

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2013</div> <div style="text-align: center; font-weight: bold;">This Form is Open to Public Inspection</div>
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information	
1a Name of plan BELL HOSPITAL NON-UNION DEFINED CONTRIBUTION PLAN	1b Three-digit plan number (PN) ▶	002
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) BELL MEMORIAL HOSPITAL 901 LAKESHORE DRIVE ISHPEMING, MI 49849	1c Effective date of plan 11/01/2005	2b Employer Identification Number (EIN) 38-1394903
	2c Sponsor's telephone number 906-486-4431	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.	10/15/2014	TAMI KETCHEM
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2014	TAMI KETCHEM
	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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	550
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	426
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	65
d Subtotal. Add lines 6a , 6b , and 6c		6d	491
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	491
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	292
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 Characteristics Codes in the instructions: 2F 2G 2L 2R 2S 2T 3F 2E			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ 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) ☒ 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) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan BELL HOSPITAL NON-UNION DEFINED CONTRIBUTION PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500 BELL MEMORIAL HOSPITAL	D Employer Identification Number (EIN) 38-1394903	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
AMERICAN CENTURY INVESTMENTS
44-6006315

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
AMERICAN FUNDS
95-1411037

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
DAVIS FUNDS
52-1346931

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
FIDELITY INVESTMENTS
06-1194217

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

GOLDMAN SACHS

13-5108880

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

JANUS

43-1804048

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

MFS

04-2747644

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

DREYFUS

13-5673135

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

T. ROWE PRICE

52-2264646

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

JP MORGAN

13-2624428

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

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

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, N.A.

94-1347393

(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?
15 21 37 49 50 52 60 62 63 64	SERVICE PROVIDER	2348	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>BELL HOSPITAL NON-UNION DEFINED CONTRIBUTION PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BELL MEMORIAL HOSPITAL</u>	D Employer Identification Number (EIN) <u>38-1394903</u>	

Part I	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	8548	87265
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	55429	115151
(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)	12087933	13691964
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	12151910	13894380

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	12151910	13894380
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	27398	
(B) Participants	2a(1)(B)	1102678	
(C) Others (including rollovers)	2a(1)(C)	85231	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1215307

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	3114	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		3114

(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)	143930	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		143930

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

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(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)		2196710
c Other income	2c		51235
d Total income. Add all income amounts in column (b) and enter total	2d		3610296

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1814224	
(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)		1814224
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	53602	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		53602
j Total expenses. Add all expense amounts in column (b) and enter total	2j		1867826

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1742470
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: WIPFLI, LLP

(2) EIN: 39-0758449

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

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

Part IV Compliance Questions

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

During the plan year:

- 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.)
- 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.)

	Yes	No	Amount
4a		X	
4b		X	

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

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)

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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 2013 This Form is Open to Public Inspection.
---	--	--

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>BELL HOSPITAL NON-UNION DEFINED CONTRIBUTION PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>BELL MEMORIAL HOSPITAL</u>	D Employer Identification Number (EIN) <u>38-1394903</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>41-6257133</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

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

Part III	Amendments
-----------------	-------------------

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

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

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

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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (a) through (c)

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

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

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

Bell Hospital Defined Contribution Plan

Ishpeming, Michigan

Financial Statements and Supplemental Schedule
Years Ended December 31, 2013 and 2012

Bell Hospital Defined Contribution Plan

Financial Statements and Supplemental Schedule

Years Ended December 31, 2013 and 2012

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Independent Auditor's Report

Plan Administrator
Bell Hospital Defined Contribution Plan
Ishpeming, Michigan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Bell Hospital Defined Contribution Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012 and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Wells Fargo Bank, N.A., the custodian of the Plan, except for comparing such information with the related information included in the financial statements. 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 a certification from the custodian as of and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Emphasis of Matter

As further discussed in Note 1 to the financial statements, the Board of Directors of Bell Memorial Hospital, the Plan's sponsor, voted on November 26, 2013, to terminate the Plan effective November 30, 2013. In accordance with accounting principles generally accepted in the United States, the Plan has changed its basis of accounting from the ongoing basis used in presenting the 2012 financial statements to the liquidation basis used in presenting the 2013 financial statements.

Other Matter

The supplemental schedule, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2013, is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, is presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Wipfli LLP

Wipfli LLP

October 13, 2014

469 Security Blvd.

Green Bay, Wisconsin 54313

Bell Hospital Defined Contribution Plan

Plan's EIN #38-1394903 Plan #002

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

December 31, 2013

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
		Non-interest-bearing cash	**	\$ 87,265
		Mutual funds:		
	American Century	Large Company Value Fund (Inv)	**	376,494
	American Funds	EuroPacific Growth Fund (R4)	**	1,187,250
	Dreyfus	Appreciation Fund	**	667,591
	Federated	Intercontinental Fund (IS)	**	23,756
	Federated	Strategic Value Dividend Fund	**	32,203
	Federated	Emerging Markets Debt Fund	**	4,400
	Fidelity	Strategic Income Fund	**	6,117
	Goldman Sachs	Government Income Fund (A)	**	178,697
	Goldman Sachs	Mid Cap Value Fund (A)	**	738,134
	Janus	Forty Fund (S)	**	984,702
	JPMorgan	Large Cap Growth Fund	**	334,567
	MFS	Total Return Fund (A)	**	402,189
	MFS	Value Fund (A)	**	414,775
	Putnam	Absolute Return Fund	**	26,854
	Putnam	Diversified Income Fund	**	6,917
	Putnam	Floating Rate Income Fund	**	11,984
	Putnam	Voyager Fund	**	22,203
	Russell	Commodity Strategies Fund	**	4,636
	Russell	Emerging Markets Fund	**	20,926
	Russell	Real Estate Fund	**	7,145
	Russell	US Defensive Equity Fund	**	13,329
	Russell	US Small Cap Fund	**	24,902
	T. Rowe Price	High Yield Bond Fund	**	9,457
	T. Rowe Price	Small Cap Stock Advisor Fund	**	401,938
	T. Rowe Price	Spectrum Fund	**	16,915
*	Wells Fargo	Advantage Cash Investment Money Market Fund (S)	**	201,282
*	Wells Fargo	Advantage Discovery Fund (Admin)	**	1,109,514
*	Wells Fargo	Advantage Dow Jones Target Today Fund (Admin)	**	26,710
*	Wells Fargo	Advantage Dow Jones Target 2010 Fund (Admin)	**	265,664
*	Wells Fargo	Advantage Dow Jones Target 2020 Fund (Admin)	**	1,028,362
*	Wells Fargo	Advantage Dow Jones Target 2030 Fund (Admin)	**	1,524,545
*	Wells Fargo	Advantage Dow Jones Target 2040 Fund (Admin)	**	1,097,758
*	Wells Fargo	Advantage Dow Jones Target 2050 Fund (Admin)	**	531,885
*	Wells Fargo	Advantage Index Fund (Admin)	**	264,290
*	Wells Fargo	Advantage Small Cap Value Fund (Inv)	**	629,961
*	Wells Fargo	Advantage Core Bond Fund	**	1,093,912
		Total mutual funds		13,691,964
	Notes receivable from			
*	participants	4.25% notes, maturing through October 2018	\$ 0	115,151
	Total			\$ 13,894,380

*Party-in-interest

**Investments are participant-directed; therefore, cost information is omitted.

This schedule, with the exception of notes receivable from participants, has been derived from information certified as complete and accurate by Wells Fargo Bank, N.A.

See Independent Auditor's Report.

Bell Hospital Defined Contribution Plan

Ishpeming, Michigan

Financial Statements and Supplemental Schedule
Years Ended December 31, 2013 and 2012

Bell Hospital Defined Contribution Plan

Financial Statements and Supplemental Schedule

Years Ended December 31, 2013 and 2012

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Independent Auditor's Report

Plan Administrator
Bell Hospital Defined Contribution Plan
Ishpeming, Michigan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Bell Hospital Defined Contribution Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012 and the related statement of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL's) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Wells Fargo Bank, N.A., the custodian of the Plan, except for comparing such information with the related information included in the financial statements. 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 a certification from the custodian as of and for the years ended December 31, 2013 and 2012, that the information provided to the plan administrator by the custodian is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Emphasis of Matter

As further discussed in Note 1 to the financial statements, the Board of Directors of Bell Memorial Hospital, the Plan's sponsor, voted on November 26, 2013, to terminate the Plan effective November 30, 2013. In accordance with accounting principles generally accepted in the United States, the Plan has changed its basis of accounting from the ongoing basis used in presenting the 2012 financial statements to the liquidation basis used in presenting the 2013 financial statements.

Other Matter

The supplemental schedule, Schedule H, Line 4i - Schedule of Assets (Held at End of Year) as of December 31, 2013, is required by the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule.

Report on Form and Content in Compliance With DOL Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, is presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Wipfli LLP

Wipfli LLP

October 13, 2014
469 Security Blvd.
Green Bay, Wisconsin 54313

Bell Hospital Defined Contribution Plan

Statements of Net Assets Available for Benefits

December 31, 2013 and 2012

	2013	2012
	(Liquidation Basis)	(Ongoing Basis)
Assets:		
Investments, at fair value	\$ 13,691,964	\$ 12,087,933
Notes receivable from participants	115,151	55,429
Non-interest-bearing cash	87,265	8,548
Net assets available for benefits	\$ 13,894,380	\$ 12,151,910

Bell Hospital Defined Contribution Plan

Statements of Net Assets Available for Benefits

Years Ended December 31, 2013 and 2012

	2013	2012
	(Liquidation Basis)	(Ongoing Basis)
Additions to net assets attributed to:		
Investment income:		
Net appreciation in fair value of investments	\$ 2,196,710	\$ 1,215,922
Interest and dividends	143,930	148,305
Total investment income	2,340,640	1,364,227
Interest income on notes receivable from participants	3,114	1,861
Contributions:		
Sponsor	27,398	601,594
Participants	1,102,678	1,179,380
Rollovers	85,231	175,680
Total contributions	1,215,307	1,956,654
Other income	51,235	39,657
Total additions	3,610,296	3,362,399
Deductions from net assets attributed to:		
Benefits paid to participants	1,814,224	1,546,651
Administrative fees	53,602	49,909
Total deductions	1,867,826	1,596,560
Net increase in net assets available for benefits	1,742,470	1,765,839
Net assets available for benefits - Beginning of year	12,151,910	10,386,071
Net assets available for benefits - End of year	\$ 13,894,380	\$ 12,151,910

See accompanying notes to financial statements.

Bell Hospital Defined Contribution Plan

Notes to Financial Statements

Note 1 Plan Description and Plan Termination

The following description of Bell Hospital Defined Contribution Plan (the "Plan") provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions.

Plan Termination

On November 26, 2013, the Plan sponsor passed a resolution to terminate the Plan effective November 30, 2013. Due to the termination of the Plan, the accompanying 2013 financial statements were prepared on the liquidation basis of accounting. Changing to this basis had no effect to the reported net assets available for benefits. During 2014, plan assets were fully liquidated to participants or rolled over to the Sponsor's defined benefit plan.

General

The Plan is a participant-directed defined contribution plan established for a not-for-profit organization, commonly known as a Code Section 403(b) savings plan. Bell Memorial Hospital (the "Sponsor") is the plan sponsor and is a not-for-profit corporation as described in Section 501(c)(3) of the Internal Revenue Code (IRC). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended. The Plan covers all employees of the Sponsor, and eligible employees can participate immediately following employment with the Sponsor.

The Plan is intended to satisfy the requirements under Section 404(c) of ERISA and, therefore, provides that participants may choose to direct their contributions and/or all or part of their account balances among the Plan's investment alternatives. All investments are participant-directed.

Participant Contributions

Each year, participants could contribute up to 100% of pretax annual compensation, as defined in the Plan, up to the annual maximum allowed by the Internal Revenue Service (IRS). Participants who attained age 50 before the end of the plan year were eligible to make catch-up contributions. Participants could also contribute amounts representing distributions from other qualified defined benefit or defined contribution plans (rollovers).

Bell Hospital Defined Contribution Plan

Notes to Financial Statements

Note 1 Plan Description and Plan Termination (Continued)

Employer Contribution

The Plan provided for either profit sharing or matching contributions to be made by the Sponsor to eligible participants. Employees that were eligible for Bell Memorial Hospital Non-Union Pension Plan prior to it being frozen on November 1, 2005, were eligible to receive employer profit sharing contributions. As of July 1, 2012, the amount of profit sharing contributions received by an eligible participant was based on 1.5% of annual compensation. Prior to July 1, 2012, the amount of profit sharing contributions received by an eligible participant was based on a specified percentage of the participant's annual compensation based on longevity with the Organization as specified in the plan document. Nonunion, noncontingent participants who were not eligible to receive the employer profit sharing contributions were instead eligible to receive employer matching contributions. Employer matching contributions were based on 100% of the pretax contributions made by the participant, up to a maximum of 1.5% of the employee's compensation from July 1, 2012 through December 31, 2013. Prior to July 1, 2012, employer matching contributions were limited to 5.5% of employee compensation. Amounts contributed to the Plan from other qualified plans were not matched.

Participants' Accounts

Each participant's account was credited with the participant's contribution and allocations of (a) the Sponsor's contributions, (b) plan earnings or losses, and charged with an allocation of administrative expenses. Allocations were based on participant earnings, account balances, or specific participant transactions, as defined. The benefit to which a participant was entitled was the benefit that could be provided from the participant's vested account.

Vesting

Because of the Plan termination, participants became 100% vested in their accounts.

Bell Hospital Defined Contribution Plan

Notes to Financial Statements

Note 1 Plan Description and Plan Termination (Continued)

Notes Receivable From Participants

Participants could borrow from their account a minimum of \$1,000 to a maximum equal to the lesser of \$50,000 or 50% of their vested account balance. Note terms ranged from one to five years. The notes were secured by the balance in the participant's account and bore interest at a fixed rate of interest determined by the Plan's custodian based on prevailing market conditions. The interest rate on existing notes is 4.25%. Principal and interest were paid ratably through payroll deductions.

Payment of Benefits

For Plan termination distributions, participants may receive the value of their account as a lump-sum distribution or a rollover to another qualified plan. If the participant does not make an election as to the type of distribution, a distribution will be made to a qualified individual account established at the Plan custodian in the participant's name.

Forfeitures

Plan forfeitures arose as a result of participants who terminated service with the Sponsor before becoming 100% vested in the Sponsor's contributions. At December 31, 2013 and 2012, forfeited nonvested accounts totaled \$0 and \$200,432, respectively. During 2013, forfeitures of \$1,748 and \$177,768 were used to pay plan expenses and reduce employer contributions, respectively. In connection with the Plan termination, the remaining forfeitures in the amount of \$87,265 were allocated to participants in January 2014 and are included in the 2013 statement of net assets available for benefits as non-interest-bearing cash. During 2012, forfeitures of \$9,800 and \$12,277 were used to pay plan expenses and reduce employer contributions, respectively.

Bell Hospital Defined Contribution Plan

Notes to Financial Statements

Note 2 **Summary of Significant Accounting Policies**

Basis of Accounting

As a result of the termination, the Plan changed its basis of accounting from the accrual (ongoing) basis to the liquidation basis.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States (GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results may differ from these estimates.

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. The Plan's administrator determined the Plan's valuation policies utilizing information provided by the custodian. See Note 4 for discussion of fair value measurements.

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

Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance plus any accrued but unpaid interest. Interest income is recorded on the accrual basis. Related fees are recorded as administrative expenses and are expensed when they are incurred. No allowance for credit losses has been recorded as of December 31, 2013 and 2012. If a participant ceases to make loan repayments and the custodian deems the loan to be in default, the note balance is reduced and a benefit payment is recorded upon the occurrence of a distributable event.

Payment of Benefits

Benefits are recorded when paid.

Bell Hospital Defined Contribution Plan

Notes to Financial Statements

Note 2 Summary of Significant Accounting Policies (Continued)

Administrative Expenses

Fees for investment management services are offset by rebate income received from the Plan's mutual fund investments. For 2013 and 2012, the rebates are classified as other income in the accompanying statements of changes in net assets available for benefits. Note and distribution fees are charged to specific participant accounts and are classified as administrative fees in the accompanying statements of changes in net assets available for benefits. All other fees are paid by the Sponsor and excluded from the accompanying financial statements.

Subsequent Events

Subsequent events have been evaluated through October 13, 2014, which is the date the financial statements were available to be issued.

Bell Hospital Defined Contribution Plan

Notes to Financial Statements

Note 3 Investments

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

	2013 <u>(Liquidation Basis)</u>	2012 <u>(Ongoing Basis)</u>
Mutual funds:		
American Funds EuroPacific Growth Fund (R4)	\$ 1,187,250	\$ 1,046,249
Davis NY Venture Fund (A)	**	668,106
Goldman Sachs Mid Cap Value Fund (A)	738,134	**
Janus Forty Fund (S)	984,702	820,644
Wells Fargo:		
Advantage Discovery Fund (Admin)	1,109,514	808,808
Advantage Dow Jones Target 2020 Fund (Admin)	1,028,362	916,123
Advantage Dow Jones Target 2030 Fund (Admin)	1,524,545	1,335,115
Advantage Dow Jones Target 2040 Fund (Admin)	1,097,758	922,747
Advantage Small Cap Value Fund (Inv)	**	721,226
Advantage Total Return Bond Fund (Admin)	**	1,114,547

** Represents less than 5% of the Plan's net assets available for benefits at December 31

During the years ended December 31, 2013 and 2012, the Plan's investments in mutual funds (including investments bought or sold during the year as well as those held at year-end) appreciated in value by \$2,196,710 and \$1,215,922, respectively.

Bell Hospital Defined Contribution Plan

Notes to Financial Statements

Note 4 Fair Value Measurements

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

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

Level 2 Inputs to the valuation methodology include

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

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

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

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

Bell Hospital Defined Contribution Plan

Notes to Financial Statements

Note 4 Fair Value Measurements (Continued)

Following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the valuation methodologies used at December 31, 2013 and 2012.

Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

The method described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, although the Plan believes its valuation method is 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.

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

	2013 (Liquidation Basis)			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Alternative	\$ 11,781	\$ -	\$ -	\$ 11,781
Blend	7,715,046	-	-	7,715,046
Fixed income	414,454	-	-	414,454
Foreign	25,326	-	-	25,326
Growth	3,963,751	-	-	3,963,751
Value	1,561,606	-	-	1,561,606
Total assets at fair value	\$ 13,691,964	\$ -	\$ -	\$ 13,691,964

Bell Hospital Defined Contribution Plan

Notes to Financial Statements

Note 4 Fair Value Measurements (Continued)

	2012 (Ongoing Basis)			
	Level 1	Level 2	Level 3	Total
Mutual funds:				
Alternative	\$ 12,058	\$ -	\$ -	\$ 12,058
Blend	6,530,901	-	-	6,530,901
Fixed income	1,766,089	-	-	1,766,089
Foreign	7,390	-	-	7,390
Growth	2,584,251	-	-	2,584,251
Value	1,187,244	-	-	1,187,244
<u>Total assets at fair value</u>	<u>\$ 12,087,933</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ 12,087,933</u>

Note 5 Information Certified by Plan Custodian

Certain information related to non-interest bearing cash and investments disclosed in the accompanying financial statements and supplemental schedule, including non-interest bearing cash and investments held at December 31, 2013 and 2012, and net appreciation in fair value of investments and interest and dividends for the years ended December 31, 2013 and 2012 was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Wells Fargo Bank, N.A. (the custodian of the Plan).

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

Note 6 Tax Status

The Plan's terms have been drafted in reliance on the sample language provided by the IRS. The Plan is required to operate in conformity with the IRC to maintain the exclusion from tax for plan participants. Plan management believes the Plan is currently designed and 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.

Bell Hospital Defined Contribution Plan

Notes to Financial Statements

Note 6 Tax Status (Continued)

GAAP requires plan management to evaluate tax positions taken by the Plan and recognize a tax liability if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

Note 7 Risks and Uncertainties

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

Note 8 Party-in-Interest Transactions

Certain plan investments are mutual funds managed by Wells Fargo Bank, N.A. These transactions qualify as party-in-interest transactions. Fees paid by the Plan for administrative services to Wells Fargo Bank, N.A. amounted to \$41,421 and \$40,109 for the years ended December 31, 2013 and 2012, respectively. In addition, Bryan, Pendleton, Swats, & McAllister, LLC serves as an investment advisor for the Plan and were paid \$12,181 and \$9,800 for their advisory services for the years ended December 31, 2013 and 2012, respectively.

Notes receivable from participants also qualify as party-in-interest transactions, which are exempt from the prohibited transaction rules of ERISA.

Supplemental Schedule

Bell Hospital Defined Contribution Plan

Plan's EIN #38-1394903 Plan #002

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

December 31, 2013

(a)	(b)	(c)	(d)	(e)
	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
		Non-interest-bearing cash	**	\$ 87,265
		Mutual funds:		
	American Century	Large Company Value Fund (Inv)	**	376,494
	American Funds	EuroPacific Growth Fund (R4)	**	1,187,250
	Dreyfus	Appreciation Fund	**	667,591
	Federated	Intercontinental Fund (IS)	**	23,756
	Federated	Strategic Value Dividend Fund	**	32,203
	Federated	Emerging Markets Debt Fund	**	4,400
	Fidelity	Strategic Income Fund	**	6,117
	Goldman Sachs	Government Income Fund (A)	**	178,697
	Goldman Sachs	Mid Cap Value Fund (A)	**	738,134
	Janus	Forty Fund (S)	**	984,702
	JPMorgan	Large Cap Growth Fund	**	334,567
	MFS	Total Return Fund (A)	**	402,189
	MFS	Value Fund (A)	**	414,775
	Putnam	Absolute Return Fund	**	26,854
	Putnam	Diversified Income Fund	**	6,917
	Putnam	Floating Rate Income Fund	**	11,984
	Putnam	Voyager Fund	**	22,203
	Russell	Commodity Strategies Fund	**	4,636
	Russell	Emerging Markets Fund	**	20,926
	Russell	Real Estate Fund	**	7,145
	Russell	US Defensive Equity Fund	**	13,329
	Russell	US Small Cap Fund	**	24,902
	T. Rowe Price	High Yield Bond Fund	**	9,457
	T. Rowe Price	Small Cap Stock Advisor Fund	**	401,938
	T. Rowe Price	Spectrum Fund	**	16,915
*	Wells Fargo	Advantage Cash Investment Money Market Fund (S)	**	201,282
*	Wells Fargo	Advantage Discovery Fund (Admin)	**	1,109,514
*	Wells Fargo	Advantage Dow Jones Target Today Fund (Admin)	**	26,710
*	Wells Fargo	Advantage Dow Jones Target 2010 Fund (Admin)	**	265,664
*	Wells Fargo	Advantage Dow Jones Target 2020 Fund (Admin)	**	1,028,362
*	Wells Fargo	Advantage Dow Jones Target 2030 Fund (Admin)	**	1,524,545
*	Wells Fargo	Advantage Dow Jones Target 2040 Fund (Admin)	**	1,097,758
*	Wells Fargo	Advantage Dow Jones Target 2050 Fund (Admin)	**	531,885
*	Wells Fargo	Advantage Index Fund (Admin)	**	264,290
*	Wells Fargo	Advantage Small Cap Value Fund (Inv)	**	629,961
*	Wells Fargo	Advantage Core Bond Fund	**	1,093,912
		Total mutual funds		13,691,964
	Notes receivable from			
*	participants	4.25% notes, maturing through October 2018	\$ 0	115,151
	Total			\$ 13,894,380

*Party-in-interest

**Investments are participant-directed; therefore, cost information is omitted.

This schedule, with the exception of notes receivable from participants, has been derived from information certified as complete and accurate by Wells Fargo Bank, N.A.