Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 05/01/2011 and ending 04/30/2012

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan; or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

B This return/report is:
- [ ] the first return/report;
- [ ] the final return/report;
- [ ] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

C If the plan is a collectively-bargained plan, check here. . . . . ▶ [ ]

D Check box if filing under:
- [X] Form 5558;
- [ ] automatic extension;
- [ ] the DFVC program;
- [ ] special extension (enter description)

Part II Basic Plan Information—enter all requested information

1a Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 05/01/1993

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

HARRISON MEDICAL CENTER

2520 CHERRY AVENUE
BREMERTON, WA 98310-4270

2b Employer Identification Number (EIN) 91-0565546

2c Sponsor's telephone number 360-744-6507

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/09/2013	MARIE LAMARCHE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/09/2013	MARIE LAMARCHE
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
HARRISON MEDICAL CENTER

2520 CHERRY AVENUE
BREMERTON, WA 98310-4270

3b Administrator's EIN
91-0565546

3c Administrator's telephone number
360-744-6507

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	1368
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**	656
b	Retired or separated participants receiving benefits	**6b**	316
c	Other retired or separated participants entitled to future benefits	**6c**	384
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1356
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	7
f	Total. Add lines **6d** and **6e**	**6f**	1363
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**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
1A 1G 1I

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE 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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 05/01/2011 and ending 04/30/2012

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

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

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
HARRISON MEDICAL CENTER

D Employer Identification Number (EIN)
91-0565546

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1	Enter the valuation date: Month 05 Day 01 Year 2011			
2	Assets:			
a	Market value	**2a**		102732895
b	Actuarial value	**2b**		92459606
3	Funding target/participant count breakdown:		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	283	31205420
b	For terminated vested participants	**3b**	362	16026709
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		556978
	(2) Vested benefits	**3c(2)**		55893733
	(3) Total active	**3c(3)**	724	56450711
d	Total	**3d**	1369	103682840
4	If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		6.03 %
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

02/05/2013
Date

BRENT R. CHUBBS, ASA, EA, MAAA
Type or print name of actuary

11-07082
Most recent enrollment number

MERCER
Firm name

206-214-3500
Telephone number (including area code)

1301 FIFTH AVENUE, SUITE 1900
SEATTLE, WA 98101
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 [ ]

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 (line 13 from prior year)	3458909	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	3458909	0
10	Interest on line 9 using prior year's actual return of 18.21%	629867	
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		2204709
b	Interest on (a) using prior year's effective rate of 6.56% except as otherwise provided (see instructions)		144629
c	Total available at beginning of current plan year to add to prefunding balance		2349338
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	4088776	0

Part III Funding percentages

14	Funding target attainment percentage	14	85.23 %
15	Adjusted funding target attainment percentage	15	85.23 %
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	93.84 %
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
05/21/2012	275000		11/20/2012	275000	
06/12/2012	275000		12/28/2012	275000	
07/17/2012	275000		01/08/2013	1100000	
08/09/2012	275000				
10/05/2012	275000				
10/19/2012	275000				
			Totals ► 18(b)	3300000	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 contributions 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	3029728

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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:	2nd segment:	3rd segment:	
2.94%	5.82%	6.46 %	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 65

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 contributions for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a) **29** 0

30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29) **30** 0

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6) **31a** 0

b Excess assets, if applicable, but not greater than 31a **31b** 0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	15312010	2577767
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 (lines 31a - 31b + 32a + 32b - 33) ... **34** 2577767

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	2577767	0	2577767

36 Additional cash requirement (line 34 minus line 35) **36** 0

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c) **37** 3029728

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36) **38a** 3029728

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances **38b** 0

39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) **39** 0

40 Unpaid minimum required contributions for all years **40** 0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:

a Schedule elected ..... ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ..... ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment **42**

43 Excess installment acceleration amount to be carried over to future plan years **43**

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

For calendar plan year 2011 or fiscal plan year beginning 05/01/2011 and ending 04/30/2012

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HARRISON MEDICAL CENTER

D Employer Identification Number (EIN)
91-0565546

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

WELLS FARGO BANK

41-6370378

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	TRUSTEE	9317	Yes [ ] No [X]	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 [ ]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 05/01/2011 and ending 04/30/2012

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HARRISON MEDICAL CENTER

D Employer Identification Number (EIN)
91-0565546

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	3850310	3300000
(2) Participant contributions	1b(2)	0	0
(3) Other	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	931184	1197741
(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)	14223613	13273283
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	5446161	1963016
(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)	78359824	80585812
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	102811092	100319852
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	12168	
k Total liabilities (add all amounts in lines 1g through1j)	1k	12168	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	102798924	100319852

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	3300000	
(B) Participants	2a(1)(B)	0	
(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)		3300000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	235978	
(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)		235978
(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)	1448259	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1448259
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	57431478	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	59414345	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-1982867

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	2395487	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		2395487
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		-4374175
d Total income. Add all **income** amounts in column (b) and enter total	2d		1022682
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	3491918	
(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)		3491918
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)	9317	
(4) Other	2i(4)	519	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		9836
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		3501754
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		-2479072
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified (2) [ ] Qualified (3) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: CLARK NUBER,P.S. (2) EIN: 91-1194016

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		2000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 05/01/2011 and ending 04/30/2012

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HARRISON MEDICAL CENTER

D Employer Identification Number (EIN)
91-0565546

Part I Distributions

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

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

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

EIN(s): _____ _____

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

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year. **3** 1

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

If the plan is a defined benefit plan, go to line 8.

5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. **Date:** Month _____ Day _____ Year _____

If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

b Enter the amount contributed by the employer to the plan for this plan year **6b**

c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount) **6c**

If you completed line 6c, skip lines 8 and 9.

7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ..... ☐ **Yes** ☐ **No** ☐ **N/A**

8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change? ..... ☐ **Yes** ☐ **No** ☒ **N/A**

Part III Amendments

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

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ..... ☐ **Yes** ☐ **No**

11 a Does the ESOP hold any preferred stock? ..... ☐ **Yes** ☐ **No**

b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... ☐ **Yes** ☐ **No**

12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ..... ☐ **Yes** ☐ **No**

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 65% Investment-Grade Debt: 28% High-Yield Debt: 1% Real Estate: 5% Other: 1%

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

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

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Financial Statements

For the Years Ended April 30, 2012 and 2011

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CLARK NUBER

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tel 425 454 4919
fax 425 454 4620
800 504 8747
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Certified Public Accountants and Consultants

Independent Auditors' Report

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

We were engaged to audit the accompanying statements of net assets available for benefits of the Retirement Plan for Employees of Harrison Memorial Hospital (the Plan) as of April 30, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years ended April 30, 2012 and 2011, and supplementary information as of and for the year ended April 30, 2012. These financial statements and supplementary information are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations of Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Wells Fargo Bank, N.A., the custodian of the Plan, except for comparing the information with related information included in the financial statements and supplementary information. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodian as of and for the years ended April 30, 2012 and 2011, that the information provided to the plan administrator by the custodian is complete and accurate.

As discussed in Note 1, the Plan is a defined benefit pension plan covering eligible employees of Harrison Medical Center.

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

Clark Nuber PS

Certified Public Accountants
January 23, 2013

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Statements of Net Assets Available for Benefits
April 30, 2012 and 2011

	2012	*2011*
Assets:		
Investments, at fair value-		
Registered investment companies	$ 80,585,812	$ 78,359,824
Common stock	13,179,149	14,249,881
Real estate investment trusts	1,963,016	5,446,161
Money market fund	1,197,741	931,184
Total investments	96,925,718	98,987,050
Employer contributions receivable	3,300,000	3,850,310
Total Assets	**100,225,718**	**102,837,360**
Net pending trades	94,134	(38,436)
Net Assets Available for Benefits	**$ 100,319,852**	**$ 102,798,924**

See accompanying notes.

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Statements of Changes in Net Assets Available for Benefits
For the Years Ended April 30, 2012 and 2011

	2012	*2011*
Contributions and Investment (Loss) Income:		
Contributions-		
Employer	$ 3,300,000	$ 6,491,384
Participant		450,425
Total contributions	3,300,000	6,941,809
Investment income (loss)-		
Net change in fair value of investments:		
Registered investment companies	(2,655,127)	10,158,936
Common stock	(1,512,869)	2,572,895
Real estate investment trusts	206,441	847,300
Interest income and other	235,978	280,939
Dividends	1,448,259	1,436,359
Total investment (loss) income	(2,277,318)	15,296,429
Total Contributions and Investment (Loss) Income	**1,022,682**	**22,238,238**
Deductions from Net Assets:		
Benefit payments	3,491,918	2,926,744
Administrative expenses	9,836	23,326
Total Deductions from Net Assets	**3,501,754**	**2,950,070**
Net (Decrease) Increase in Net Assets Available for Benefits	**(2,479,072)**	**19,288,168**
Net Assets Available for Benefits:		
Beginning of year	102,798,924	83,510,756
End of Year	**$ 100,319,852**	**$ 102,798,924**

See accompanying notes.

Note 1 - Plan Description

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

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

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

Contributions - Effective January 1, 2011, the Plan was amended to no longer require or permit employee contributions to the Plan. Prior to January 1, 2011, the Plan required all active participants to contribute 2% of his or her eligible earnings. Mandatory contributions are credited with interest based on 120% of the Federal mid-term rate in effect as of the first day of each plan year, but in no event less than 5%. Prior to May 1, 1993, participants could elect to make voluntary contributions to the Plan up to 10% of their earnings. The mandatory and voluntary contributions are maintained in separate accounts and are credited with interest each year. Voluntary contributions are credited with the interest rate used by the Pension Benefit Guaranty Corporation (PBGC) to value immediate annuities for single employer plans terminating on the first day of the plan year. For the plan years ended April 30, 2012 and 2011, interest credited on mandatory contributions was 5.00% in both years and interest credited on voluntary contributions was 2.50% for the year ended April 30, 2012 and 3.00% for the year ended April 30, 2011. Cumulative mandatory and voluntary employee contributions including interest as of April 30, 2012 and 2011, were $13,268,432 and $13,446,066, respectively.

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

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

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

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

Note 1 - Continued

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

Funding Policy - The Medical Center's funding policy is to make contributions to the Plan that meet or exceed the minimum funding standards of ERISA and the Internal Revenue Code (IRC). The Medical Center's contributions to the Plan are based on actuarial determination. Contributions for the years ended April 30, 2012 and 2011, were $3,300,000 and $6,491,384, respectively, and met the minimum funding requirements of ERISA in both years.

Plan Administration and Administrative Expenses - The Plan is administered by a plan committee. Administrative expenses are paid either by the Medical Center or out of plan assets, at the discretion of the Medical Center. The Plan paid $9,836 and $23,326 in investment management and administration fees for the years ended April 30, 2012 and 2011, respectively.

Subsequent Events - The Plan's management has evaluated subsequent events through January 23, 2013, the date on which the Plan's financial statements were available to be issued.

Note 2 - Summary of Accounting Policies

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

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

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

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

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

Note 3 - Fair Value Measurements

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

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

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

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

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

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at April 30, 2012 and 2011.

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

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

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

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

The valuation methodologies used by the Plan 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's management 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.

Note 3 - Continued

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of April 30:

	Fair Value Measurements as of April 30, 2012			
	Level 1	*Level 2*	*Level 3*	*Total*
Registered investment companies-				
Intermediate term-bond	$ 28,426,631	$ -	$ -	$ 28,426,631
Mid-cap blend	17,652,938			17,652,938
International	9,294,695	7,688,662		16,983,357
Large growth	14,595,307			14,595,307
Real estate	2,927,579			2,927,579
Total registered investment companies	72,897,150	7,688,662		80,585,812
Common stock-				
Industrials	2,322,811			2,322,811
Energy	2,086,109			2,086,109
Healthcare	1,945,076			1,945,076
Consumer discretionary	1,197,207			1,197,207
Information technology	1,683,538			1,683,538
Financial	2,017,506			2,017,506
Consumer staples	1,122,698			1,122,698
Materials	804,204			804,204
Total common stock	13,179,149			13,179,149
Real estate investment trusts			1,963,016	1,963,016
Money market fund		1,197,741		1,197,741
Total Investments	**$ 86,076,299**	**$ 8,886,403**	**$ 1,963,016**	**$ 96,925,718**

Note 3 - Continued

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

Note 3 - Continued

A reconciliation of the beginning and ending balances for fair value measurements made using significant unobservable inputs (Level 3) is as follows for the years ended April 30, 2012 and 2011:

	Real Estate Investment Trusts
Balance as of May 1, 2010	$ 4,598,861
Realized and unrealized losses	847,300
Balance as of April 30, 2011	5,446,161
Unrealized gains	80,464
Realized gains	125,977
Sales	(3,689,586)
Balance as of April 30, 2012	**$ 1,963,016**

The following sets forth additional disclosures of the Plan's investments, whose fair value is estimated using NAV per share (or its equivalent), as of April 30, 2012 and 2011:

	2012 Fair Value	*2011 Fair Value*	*Redemption Frequency*	*Redemption Notice Period*
Aberdeen Eafe Plus Fund	$ 7,688,662	$ -	Monthly	30 days

(a) The primary investment objective of the fund is to achieve total return in excess of the MSCI AC World US benchmark through investing in a diversified portfolio of international equities in developed and emerging markets. Consistent with its investment objective, the Fund may invest in a broad array of financial instruments and securities, including index futures contracts and index options, and closed-end country funds, to gain country exposure when those instruments are preferable to individual security purchases within a country. The Fund may also loan portfolio securities. There were no unfunded commitments at April 30, 2012.

Note 4 - Investments

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

	2012	*2011*
Vanguard Extended Market Index Fund	$ 17,652,938	$ 17,994,974
Rainier Large Cap Core Equity Portfolio	14,595,307	14,441,123
PIMCO Total Return Fund Institutional Shares	14,213,605	12,611,288
Western Asset Core Plus Bond Portfolio	14,213,026	13,270,969
Vanguard Total International Stock	9,294,695	*
Aberdeen Eafe Plus Fund	7,688,662	*
Artio International Equity Fund	*	20,041,470

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

Note 5 - Information Prepared and Certified by the Asset Custodian

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

- Fair value of investments as of April 30, 2012 and 2011;
- Investment income earned or losses incurred for the years ended April 30, 2012 and 2011; and
- Investment transactions for the years ended April 30, 2012 and 2011.

Note 6 - Actuarial Valuation

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

The actuarial present values of accumulated plan benefits as of April 30, 2012 and 2011, were determined by an independent actuary and are those amounts which result from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Note 6 - Continued

Significant actuarial assumptions for the years ended April 30, 2012 and 2011, are as follows:

	2012
Assumed Earnings Rate:	7.13% per year compounded annually
Mortality Basis:	Static annuitant and non-annuitant tables based on RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.
Salary Increases:	N/A
Interest Rates to Convert Contribution Balance:	Segmented interest rates of 1.57% for payments made during the first 5 years, 4.36% for payments during the next 15 years and 5.18% for payments made after 20 years.
Retirement Age:	Weighted average retirement age is 65
Withdrawal:	Termination Rate Table SOA3TSS

	2011
Assumed Earnings Rate:	7.38% per year compounded annually
Mortality Basis:	2011 PPA static annuitant and non-annuitant table
Salary Increases:	4.50% per year
Interest Rates to Convert: Contribution Balance:	Segmented interest rates of 3.23% for payments made during the first 5 years, 5.25% for payments during the next 15 years and 5.81% for payments made after 20 years.
Retirement Age:	Weighted average retirement age is 65
Withdrawal:	Termination Rate Table SOA3TSS

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

For the 2012 valuation, a review of the actuarial assumptions was performed and the following assumption was updated to better reflect the recent experience of the Plan: the assumed earnings rate used to determine the funded status was changed from 7.38% to 7.13% since the May 1, 2011 accounting valuation.

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

Note 6 - Continued

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

	2012	*2011*
Actuarial present value of accumulated benefits-		
Vested:		
Participants currently receiving payments	$ 33,136,713	$ 27,292,824
Other participants	59,657,133	59,136,926
Total Vested Benefits	92,793,846	86,429,750
Nonvested:		
Other benefits attributable to service rendered	421,739	531,158
Total Accumulated Benefits	**$ 93,215,585**	**$ 86,960,908**

The changes in the actuarial present value of accumulated plan benefits for the plan years ended April 30, 2012 and 2011, are as follows:

	2012	*2011*
Actuarial present value of accumulated benefits at beginning of plan year	$ 86,960,908	$ 77,153,228
Increase (decrease) attributable to-		
Benefits accumulated and (gains) losses	441,866	4,915,497
Increase for interest due to decrease in discount period	6,288,863	5,676,739
Benefits paid	(3,491,918)	(2,926,744)
Change in actuarial assumptions	3,015,866	4,351,845
Change in plan provisions		(2,473,146)
Other changes		263,489
Actuarial Present Value of Accumulated Benefits at End of Plan Year	**$ 93,215,585**	**$ 86,960,908**

Note 7 - Plan Termination

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

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

- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of an annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

- Other vested benefits insured by the PBGC, a U.S. government agency, up to the applicable limitations (discussed below).

- All other vested benefits.

- All nonvested benefits.

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

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

Note 8 - Party-In-Interest Transactions

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

Note 9 - Tax Status

The Plan obtained its latest determination letter on February 7, 2012, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the IRC. The Employer believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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

Note 10 - Risks and Uncertainties

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

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

SUPPLEMENTARY INFORMATION

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Attachment to Form 5500, Schedule H, Item 4(i)
Schedule of Assets Held as of April 30, 2012

Employer: *Harrison Medical Center*
EIN: *91-0565546*
Plan No.: *002*

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Vanguard Extended Market Index Fund	Registered Investment Company	$ 14,254,393	$ 17,652,938
	Rainier Large Cap Core Equity Portfolio	Registered Investment Company	12,402,731	14,595,307
	PIMCO Total Return Fund Institutional Shares	Registered Investment Company	13,950,480	14,213,605
	Western Asset Core Plus Bond Portfolio	Registered Investment Company	13,029,388	14,213,026
	Vanguard Total International Stock	Registered Investment Company	9,537,147	9,294,695
	Aberdeen Eafe Plus Fund	Registered Investment Company	7,226,484	7,688,662
	Northern Global Real Estate Index	Registered Investment Company	2,838,433	2,927,579
	Lion Value Fund	Real Estate Investment Trust	2,500,000	1,963,016
*	Wells Fargo Short Term Investment Fund	Money Market Fund	1,197,712	1,197,741
	Archer Daniels Midland Company	Common Stock	434,110	434,703
	Halliburton Co.	Common Stock	417,845	427,750
	Western Union	Common Stock	332,351	424,578
	Carnival Corporation	Common Stock	400,848	422,435
	Honeywell International	Common Stock	250,054	420,980
	MetLife Inc.	Common Stock	417,503	417,948
	Chevron Corporation	Common Stock	315,195	417,715
	Baxter International Inc.	Common Stock	413,519	415,575
	Dow Chemical Co	Common Stock	418,011	413,336
	Target Corporation	Common Stock	358,143	413,112
	CVS/Caremark Corporation	Common Stock	286,956	409,760
	Mosaic Co	Common Stock	466,124	390,868
	Medtronic Inc.	Common Stock	331,602	389,640
	Royal Dutch Shell PLC	Common Stock	361,457	381,472
	Symantec Corporation	Common Stock	393,623	380,305
	National Oilwell Varco Inc. Company	Common Stock	214,641	371,224
	Flextronics International	Common Stock	386,381	370,336
	Vodafone Group PLC	Common Stock	361,131	361,660
	Abbott Labs	Common Stock	240,912	325,364
	Norfolk Southern Corporation	Common Stock	180,337	299,013
	TEVA Pharmaceutical Industries	Common Stock	287,205	296,557
	Ace Limited	Common Stock	194,671	292,105
	Willis Group Holdings LTD	Common Stock	207,563	288,034
	Ingersoll-Rand PLC	Common Stock	205,037	284,884
	Union Pacific Corp.	Common Stock	144,214	281,100
	KBR Inc.	Common Stock	157,670	281,038
	Unilever N.V.	Common Stock	215,957	278,235
	Prudential Finl Inc	Common Stock	234,706	272,430
	Cooper Industries PLC New Ireland	Common Stock	161,747	271,554
	Bank of New York Mellon Corp.	Common Stock	301,723	271,092
	Hospira, Inc.	Common Stock	291,204	266,912
	Corning Inc.	Common Stock	325,387	265,475
	Eaton Corp	Common Stock	253,583	260,172
	NYSE Euronext Inc	Common Stock	272,134	260,075
	Aetna, Inc.	Common Stock	198,898	251,028
	Superior Energy Services Inc	Common Stock	275,791	247,664
	ON Semiconductor Corp.	Common Stock	226,340	242,844
	Devon Energy Corporation	Common Stock	235,270	240,284
	Navistar Intl Corp Com	Common Stock	315,137	224,070
	Partnerre LTD	Common Stock	200,840	215,822
	Total		**$ 88,622,588**	**$ 96,925,718**

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

See independent auditors' report.

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Attachment to Form 5500, Schedule H, Item 4(j)
Schedule of Reportable Transactions for the Year Ended April 30, 2012

Employer: *Harrison Medical Center*
EIN: *91-0565546*
Plan No.: *002*

	(a) Identity of Party Involved	*(b) Description of Asset*	*(c) Purchase Price*	*(d) Selling Price*	*(g) Cost of Asset*	*(h) Current Value of Asset on Transaction Date*	*(i) Net Gain (Loss)*
Category (i) - Single Transactions by Issue in Excess of 5% of Plan Assets							
*	Wells Fargo Short Term Investment Fund	Money Market	$ -	$ 7,226,484	$ 7,226,484	$ -	$ -
*	Wells Fargo Short Term Investment Fund	Money Market		9,537,176	9,537,176		
*	Wells Fargo Short Term Investment Fund	Money Market	7,276,564		7,276,564		
*	Wells Fargo Short Term Investment Fund	Money Market	9,537,176		9,537,176		
	Artio Intl Equity II Group Trade Fund	Registered Investment Company		7,226,484	7,330,416		(103,932)
	Artio Intl Equity II Group Trade Fund	Registered Investment Company		9,537,176	9,717,565		(180,389)
	Aberdeen Eafe Plus Fund	Registered Investment Company	7,226,484		7,226,484		
	Vanguard Extended Market Index Fund	Registered Investment Company	9,537,147		9,537,147		
Category (i) - Single Transactions by Broker in Excess of 5% of Plan Assets							
	Vanguard Total Intl Stock ET	Registered Investment Company	9,537,147		9,537,147		
	Artio Intl Equity II Group Trade Fund	Registered Investment Company		7,226,484	7,330,416		(103,932)
	Artio Intl Equity II Group Trade Fund	Registered investment company		9,537,176	9,717,565		(180,389)
Category (ii) - Series of Transactions by Broker in Excess of 5% of Plan Assets							
	Vanguard Total Intl Stock ET	Registered Investment Company	9,537,147		9,537,147		
	Artio Intl Equity II Group Trade Fund	Registered investment company		16,763,660	17,047,981		(284,321)
Category (iii) - Series of Transactions by Issue in Excess of 5% of Plan Assets							
*	Wells Fargo Short Term Investment Fund	Money Market		30,744,935	30,744,935		
*	Wells Fargo Short Term Investment Fund	Money Market	31,011,533		31,011,533		
	Artio Intl Equity II Group Trade Fund	Registered Investment Company		16,763,660	17,047,981		(284,321)
	Aberdeen Eafe Plus Fund	Registered Investment Company	7,226,484		7,226,484		
	Vanguard Total Intl Stock ET	Registered Investment Company	9,537,147		9,537,147		

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

There were no Category (iv) reportable transactions during the year ended April 30, 2012.

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

See independent auditors' report.

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Attachment to Form 5500, Schedule H, Item 4(j)
Schedule of Reportable Transactions for the Year Ended April 30, 2012

Employer: *Harrison Medical Center*
EIN: *91-0565546*
Plan No.: *002*

	(a) Identity of Party Involved	*(b) Description of Asset*	*(c) Purchase Price*	*(d) Selling Price*	*(g) Cost of Asset*	*(h) Current Value of Asset on Transaction Date*	*(i) Net Gain (Loss)*
Category (i) - Single Transactions by Issue in Excess of 5% of Plan Assets							
*	Wells Fargo Short Term Investment Fund	Money Market	$ -	$ 7,226,484	$ 7,226,484	$ -	$ -
*	Wells Fargo Short Term Investment Fund	Money Market		9,537,176	9,537,176		
*	Wells Fargo Short Term Investment Fund	Money Market	7,276,564		7,276,564		
*	Wells Fargo Short Term Investment Fund	Money Market	9,537,176		9,537,176		
	Artio Intl Equity II Group Trade Fund	Registered Investment Company		7,226,484	7,330,416		(103,932)
	Artio Intl Equity II Group Trade Fund	Registered Investment Company		9,537,176	9,717,565		(180,389)
	Aberdeen Eafe Plus Fund	Registered Investment Company	7,226,484		7,226,484		
	Vanguard Extended Market Index Fund	Registered Investment Company	9,537,147		9,537,147		
Category (i) - Single Transactions by Broker in Excess of 5% of Plan Assets							
	Vanguard Total Intl Stock ET	Registered Investment Company	9,537,147		9,537,147		
	Artio Intl Equity II Group Trade Fund	Registered Investment Company		7,226,484	7,330,416		(103,932)
	Artio Intl Equity II Group Trade Fund	Registered investment company		9,537,176	9,717,565		(180,389)
Category (ii) - Series of Transactions by Broker in Excess of 5% of Plan Assets							
	Vanguard Total Intl Stock ET	Registered Investment Company	9,537,147		9,537,147		
	Artio Intl Equity II Group Trade Fund	Registered investment company		16,763,660	17,047,981		(284,321)
Category (iii) - Series of Transactions by Issue in Excess of 5% of Plan Assets							
*	Wells Fargo Short Term Investment Fund	Money Market		30,744,935	30,744,935		
*	Wells Fargo Short Term Investment Fund	Money Market	31,011,533		31,011,533		
	Artio Intl Equity II Group Trade Fund	Registered Investment Company		16,763,660	17,047,981		(284,321)
	Aberdeen Eafe Plus Fund	Registered Investment Company	7,226,484		7,226,484		
	Vanguard Total Intl Stock ET	Registered Investment Company	9,537,147		9,537,147		

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

There were no Category (iv) reportable transactions during the year ended April 30, 2012.

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

See independent auditors' report.

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

Actuarial assumptions

Discount rate sponsor elections	
▪ Segment rates or full yield curve	Segment
▪ Look-back months	4
▪ First 5 years	2.94%
▪ Next 15 years	5.82%
▪ Over 20 years	6.46%
Mortality sponsor elections	
▪ Healthy participants	Section 430(h)(3) prescribed separate static annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement to the valuation year plus 7 and 15 years based on Scale AA.
Contribution balance conversion	Segmented interest rates: 2.43% for payments during the first 5 years, 5.09% for payments during the next 15 years and 6.07% for payments after 20 years. Mortality: IRS mandated table for lump sums paid during 2011, with no pre-retirement mortality assumed.
Other economic assumptions	
▪ Salary increases	N/A
▪ Social Security wage base	N/A
▪ Inflation	2.80% per year
▪ Expected investment return	7.38% for year 2011
▪ Expenses	Administrative expenses will be paid by the employer.
Demographic assumptions	
Withdrawal	Termination Rate Table SOA3TSS. See table of sample rates.
Disability incidence	None assumed.

Retirement age

Attained age	Percentage
Under 55	0%
55-61	2.5%
62	5.0%
63	10.0%
64	15.0%
65	25.0%
66	25.0%
67	15.0%
68	15.0%
69	15.0%
70	100.0%

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

Benefit commencement age for		
▪ Future vested deferred	65	
▪ Current vested deferred	65	
Spouse assumptions	**Male participants**	**Female participants**
▪ Percentage married	70%	70%
▪ Spouse age difference	3 years younger	3 years older

Form of payment	**Contribution balance refund**	**Single Life**	**100% J&S**	**50% J&S**
▪ Active retirements	25%	60%	15%	0%
▪ Future vested deferred	25%	60%	15%	0%
▪ Future disabilities	N/A	N/A	N/A	N/A
▪ Future deaths	25%	0%	0%	75%
▪ Current vested deferred [2]	0%	80%	20%	0%

Unpredictable contingent event assumptions	N/A

Table of sample rates

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

[2] Current terminated vested participants, who are entitled to a deferred benefit are assumed to elect to receive their benefits as a full annuity at age 65 (which is reduced if they received a refund of contributions previously).

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

Actuarial methods

Asset methods

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

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

Participant methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on all employees as of the valuation date, but only those employees who have completed the plan's eligibility requirements are included in the valuation of liabilities.

- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date.

- **Insurance contracts:** The plan does not have any insurance contracts.

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

Minimum funding methods

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

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.

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

- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Maximum deductible contribution method

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

A detailed description of the calculation follows:

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

- The plan's **projected funding target** is the sum of the projected funding targets for all participants under the plan. The excess of the plan's projected funding target over the plan's funding target is included in the "cushion amount".

Schedule SB, Part V — Summary of Plan Provisions

Benefits included or excluded

Unless noted below, all benefits provided by the plan, as restated and amended through Amendment No. 3 effective May 1, 2011, are included in this valuation.

- **Most recent plan amendments included:** Amendment No. 3 is included because it was adopted by the valuation date and is effective by the end of the plan year.

- **Plan amendments excluded:** None

- **IRC Section 436 benefit restrictions:**

  – *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.

  – *Plan amendments:* See above.

  – *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.

  – *Benefit accruals:* The plan's funding target does not reflect any limitation on benefit accruals. The target normal cost does not reflect any limitation on benefit accruals.

- **Late retirement increases:**

  – *Active participants:* Current active participants over normal retirement age are valued including the late retirement actuarial increase.

  – *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.

- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

- **IRC Section 415(b) benefit limitations:** The limitations of Internal Revenue Code Section 415(b) have been incorporated into our calculations.

- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60 percent of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.

Schedule SB, Part V — Summary of Plan Provisions

Effective date and plan year	Original plan: May 1, 1968 Plan year: May 1 through April 30
Status of the plan	The plan is closed to the new entrants as of January 1, 2006 and ceased benefit accruals for all participants as of December 31, 2010.
Type of plan	Contributory defined benefit plan
Significant events that occurred during the year	The plan was amended to cease benefits accruals for all participants as of December 31, 2010.
Definitions	
▪ Participation	May 1 or November 1 following the date employee reaches age 21 and completes 1,000 hours of service in the 12 months following the date of hire and agrees to make mandatory contributions to the plan. On the effective dates shown below, the plan's eligibility provisions were amended for the employee groups shown. Employees who satisfied the eligibility requirements prior to those dates could choose whether to participate in the plan or begin participating in Harrison's new retirement program. Employees becoming eligible on and after those dates automatically participate in the new program.

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

▪ Employee contributions	2% of pay. No longer required as of December 31, 2010.
▪ Vesting service	Years in which completed 1,000 hours of service.
▪ Credited service	Years in which mandatory contributions were made to the plan and completed 1,000 hours. Credited service accrual stopped for all participants as of December 31, 2010.
▪ Pensionable earnings	Employee’s regular salary, wages, and contractual bonuses. No earnings are considered after December 31, 2010.

Schedule SB, Part V — Summary of Plan Provisions

Normal retirement	
▪ Eligibility	Age 65
▪ Benefit	For each year participant has contributed to the plan, he or she will receive 2% of the highest final average earnings over five consecutive years. Effective December 31, 2010, the plan was amended to cease benefit accruals for all participants.
Early retirement	
▪ Eligibility	Age 55 and 10 years of service
▪ Benefit	Benefit accrued to termination date is reduced by 5/12 of 1% for each month by which retirement precedes age 65
Late retirement	
▪ Eligibility	Retirement after age 65
▪ Benefit	The benefits payable are calculated the same as for normal retirement, taking into account earnings and service to the late retirement date. Effective December 31, 2010, the plan was amended to cease benefit accruals for all participants. The benefit will not be less than the benefit which would have been payable had the participant retired on his Normal Retirement Date, actuarially increased for late retirement.
Deferred vested	
▪ Eligibility	5 years of vesting service
▪ Benefit	The participant's vested accrued benefit will be payable at age 65 or earlier, as described under early retirement benefit above. A participant's accrued benefit attributable to mandatory participant contributions is 100% vested at all times.
Pre-retirement death	
▪ Eligibility	5 years of vesting service
▪ Benefit prior to early retirement	If a married participant dies prior to becoming eligible for early retirement, the benefit will begin on the date the participant would have been eligible for early retirement. Upon the death of an unmarried participant, the accumulated participant contribution balance is refunded.
▪ Benefit after early but before normal retirement	The spouse of a married participant who dies after becoming vested but prior to retirement will receive an annuity equal to half of what the employee would have received had he or she retired on the date of death or, if later, the earliest retirement date under the plan and elected a joint annuity option with 50% continuing to the surviving spouse. Upon the death of an unmarried participant, the accumulated participant contribution balance is refunded.

Schedule SB, Part V — Summary of Plan Provisions

Form of benefits	
▪ Automatic form for unmarried participants	Single Life Annuity. Participants may elect to receive a mandatory contribution refund at any time after termination.
▪ Automatic form for married participants	50% Joint and Survivor Annuity. Participants may elect to receive a mandatory contribution refund at any time after termination.
▪ Optional forms	Optional forms are 66 2/3%, 75%, and 100% Joint and Survivor Annuities
▪ Optional form conversion factors	Actuarial equivalence for annuity options is determined based on 7% interest and the 1994 Group Annuity Reserving Table projected to 2002, blended 50% male and 50% female.
Miscellaneous	
▪ Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. This limit is indexed annually. For 2011, the limit is $195,000.

Plan provision changes since prior valuation

- Maximum benefits were updated from 2010 to 2011.

Schedule SB, Line 24 — Change in Actuarial Assumptions

Actuarial assumption changes since prior valuation

- Contribution balance conversion rates were updated to the interest rates above to reflect current conversion rates.
- Assumed retirement and withdrawal ages for active employees who transferred to the defined contribution plan changed from age 65 to the graded retirement age and withdrawal rates table above.

Schedule SB, Line 25 — Change in Method

Method changes since prior valuation

The sponsor changed their interest rate election from segment with no look-back to segment with four months look-back.

Schedule SB, Line 26 — Schedule of Active Participant Data

Attained age	Years of credited service										
	< 1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+	Total
< 20											0
20-24											0
25-29			2								2
30-34		1	17	9							27 4,864
35-39			26 4,714	19	2						47 6,125
40-44		2	32 4,860	31 8,706	7	2	1				75 7,194
45-49			23 5,324	45 8,112	20 16,052	3	3	2			96 9,905
50-54			40 4,979	57 9,246	41 14,615	23 18,438	6	7			174 11,879
55-59	1	1	28 4,903	44 9,816	43 15,836	23 19,917	22 25,994	10	1	1	174 11,879
60-64		1	21 8,098	27 10,247	26 19,485	21 16,397	12	12	5		125 15,369
65-69			2		1		1				4
70-74											0
75+											0
Total	1	5	191 5,344	232 8,876	140 15,744	72 18,252	45 22,771	31 23,495	6	1	724 11,796

In each cell, the top number is the count of active participants for each age/service combination and the bottom number is the frozen accrued benefit for the year ending on the valuation date limited to the 2010 415(b) at $195,000.

Frozen accrued benefit is not shown for cell with less than 20 participants.

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

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

A	B	C	D	E	F	G
	Rates of				Number of Employees Expected to Retire (Count)	Count* Age
Age	Retirement	Death[1]	Disability	Lx		
55	0.0250	0.2015%	0.0000%	10,000	250	13,750
56	0.0250	0.2309%	0.0000%	9,730	243	13,622
57	0.0250	0.2590%	0.0000%	9,464	237	13,486
58	0.0250	0.2846%	0.0000%	9,203	230	13,344
59	0.0250	0.3117%	0.0000%	8,947	224	13,196
60	0.0250	0.3411%	0.0000%	8,695	217	13,043
61	0.0250	0.3740%	0.0000%	8,448	211	12,883
62	0.0500	0.4072%	0.0000%	8,205	410	25,437
63	0.1000	0.4433%	0.0000%	7,762	776	48,899
64	0.1500	0.4783%	0.0000%	6,951	1,043	66,731
65	0.2500	0.5133%	0.0000%	5,875	1,469	95,472
66	0.2500	0.5501%	0.0000%	4,376	1,094	72,208
67	0.1500	0.5835%	0.0000%	3,258	489	32,744
68	0.1500	0.6127%	0.0000%	2,750	413	28,054
69	0.1500	0.6430%	0.0000%	2,321	348	24,022
70	1.0000	0.6685%	0.0000%	1,958	1,958	137,053
Total					9,611	623,944

Weighted Average Retirement Age **64.920**

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

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

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury, Internal Revenue Service; Department of Labor, Employee Benefits Security Administration; Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	2011 — This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 05/01/2011 and ending 04/30/2012

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

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

A Name of plan: RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: HARRISON MEDICAL CENTER

D Employer Identification Number (EIN): 91-0565546

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1	Enter the valuation date: Month 5 Day 1 Year 2011			
2	Assets:			
a	Market value	2a		102,732,895
b	Actuarial value	2b		92,459,606
3	Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
a	For retired participants and beneficiaries receiving payment	3a	283	31,205,420
b	For terminated vested participants	3b	362	16,026,709
c	For active participants:			
(1)	Non-vested benefits	3c(1)		556,978
(2)	Vested benefits	3c(2)		55,893,733
(3)	Total active	3c(3)	724	56,450,711
d	Total	3d	1,369	103,682,840
4	If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5		6.03 %
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

BRC — Signature of actuary

2/5/2013 — Date

Brent R. Chubbs, ASA, EA, MAAA — Type or print name of actuary

11-07082 — Most recent enrollment number

Mercer — Firm name

(206) 214-3500 — Telephone number (including area code)

1301 Fifth Avenue, Suite 1900

Seattle WA 98101 — 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 [ ]

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 (line 13 from prior year)	3,458,909	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	3,458,909	0
10	Interest on line 9 using prior year's actual return of 18.21%	629,867	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38 from prior year)		2,204,709
	b Interest on (a) using prior year's effective rate of 6.56% except as otherwise provided (see instructions)		144,629
	c Total available at beginning of current plan year to add to prefunding balance		2,349,338
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	4,088,776	0

Part III Funding percentages

14	Funding target attainment percentage	14	85.23 %
15	Adjusted funding target attainment percentage	15	85.23 %
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	93.84 %
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
05/21/2012	275,000		11/20/2012	275,000	
06/12/2012	275,000		12/28/2012	275,000	
07/17/2012	275,000		01/08/2013	1,100,000	
08/09/2012	275,000				
10/05/2012	275,000				
10/19/2012	275,000				
			Totals • 18(b)	3,300,000	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 contributions 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	3,029,728

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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: 2.94 %	2nd segment: 5.82 %	3rd segment: 6.46 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

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

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	0
b Excess assets, if applicable, but not greater than 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	15,312,010	2,577,767
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 (lines 31a - 31b + 32a + 32b - 33)	**34**	2,577,767

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	2,577,767	0	2,577,767

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	3,029,728
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	3,029,728
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

Schedule SB, Line 32 — Schedule of Amortization Bases

Shortfall amortization charge

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

Shortfall bases

Year established	Outstanding balance	Years remaining	Installment
2010	$ 4,920,274	6	$ 898,503
2011	10,391,736	7	1,679,264
Total	$ 15,312,010		$ 2,577,767

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Attachment to Form 5500, Schedule H, Item 4(i)
Schedule of Assets Held as of April 30, 2012

Employer: *Harrison Medical Center*
EIN: *91-0565546*
Plan No.: *002*

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
	Vanguard Extended Market Index Fund	Registered Investment Company	$ 14,254,393	$ 17,652,938
	Rainier Large Cap Core Equity Portfolio	Registered Investment Company	12,402,731	14,595,307
	PIMCO Total Return Fund Institutional Shares	Registered Investment Company	13,950,480	14,213,605
	Western Asset Core Plus Bond Portfolio	Registered Investment Company	13,029,388	14,213,026
	Vanguard Total International Stock	Registered Investment Company	9,537,147	9,294,695
	Aberdeen Eafe Plus Fund	Registered Investment Company	7,226,484	7,688,662
	Northern Global Real Estate Index	Registered Investment Company	2,838,433	2,927,579
	Lion Value Fund	Real Estate Investment Trust	2,500,000	1,963,016
*	Wells Fargo Short Term Investment Fund	Money Market Fund	1,197,712	1,197,741
	Archer Daniels Midland Company	Common Stock	434,110	434,703
	Halliburton Co.	Common Stock	417,845	427,750
	Western Union	Common Stock	332,351	424,578
	Carnival Corporation	Common Stock	400,848	422,435
	Honeywell International	Common Stock	250,054	420,980
	MetLife Inc.	Common Stock	417,503	417,948
	Chevron Corporation	Common Stock	315,195	417,715
	Baxter International Inc.	Common Stock	413,519	415,575
	Dow Chemical Co	Common Stock	418,011	413,336
	Target Corporation	Common Stock	358,143	413,112
	CVS/Caremark Corporation	Common Stock	286,956	409,760
	Mosaic Co	Common Stock	466,124	390,868
	Medtronic Inc.	Common Stock	331,602	389,640
	Royal Dutch Shell PLC	Common Stock	361,457	381,472
	Symantec Corporation	Common Stock	393,623	380,305
	National Oilwell Varco Inc. Company	Common Stock	214,641	371,224
	Flextronics International	Common Stock	386,381	370,336
	Vodafone Group PLC	Common Stock	361,131	361,660
	Abbott Labs	Common Stock	240,912	325,364
	Norfolk Southern Corporation	Common Stock	180,337	299,013
	TEVA Pharmaceutical Industries	Common Stock	287,205	296,557
	Ace Limited	Common Stock	194,671	292,105
	Willis Group Holdings LTD	Common Stock	207,563	288,034
	Ingersoll-Rand PLC	Common Stock	205,037	284,884
	Union Pacific Corp.	Common Stock	144,214	281,100
	KBR Inc.	Common Stock	157,670	281,038
	Unilever N.V.	Common Stock	215,957	278,235
	Prudential Finl Inc	Common Stock	234,706	272,430
	Cooper Industries PLC New Ireland	Common Stock	161,747	271,554
	Bank of New York Mellon Corp.	Common Stock	301,723	271,092
	Hospira, Inc.	Common Stock	291,204	266,912
	Corning Inc.	Common Stock	325,387	265,475
	Eaton Corp	Common Stock	253,583	260,172
	NYSE Euronext Inc	Common Stock	272,134	260,075
	Aetna, Inc.	Common Stock	198,898	251,028
	Superior Energy Services Inc	Common Stock	275,791	247,664
	ON Semiconductor Corp.	Common Stock	226,340	242,844
	Devon Energy Corporation	Common Stock	235,270	240,284
	Navistar Intl Corp Com	Common Stock	315,137	224,070
	Partnerre LTD	Common Stock	200,840	215,822
	Total		**$ 88,622,588**	**$ 96,925,718**

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

See independent auditors' report.