus item 8).....	66480	0
10	Interest on item 9 using prior year's actual return of <u>16.99</u> %	11295	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.73</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12).....	77775	0

Part III Funding percentages			
14	Funding target attainment percentage.....	14	73.14 %
15	Adjusted funding target attainment percentage.....	15	73.14 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	84.26 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and liquidity shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/13/2011	10887				
08/16/2011	44287				
11/15/2011	44287				
07/13/2012	200443				
			Totals ►	18(b) 299904	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:	
a Contributions allocated toward unpaid minimum required contribution from prior years.....	19a 0
b Contributions made to avoid restrictions adjusted to valuation date	19b 0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c 274403
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☒ No
c If 20a is "Yes," see instructions and complete the following table as applicable:	
Liquidity shortfall as of end of Quarter of this plan year	
(1) 1st	(2) 2nd
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.05 %	2nd segment: 6.47 %	3rd segment: 6.65 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2006239	352116
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33).....	34	352116
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	77775	0
36 Additional cash requirement (item 34 minus item 35).....	36	274341
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	274403
38 Interest-adjusted excess contributions for current year (see instructions).....	38	62
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2010
		This Form is Open to Public Inspection.
For calendar plan year 2010 or fiscal plan year beginning 11/01/2010 and ending 10/31/2011		
A Name of plan BELL MEMORIAL HOSPITAL NON-UNION PENSION PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 BELL MEMORIAL HOSPITAL	D Employer Identification Number (EIN) 38-1394903	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FEDERATED
25-1111467

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
GOLDMAN SACHS
13-5108880

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
HARBOR
04-2679462

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
INVESCO AIM
76-0528004

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

JANUS

43-1804048

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

JP MORGAN

13-2624428

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

MAINSTAY

52-2206685

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

METROPOLITAN WEST FUNDS

95-4597302

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

MFS

04-2747644

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

T ROWE PRICE

52-2264646

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

THORNBURG

85-0301299

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

WELLS FARGO ADVANTAGE

41-0449260

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 ☐

(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
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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: <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

For calendar plan year 2010 or fiscal plan year beginning **11/01/2010** and ending **10/31/2011**

A Name of plan BELL MEMORIAL HOSPITAL NON-UNION PENSION PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 BELL MEMORIAL HOSPITAL		
D Employer Identification Number (EIN) 38-1394903		

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	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	244730
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	2114	1541
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	80680	197813
(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)	6991637	7011643
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	7074431	7455727

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	7074431	7455727
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	299904	
(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)		299904

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	101	
(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)		101

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	96826	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		96826

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	319674	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	319674	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

		(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)		299982
c Other income.....	2c		15267
d Total income. Add all income amounts in column (b) and enter total.....	2d		712080

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	315639	
(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)		315639
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)	15145	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		15145
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		330784

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		381296
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: WIPFLI LLP

(2) EIN: 39-0758449

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

5b(1) Name of plan(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 11/01/2010 and ending 10/31/2011

A Name of plan <u>BELL MEMORIAL HOSPITAL NON-UNION PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BELL MEMORIAL HOSPITAL</u>	D Employer Identification Number (EIN) <u>38-1394903</u>

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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>38-2011528</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
----------------	--

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

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
--	-----------------------------------	-----------------------------------	-------------------------------	--

Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
----------------	---

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

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

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

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

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

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

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

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

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

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

Bell Memorial Hospital Non-Union Pension Plan

Ishpeming, Michigan

Financial Statements and Supplemental Schedules

Years Ended October 31, 2011 and 2010

Bell Memorial Hospital Non-Union Pension Plan

Financial Statements and Supplemental Schedules

Years Ended October 31, 2011 and 2010

Table of Contents

Independent Auditor's Report.....	1
Financial Statements	
Statements of Net Assets Available for Benefits.....	2
Statements of Changes in Net Assets Available for Benefits	3
Statement of Accumulated Plan Benefits	4
Statement of Changes in Accumulated Plan Benefits.....	5
Notes to Financial Statements.....	6
Supplemental Schedules	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)	19
Schedule H, Line 4j - Schedule of Reportable Transactions.....	20



Independent Auditor's Report

Plan Administrator
Bell Memorial Hospital Non-Union Pension Plan
Ishpeming, Michigan

We were engaged to audit the accompanying statements of net assets available for benefits of Bell Memorial Hospital Non-Union Pension Plan as of October 31, 2011 and 2010, the related statements of changes in net assets available for benefits for the years then ended, the statement of accumulated plan benefits as of October 31, 2010, the statement of changes in accumulated plan benefits for the year ended October 31, 2010, and the supplemental schedules of Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of October 31, 2011, and Schedule H, Line 4j - Schedule of Reportable Transactions for the year ended October 31, 2011. These financial statements and supplemental schedules 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 5, which was certified by Wells Fargo Bank, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of and for the years ended October 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 these accompanying financial statements and supplemental schedules as a whole. The supplemental schedules are presented for the purposes of additional analysis and are not a required part of the financial statements but are 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 schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Wipfli LLP

Wipfli LLP

August 14, 2012
469 Security Blvd.
Green Bay, Wisconsin 54313

Bell Memorial Hospital Non-Union Pension Plan

Statements of Net Assets Available for Benefits

October 31, 2011 and 2010

	2011	2010
<i>Assets</i>		
Investments, at fair value:		
Money market fund	\$197,813	\$80,680
Mutual funds	7,011,643	6,991,637
Total investments, at fair value	7,209,456	7,072,317
Receivables:		
Employer contributions	244,730	0
Interest and dividends	1,541	2,114
Total receivables	246,271	2,114
Net assets available for benefits	\$7,455,727	\$7,074,431

Bell Memorial Hospital Non-Union Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended October 31, 2011 and 2010

	2011	2010
Investment income:		
Net appreciation in fair value of investments	\$299,982	\$938,660
Interest and dividends	112,194	113,526
Total investment income	412,176	1,052,186
Contributions - Employer	299,904	0
Deductions:		
Benefits paid to participants	315,639	315,124
Administrative expenses	15,145	2,042
Total deductions	330,784	317,166
Net increase in net assets available for benefits	381,296	735,020
Net assets available for benefits at beginning	7,074,431	6,339,411
Net assets available for benefits at end	\$7,455,727	\$7,074,431

Bell Memorial Hospital Non-Union Pension Plan

Statement of Accumulated Plan Benefits

October 31, 2010

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving payments	\$2,890,787
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Other participants	5,267,604
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Total vested benefits	8,158,391
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Nonvested benefits	47,436
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Total actuarial present value of accumulated plan benefits	\$8,205,827
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Bell Memorial Hospital Non-Union Pension Plan

Statement of Changes in Accumulated Plan Benefits

Year Ended October 31, 2010

Actuarial present value of accumulated plan benefits at beginning	\$7,999,941
Increase (decrease) during the year attributable to:	
Benefits accumulated - Including actuarial experience gains and losses	(27,957)
Interest due to the decrease in the discount period	548,967
Benefits paid	(315,124)
Net increase	205,886
Actuarial present value of accumulated plan benefits at end	\$8,205,827

Bell Memorial Hospital Non-Union Pension Plan

Notes to Financial Statements

Note 1 Description of Plan

The following description of Bell Memorial Hospital Non-Union Pension Plan (the "Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions. The Plan is a defined benefit, noncontributory pension plan and is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Administration

The Plan is administered by an administrative committee within Bell Memorial Hospital, Inc. (the "Plan Sponsor"). Effective October 31, 2005, employees' participation in and future accrual of benefits were frozen. No new employee will be covered by the Plan on or after October 31, 2005.

Participation

Prior to 2005, all employees, excluding those covered by a collective bargaining agreement with any union, became active participants on May 1 or November 1 following the completion of 1,000 hours of service and attainment of age 21.

Plan Funding

The Plan is funded based on actuarially determined minimum and maximum contribution levels under the Internal Revenue Code (IRC). The Plan provides for only employer contributions. The Plan Sponsor's contributions are based on a determination by an enrolled actuary and are in accordance with the Plan's requirements and funding provisions of ERISA. For the plan years ended October 31, 2011 and 2010, the minimum funding requirements of ERISA were \$291,145 and \$0, respectively. The Plan Sponsor made a contribution of \$299,904 for the year ended October 31, 2011. The Plan Sponsor made no contribution for the year ended October 31, 2010.

Although it has not expressed any intention to do so, the Hospital has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions set forth in ERISA.

Bell Memorial Hospital Non-Union Pension Plan

Notes to Financial Statements

Note 1 Description of Plan (Continued)

Vesting

All accrued benefits under the provisions of the Plan became fully vested for all participants effective October 31, 2005.

Retirement Benefits

Normal Retirement:

At age 65 and with five years of service, an active participant's monthly benefit is equal to 1.25% of final average monthly compensation plus 0.5% of final average monthly compensation in excess of covered compensation, multiplied by credited service to a maximum of 40 years.

Early Retirement:

At age 55 and with ten years of service, accrued normal retirement benefit is reduced five-ninths of 1% for each of the first 60 months and five-eighteenth of 1% for each of the next 60 months by which benefit payments commence prior to the normal retirement date.

Employees may elect to receive their benefits as a life annuity or various joint and survivor annuities payable monthly from retirement. If less than \$5,000 in accumulated benefits, benefits are payable in a single lump-sum distribution.

Death and Disability Benefits

If an active participant dies before receiving benefits from the Plan, the beneficiary is entitled to a monthly benefit equal to 50% of the actuarial equivalent value of the benefit earned up to the date of death. Active participants who have completed ten years of service and who become totally and permanently disabled while employed, but prior to normal retirement, then will be eligible for a disability benefit equal to the monthly benefit accrued as of the time they become disabled.

Bell Memorial Hospital Non-Union Pension Plan

Notes to Financial Statements

Note 2 Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Investment Valuation and Income Recognition

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

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

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on employees' length of service and compensation as of October 31, 2005. Benefits payable under all circumstances are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

Bell Memorial Hospital Non-Union Pension Plan

Notes to Financial Statements

Note 2 Summary of Significant Accounting Policies (Continued)

Actuarial Present Value of Accumulated Plan Benefits (Continued)

The actuarial present value of accumulated plan benefits is determined by an independent actuary from BPS&M, LLC and is that amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment.

The significant actuarial assumptions used in the valuation as of November 1, 2010 and 2009, were as follows:

Assumed rate of return	7.00%
Life expectancy	IRS Generational Mortality Table
Benefit commencement age	Based on experience
Actuarial method	Unit Credit

The foregoing actuarial assumptions are based on the presumption the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the present value of accumulated plan benefits.

There have been no changes in the significant assumptions used to determine the actuarial present value of accumulated plan benefits.

Payment of Benefits

Benefit payments to participants or their beneficiaries are recorded upon distribution.

Bell Memorial Hospital Non-Union Pension Plan

Notes to Financial Statements

Note 2 Summary of Significant Accounting Policies (Continued)

Administrative Expenses

All expenses incurred in conjunction with the Plan are paid by the Plan Sponsor, except for mutual fund 12B-1 fees.

Subsequent Events

Subsequent events have been evaluated through August 14, 2012, which is the date the financial statements were available to be issued.

Bell Memorial Hospital Non-Union Pension Plan

Notes to Financial Statements

Note 3 Investments

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

	2011		2010	
	Asset Fair Value	Percent of Net Assets	Asset Fair Value	Percent of Net Assets
Federated Total Return Bond Fund	\$576,398	7.7	\$546,053	7.7
JP Morgan Small Cap Equity Fund	*	*	638,582	9.0
Mainstay Large Capital Growth Fund I	570,176	7.7	478,068	6.8
Metropolitan West FDS Total Return Bond Fund	383,632	5.2	393,726	5.6
MFS Value Fund Class W	778,811	10.5	568,947	8.0
T. Rowe Price Equity Income Fund	385,173	5.2	*	*
Wells Fargo Advantage Capital Growth Fund	1,136,065	15.2	925,955	13.1
Wells Fargo Advantage Equity Value Fund	382,813	5.1	*	*
Wells Fargo Advantage Growth Fund	576,213	7.7	476,824	6.7
Wells Fargo Advantage Total Return Bond Fund	962,505	12.9	951,229	13.5

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

The Plan's investments in mutual funds (including gains and losses on investments bought and sold as well as those held during the year) appreciated by \$299,982 and \$938,660 for the plan years ended October 31, 2011 and 2010, respectively.

Bell Memorial Hospital Non-Union Pension Plan

Notes to Financial Statements

Note 4 Fair Value Measurements

Accounting standards provide the framework for measuring fair value. That framework provides a fair value hierarchy which prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are described as follows:

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

Level 2 Inputs to the valuation methodology include:

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

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

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

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

Bell Memorial Hospital Non-Union Pension Plan

Notes to Financial Statements

Note 4 Fair Value Measurements (Continued)

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at October 31, 2011 and 2010.

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

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

Bell Memorial Hospital Non-Union Pension Plan

Notes to Financial Statements

Note 4 Fair Value Measurements (Continued)

The following tables set forth by level, within the fair value hierarchy, the Plan's fair value measurements at October 31, 2011 and 2010:

	Fair Value Measurements at October 31, 2011			Total
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Money market fund	\$197,813	\$0	\$0	\$197,813
Mutual funds:				
Growth funds	2,659,803	0	0	2,659,803
Intermediate-term bond funds	1,922,535	0	0	1,922,535
International funds	757,463	0	0	757,463
Value funds	1,671,842	0	0	1,671,842
Total mutual funds	7,011,643	0	0	7,011,643
Total assets at fair value	\$7,209,456	\$0	\$0	\$7,209,456

Bell Memorial Hospital Non-Union Pension Plan

Notes to Financial Statements

Note 4 Fair Value Measurements (Continued)

	Fair Value Measurements at October 31, 2010			Total
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Money market fund	\$80,680	\$0	\$0	\$80,680
Mutual funds:				
Blend funds	290,786	0	0	290,786
Growth funds	2,841,357	0	0	2,841,357
Intermediate-term bond funds	1,891,008	0	0	1,891,008
International funds	784,454	0	0	784,454
Value funds	1,184,032	0	0	1,184,032
Total mutual funds	6,991,637	0	0	6,991,637
Total assets at fair value	\$7,072,317	\$0	\$0	\$7,072,317

Note 5 Information Certified by Plan Trustee

The plan administrator has elected the method of annual reporting compliance by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. The Plan's trustee, Wells Fargo Bank, has certified the following data included in the accompanying financial statements and supplemental schedules is complete and accurate:

- (a) Investments as shown in the statements of net assets available for benefits.
- (b) Net appreciation in fair value of investments and interest and dividends as shown in the statements of changes in net assets available for benefits.

Bell Memorial Hospital Non-Union Pension Plan

Notes to Financial Statements

Note 5 **Information Certified by Plan Trustee (Continued)**

- (c) Investment information as disclosed in Note 3 and on Schedule H, Line 4i - Schedule of Assets (Held at End of Year) and Schedule H, Line 4j - Schedule of Reportable Transactions.

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

Note 6 **Priorities Upon Termination of the Plan**

In the event of termination, the Plan's assets are to be allocated, after appropriate allowance for all expenses of administration and liquidation, for the purpose of providing benefits for affected participants, including their beneficiaries, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

1. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under the Plan's provisions in effect any time during the five years preceding plan termination.
2. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency, up to the applicable limitations (discussed below).
3. All other vested benefits (that is, vested benefits not insured by the PBGC).

Bell Memorial Hospital Non-Union Pension Plan

Notes to Financial Statements

Note 6 **Priorities Upon Termination of the Plan** (Continued)

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivors' pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefits under the Plan is guaranteed at the level in effect on the date of the Plan's termination. There is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. For plan terminations requiring distributions occurring during 2011 and 2010, that ceiling, which is adjusted periodically, was \$4,500 per month. The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form other than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

Receipt by participants of their benefits upon a plan termination will depend on the sufficiency of the Plan's net assets to provide those benefits and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

Note 7 **Party-in-Interest Transactions**

Certain plan investments are shares of a money market fund and mutual funds managed by Wells Fargo Bank. Wells Fargo Bank is the trustee as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan to Wells Fargo Bank for administrative services amounted to \$15,145 and \$2,042 for the years ended October 31, 2011 and 2010, respectively.

Bell Memorial Hospital Non-Union Pension Plan

Notes to Financial Statements

Note 8 Tax-Exempt Status of the Plan

The Internal Revenue Service (IRS) has determined and informed the plan sponsor by a letter dated March 31, 2010, that the Plan is designed in accordance with applicable sections of the IRC.

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

Note 9 Risks and Uncertainties

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

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

Supplemental Schedules

Bell Memorial Hospital Non-Union Pension Plan

Plan's EIN #38-1394903 Plan #001

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

October 31, 2011

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Money market fund:			
Wells Fargo Bank*	197,813.690 shares - Advantage Cash Investment Fund	\$197,813	\$197,813
Mutual funds:			
Federated	50,650.115 shares - Total Return Bond Fund	538,767	576,398
Goldman Sachs	3,091.353 shares - Small Cap Value Fund	81,483	125,045
Harbor	4,487.508 shares - International Fund	216,442	250,043
Invesco	4,374.257 shares - Small Cap Growth Fund	107,630	125,454
JP Morgan	6,809.810 shares - Small Cap Equity Fund	178,899	251,895
Janus	6,441.131 shares - Overseas Fund Class A	253,392	252,364
Mainstay	76,533.683 shares - Large Capital Growth Fund I	489,058	570,176
Metropolitan West FDS	36,641.056 shares - Total Return Bond Fund	356,466	383,632
MFS	34,706.351 shares - Value Fund Class W	769,636	778,811
Thornburg	9,970.902 shares - International Value Fund	236,452	255,056
T. Rowe Price	16,841.833 shares - Equity Income Fund	392,425	385,173
Wells Fargo Bank*	71,902.849 shares - Advantage Capital Growth Fund	1,059,870	1,136,065
Wells Fargo Bank*	30,772.769 shares - Advantage Equity Value Fund	383,981	382,813
Wells Fargo Bank*	15,402.660 shares - Advantage Growth Fund	426,903	576,213
Wells Fargo Bank*	73,473.631 shares - Advantage Total Return Bond Fund	901,770	962,505
Total mutual funds			7,011,643
Total assets (held at end of year)			\$7,209,456

*Party-in-interest

Bell Memorial Hospital Non-Union Pension Plan

Plan's EIN #38-1394903 Plan #001

Schedule H, Line 4j - Schedule of Reportable Transactions

Year Ended October 31, 2011

Identity of Party Involved	Description of Asset	Purchase Price	Selling Price	Lease Rental	Expense Incurred With Transaction	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
Wells Fargo Bank*	Advantage Cash Investment Fund - 436,807 shares purchased	\$436,807	\$N/A	\$N/A	\$0	\$436,807	\$436,807	\$N/A
Wells Fargo Bank*	Advantage Cash Investment Fund - 319,662 shares sold	N/A	319,662	N/A	0	319,662	319,662	0
JP Morgan	Small Cap Equity Fund - 12,347 shares sold	N/A	434,345	N/A	0	324,083	434,345	110,262
JP Morgan	Small Cap Equity Fund - 583 shares purchased	21,141	N/A	N/A	0	21,141	21,141	N/A
T. Rowe Price	Equity Income Fund - 16,842 shares purchased	392,426	N/A	N/A	0	392,426	392,426	N/A

*Party-in-interest

Schedule SB, Line 26 - Schedule of Active Participant Data
Plan Name: Bell Memorial Hospital Non-Union Pension Plan

Plan Year: 2010
EIN/PN: 38-1394903 / 001

AGE GROUP		YEARS OF SERVICE									
		Under 1	1 - 4	5 - 9	10 - 14	15 - 19	20 - 24	25 - 29	30 - 34	35 - 39	40 - UP
1 - 24	Number										
	Avg Comp*										
25 - 29	Number	1	1								
	Avg Comp*	N/A	N/A								
30 - 34	Number	2	6								
	Avg Comp*	N/A	N/A								
35 - 39	Number		3								
	Avg Comp*		N/A								
40 - 44	Number		1	5	1						
	Avg Comp*		N/A	N/A	N/A						
45 - 49	Number		7	3	2	1					
	Avg Comp*		N/A	N/A	N/A	N/A					
50 - 54	Number		7	3	3	2	3	1			
	Avg Comp*		N/A	N/A	N/A	N/A	N/A	N/A			
55 - 59	Number	1	2	3	5	2		2			
	Avg Comp*	N/A	N/A	N/A	N/A	N/A		N/A			
60 - 64	Number		1	2	4	1					
	Avg Comp*		N/A	N/A	N/A	N/A					
65 - 69	Number										
	Avg Comp*										
70 - UP	Number										
	Avg Comp*										

* Average frozen accrued benefits are omitted since the plan has fewer than 1,000 active participants.

Summary of Actuarial Assumptions

(Sample Values per 1,000 Lives)

	AGE			
	25	40	55	60
<u>Mortality Rates</u>				
IRS Generational Mortality Tables with Pre and Post Commencement Rates				
Males (pre-commencement)	0.38	1.08	3.03	4.88
Females (pre-commencement)	0.21	0.71	2.53	3.93
Males (post-commencement)	0.38	1.08	5.91	8.20
Females (post-commencement)	0.21	0.71	3.53	6.20
With projected mortality improvements after year 2000 under Projection Scale AA (male and female scales)				

Withdrawal Rates

T-5 Table from the Pension Actuary's Handbook	77.24	51.50	9.39	0.90
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Disablement Rates

Florida Municipal Plans Disability	0.34	0.67	4.68	8.28
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Salary Scale

Not applicable

Rate of Retirement

Retirement between ages 55 – 65 are assumed at the following rates:

<u>Attained Age</u>	<u>Rate</u>
55	10.5%
56-59	5%
60-61	15%
62	25%
63-64	20%
65	100%

Rate of Investment Return

	Segment 1 (0 to 5 Years)	Segment 2 (5 to 20 Years)	Segment 3 (More than 20 Years)
Funding Target	4.05% per annum	6.47% per annum	6.65% per annum
Effective Interest Rate	6.46% per annum	6.46% per annum	6.46% per annum
PBGC Premium Funding Target	4.05% per annum	6.47% per annum	6.65% per annum
Plan termination value	2.55% per annum	4.36% per annum	5.13% per annum
ASC 960 (FASB 35)	7.00% per annum	7.00% per annum	7.00% per annum

Actuarial Valuation Method

Unit Credit

Asset Valuation Method

Market value adjusted for any accruals and further adjusted for weighted gains and losses during the prior 2 years. Weighted gains and losses for each plan year reflect interest at the applicable third segment rate. The resulting value shall not be more than 110% or less than 90% of market value.

Form of Payment

100% of vested decrementing active participants are assumed to elect a straight life monthly annuity.

Provision for Expenses

None – assume expenses paid by employer.

Other Assumptions

Marital status at benefit commencement -- 75% married with female spouses 3 years younger than male spouses.

Top-Heavy status -- not top-heavy.

Current Code section 401(a)(17) compensation limitation -- \$245,000

Current Code section 415(b) annual benefit limitation -- \$195,000

Cost-of-Living escalation for Code section 401(a)(17) and 415(b) -- none.

Changes in Assumptions From Prior Actuarial Valuation

	<u>Previous</u>	<u>Current</u>
Funding Target Interest Rates	Three Segment Yield Curve 5.21%, 6.74% & 6.84%	Three Segment Yield Curve 4.05%, 6.47% & 6.65%

Reason: In recognition of interest rate environment as measured by methodology set forth in Code §430(h)(2).

Schedule H, Item 4j - Schedule of Reportable Transactions
Plan Name: Bell Memorial Hospital Non-Union Pension Plan

Plan Year: 2010
EIN/PN: 38-1394903 / 001

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense Incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Date	(i) Net Gain or (Loss)
Wells Fargo Advantage	Cash Investment Fund	436,807	N/A	N/A	0	436,807	436,807	0
Wells Fargo Advantage	Cash Investment Fund	N/A	319,662	N/A	0	319,662	319,662	0
JP Morgan	Small Cap Equity Fund	21,141	N/A	N/A	0	21,141	21,141	0
JP Morgan	Small Cap Equity Fund	N/A	434,345	N/A	0	324,083	434,345	110,262
T Rowe Price	Equity Income Fund	392,426	N/A	N/A	0	392,426	392,426	0

This summary is not a Summary Plan Description or a plan document. You should not rely solely on this summary in making a determination of eligibility for the plan or its benefits.

Summary of Provisions of the Plan

Effective Date and Plan Year

The plan was established effective November 1, 1959, with the latest plan restatement effective November 1, 1989. The plan year ends on each October 31, while the employer's fiscal year ends on each June 30.

Eligibility

Each employee is eligible to become a participant in the plan on the earlier of the November 1 or May 1 immediately following completion of at least 1,000 hours commencing with his date of employment and attainment of age 21. No employee shall become a participant in the plan on or after October 31, 2005.

Service

Service benefit purposes is credited according to the following schedule of calendar year hours, subject to certain break in service rules:

<u>Hours of Service</u>	<u>Credited Service</u>
1,000-1,199	0.6
1,200-1,399	0.7
1,400-1,599	0.8
1,600-1,799	0.9
1,800 or more	1.0

Effective October 31, 2005, no further benefit service will be credited. Service credited for vesting purposes means the number of calendar years in which the employee completes at least 1,000 hours of service, subject to certain break in service rules.

Compensation

Compensation for plan purposes means W-2 compensation for a calendar year, including certain employee pre-tax contributions. If the employee has less than 1,800 hours of service, compensation shall be increased by a ratio of 1,800 and actual number of hours worked for such calendar year. A participant's annual compensation for plan purposes is limited as required under Code §401(a)(17).

Normal Retirement

Condition

For participants whose date of hire is on or after June 1, 1985, the normal retirement date is the first day of the calendar month next following the later of the participant's 65th birthday and the completion of five years of plan participation. For participants whose date of hire is prior to June 1, 1985, the normal retirement date is the first day of the calendar month next following the participant's 65th birthday.

Benefit

The normal retirement benefit, 1/12th of which is payable monthly for the life of the participant, is equal to the sum of the following:

- 1.25% of average earnings multiplied by the participant's years of benefit service not in excess of 40 years, plus
- 0.50% of average earnings in excess of the current Covered Compensation for the participant, multiplied by the participant's years of benefit service not in excess of 40 years.

“Average earnings” is the average annual compensation of a participant for the five consecutive calendar years that produce the highest average.

“Covered Compensation” is the average of the taxable wage bases for the 35 years ending with the year the participant attains Social Security retirement age.

No further benefits will accrue under the plan after October 31, 2005.

Accrued Benefit

The accrued benefit is the monthly benefit with payments beginning at normal retirement that has been earned due to compensation and benefit service as of any determination date. The accrued benefit is payable for the life of the participant and is computed in the same manner as for normal retirement, using the participant’s average earnings and benefit service as of the date of determination, and Covered Compensation determined by assuming the current taxable wage base will remain constant for all future years. No further benefits will accrue under the plan after October 31, 2005.

Early Retirement

Condition

A participant may retire early after he has attained age 55 and completed 10 years of service.

Benefit

The deferred benefit, to commence at the participant’s normal retirement date, is equal to the participant’s vested accrued benefit determined as of his early retirement date.

Upon written request to the retirement committee, the participant’s benefit may commence at any time after his early retirement date. The accrued benefit is reduced 5/9 of 1% for each of the first 60 months and 5/18 of 1% for each of the next 60 months by which the participant’s date of benefit commencement precedes the normal retirement date.

Late Retirement

Condition

A participant may choose to postpone his retirement beyond his normal retirement date, in which event no benefit shall be payable until actual retirement.

Benefit

The participant’s benefit, commencing on the first day of the month following his actual date of retirement, shall be the greater of the actuarial equivalent of the benefit the participant would have received at his normal retirement date, and the benefit computed using the participant’s compensation and benefit service earned as of his actual retirement date.

Disability Retirement

Condition

A participant must be eligible for permanent disability payments under the Federal Social Security Act and have completed 10 years of service.

Benefit

The disability retirement benefit, commencing the first day of the first month for which he is entitled to a disability benefit under the Federal Social Security Act, is computed as the participant’s accrued benefit determined as of the participant’s date of termination of employment due to disability without actuarial adjustment for early commencement.

Death Before Retirement

Condition

In the event of the death of a participant after becoming eligible for a vested benefit under the plan, and while either (i) actively employed by the employer, or (ii) on deferred vested status but prior to receiving any retirement benefits, a monthly survivorship benefit shall be payable to the participant's surviving spouse.

Benefit

The monthly benefit is payable on the first day of the calendar month following the participant's date of death or the earliest date the participant could have elected benefit payments to commence, whichever is later, and continuing for the lifetime of the surviving spouse. The benefit is determined as 50% of the benefit the spouse would have received if the participant had terminated employment the day before death (or on his actual date of termination if earlier), had lived to the benefit commencement date, and elected an immediate joint and 50% to survivor benefit.

Termination of Employment

Condition

If a participant terminates his employment after completing 5 or more years of vesting service, he is entitled to a deferred vested benefit with payment commencing on his normal retirement date.

Benefit

The amount of the benefit is calculated as the product of a vesting percentage and the accrued benefit determined as of the participant's date of termination. The vesting percentage is determined from the following table.

<u>Years of Vesting Service</u>	<u>Vesting Percentage</u>
Less than 5	0%
5 or more	100

Each participant is considered 100% vested in their accrued benefit effective October 31, 2005.

Top-Heavy Status

If in any year the plan is determined to be top-heavy, the following provisions will take effect:

- A minimum accrued benefit will be determined for each participant equal to 2% of the average earnings, multiplied by the participant's years of service during which the plan is top-heavy, limited to 10 such years.
- Participants will become vested in their accrued benefits according to the following schedule:

<u>Years of Vesting Service</u>	<u>Vesting Percentage</u>
less than 2	0%
2	20%
3	40%
4	60%
5	80%
6 or more	100%

Optional Modes of Benefit Payments

Subject to the applicable plan conditions, a participant may select an optional method of benefit payment, in lieu of the prescribed life income, which is actuarially equivalent thereto. The purpose of the optional method is to permit the guarantee of retirement income payments for a different period of time (i.e., 10 or 15 years or life income only) or to provide a continued life income to a surviving beneficiary after the death of the participant (for example, 50%, 75% or 100% of the participant's actuarially reduced retirement income from the plan). However, if no option is elected and the participant is married at the date the benefit commences, the monthly benefit will automatically be paid in the form of a 50% joint and survivor annuity.

If the actuarial equivalent single sum amount due a terminated participant is less than \$1,000, such amount shall be distributed to the participant in lieu of any other benefits under the plan. If the actuarial equivalent single sum amount due to a terminated participant is more than \$1,000, but less than \$5,000, the participant shall have the option to elect such amount to be distributed in lieu of any other benefits under the plan.

Actuarial Equivalence

Actuarial equivalence is based on the UP-84 Mortality and 6% interest. For purposes of determining single sum benefits, such benefit shall not be less than the amount based on the mortality and interest rates, as defined under Code Section 417(e)(3), in effect for the month of September preceding the first day of the plan year in which the benefit is to be paid.

Contributions to the Plan

The employer contributes actuarially determined amounts to finance the plan benefits. No contributions by participating employees are required.

Investment of Plan Funds

The assets of the pension plan will be invested by the trustee in accordance with the terms of the trust agreement.

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration
Pension Benefit Guaranty Corporation**Single-Employer Defined Benefit Plan
Actuarial Information**

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2010**This Form is Open to Public
Inspection**For calendar plan year 2010 or fiscal plan year beginning 11/01/2010 and ending 10/31/2011▶ **Round off amounts to nearest dollar.**▶ **Caution:** A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.

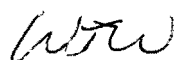
A Name of plan BELL MEMORIAL HOSPITAL NON-UNION PENSION PLAN		B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF BELL MEMORIAL HOSPITAL		D Employer Identification Number (EIN) 38-1394903
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>11</u> Day <u>1</u> Year <u>2010</u>			
2 Assets:			
a Market value.....	2a	7,074,431	
b Actuarial value.....	2b	6,498,141	
3 Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a	67	3,066,500
b For terminated vested participants.....	3b	104	2,324,660
c For active participants:			
(1) Non-vested benefits.....	3c(1)		130,649
(2) Vested benefits.....	3c(2)		3,255,905
(3) Total active.....	3c(3)	75	3,386,554
d Total.....	3d	246	8,777,714
4 If the plan is at-risk, check the box and complete items (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions.....	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor.....	4b		
5 Effective interest rate.....	5	6.46 %	
6 Target normal cost.....	6	0	

Statement by Enrolled Actuary

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

**SIGN
HERE**

Signature of actuary

WESLEY J. WICKENHEISER, FSA, EA, MAAA

Type or print name of actuary

BPS&M, LLC

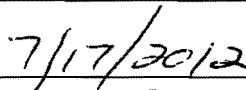
Firm name

11807 BRINLEY AVENUE, SUITE 101

LOUISVILLE

KY 40243-1090

Address of the firm



Date

11-06598

Most recent enrollment number

(502) 244-7828

Telephone number (including area code)

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐**For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.****Schedule SB (Form 5500) 2010
v.092308.1**

Part II		Beginning of year carryover and prefunding balances	
		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	243,627	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	177,147	0
9	Amount remaining (Item 7 minus item 8).....	66,480	0
10	Interest on item 9 using prior year's actual return of <u>16.99</u> %	11,295	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		0
b	Interest on (a) using prior year's effective rate of <u>6.73</u> %		0
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance.....		0
12	Reduction in balances due to elections or deemed elections.....	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	77,775	0

Part III		Funding percentages	
		14	73.14 %
14	Funding target attainment percentage.....		
15	Adjusted funding target attainment percentage.....	15	73.14 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement.....	16	84.26 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV		Contributions and liquidity shortfalls			
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
05/13/2011	10,887				
08/16/2011	44,287				
11/15/2011	44,287				
07/13/2012	200,443				
Totals ▶			18(b)	299,904	18(c)
					0

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

a Contributions allocated toward unpaid minimum required contribution from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date.....	19c	274,403

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.05 %	2nd segment: 6.47 %	3rd segment: 6.65 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 61
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous items

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

Part VII Reconciliation of unpaid minimum required contributions for prior years

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

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions).....	31	0
32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	2,006,239	352,116
b Waiver amortization installment	0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33).....	34	352,116
	Carryover balance	Prefunding balance
35 Balances used to offset funding requirement	77,775	0
36 Additional cash requirement (item 34 minus item 35).....	36	274,341
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c).....	37	274,403
38 Interest-adjusted excess contributions for current year (see instructions).....	38	62
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37).....	39	0
40 Unpaid minimum required contribution for all years	40	0

Schedule H, Item 4i - Schedule of Assets (Acquired and Disposed of Within Year)
Plan Name: Bell Memorial Hospital Non-Union Pension Plan

Plan Year: 2010
EIN/PN: 38-1394903 / 001

(a) Identity of issue, borrower, lessor, or similar party	(b) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(c) Cost of Acquisitions	(d) Proceeds of Dispositions
Wells Fargo Advantage	319,673.910 shares, Cash Investment Fund	319,674	319,674

Schedule H, Item 4i - Schedule of Assets (Held at End of Year)
Plan Name: Bell Memorial Hospital Non-Union Pension Plan

Plan Year: 2010
EIN/PN: 38-1394903 / 001

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current Value
*	Wells Fargo Advantage	197,813.69 shares, Cash Investment Fund	197,814	197,814
	Federated	50,650.115 shares, Total Return Bond Fund	538,767	576,398
	Goldman Sachs	3,091.353 shares, Small Cap Value Fund Institutional Shares	81,483	125,045
	Harbor	4,487.508 shares, International Fund	216,442	250,044
	Invesco	4,374.257 shares, Small Cap Growth Fund	107,630	125,454
	Janus	6,441.131 shares, Overseas Fund Class A	253,392	252,364
	JP Morgan	6,809.810 shares, Small Cap Equity Fund	178,899	251,895
	Mainstay	76,533.683 shares, Large Cap Growth I Fund	489,058	570,176
	Metropolitan West	36,641.056 shares, Total Return Bond Fund Class M	356,466	383,632
	MFS	34,706.351 shares, Value Fund Class W	769,636	778,811
	T Rowe Price	16,841.833 shares, Equity Income Fund	392,425	385,173
	Thornburg	9,970.902 shares, International Value Fund Class A	236,452	255,056
*	Wells Fargo Advantage	73,473.631 shares, Total Return Bond Fund	901,771	962,505
*	Wells Fargo Advantage	71,902.849 shares, Capital Growth Fund	1,059,870	1,136,065
*	Wells Fargo Advantage	30,772.769 shares, Equity Value Fund	383,981	382,813
*	Wells Fargo Advantage	15,402.660 shares, Growth Fund	426,903	576,214

Shortfall Amortization Charge

Amortization Charge Bases

<u>Description</u>	<u>Year Established</u>	<u>Original Amount</u>	<u>Period Remaining</u>	<u>Current Balance</u>	<u>Minimum Payment</u>
Shortfall Amortization Base	2009	\$ 1,049,875	6	\$ 948,894	\$ 177,147
Shortfall Amortization Base	2010	\$ 1,057,345	7	\$ 1,057,345	\$ 174,969
Total Charges				\$ 2,006,239	\$ 352,116

Amortization Credit Bases

<u>Description</u>	<u>Year Established</u>	<u>Original Amount</u>	<u>Period Remaining</u>	<u>Current Balance</u>	<u>Minimum Payment</u>
None				\$ 0	\$ 0
Total Credits				\$ 0	\$ 0
Total Shortfall Amortization Charge				\$ 2,006,239	\$ 352,116

Schedule SB, Line 19 - Discounted Employer Contributions
Plan Name: Bell Memorial Hospital Non-Union Pension Plan

Plan Year: 2010
EIN/PN: 38-1394903 / 001

Effective Interest Rate
6.46%

Date of Contribution	Contribution	Days Adjusted	Adjusted Contribution
05/13/2011	10,887.00	193	10,532.54
08/16/2011	44,287.00	288	42,147.36 *
11/15/2011	44,287.00	379	41,499.90
07/13/2012	200,443.00	620	180,223.39
	299,904.00		274,403.19

* The August 16, 2011 quarterly contribution of \$44,287 was late by one day and has been adjusted with an 11.46% discount rate for this late period.

Schedule SB, Line 22 - Weighted Average Retirement Age
Plan Name: Bell Memorial Hospital Non-Union Pension Plan

Plan Year: 2010
EIN/PN: 38-1394903 / 001

(1) Age	(2) Rate of Retirement	(3) Retirees	(4) (1) * (3)
55	10.50%	10.5000	577.50
56	5.00%	4.4750	250.60
57	5.00%	4.2513	242.32
58	5.00%	4.0387	234.24
59	5.00%	3.8368	226.37
60	15.00%	10.9347	656.08
61	15.00%	9.2945	566.96
62	25.00%	13.1673	816.37
63	20.00%	7.9003	497.72
64	20.00%	6.3203	404.50
65	100.00%	25.2811	1,643.27
Sum of Column 4		=	6,115.95
			÷ 100
Weighted Normal Retirement Age			61.16