

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2010</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan BRAZOSPORT MEMORIAL HOSPITALS 403B MATCHING TAX DEFERRED ANNUITY PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">002</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1996</td> </tr> </table>	1b Three-digit plan number (PN) ▶	002	1c Effective date of plan 01/01/1996	
1b Three-digit plan number (PN) ▶	002				
1c Effective date of plan 01/01/1996					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) BRAZOSPORT MEMORIAL HOSPITAL 100 MEDICAL DR. LAKE JACKSON, TX 77566-5674	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 74-1385192</td> </tr> <tr> <td>2c Sponsor's telephone number 979-299-2860</td> </tr> <tr> <td>2d Business code (see instructions) 622000</td> </tr> </table>	2b Employer Identification Number (EIN) 74-1385192	2c Sponsor's telephone number 979-299-2860	2d Business code (see instructions) 622000	
2b Employer Identification Number (EIN) 74-1385192					
2c Sponsor's telephone number 979-299-2860					
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.	10/06/2011	CHRISTOPHER CALIA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") BRAZOSPORT MEMORIAL HOSPITAL 100 MEDICAL DR. LAKE JACKSON, TX 77566-5674	3b Administrator's EIN 74-1385192 3c Administrator's telephone number 979-299-2860
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
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5 Total number of participants at the beginning of the plan year	5	937
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	640
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	303
d Subtotal. Add lines 6a , 6b , and 6c	6d	943
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	943
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	690
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	13
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:
 2A 2F 2G 2K 2L 2M 2T

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) ☒ 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
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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)
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SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan BRAZOSPORT MEMORIAL HOSPITALS 403B MATCHING TAX DEFERRED ANNUITY PLAN	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500. BRAZOSPORT MEMORIAL HOSPITAL	D Employer Identification Number (EIN) 74-1385192

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

ING LIFE INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	666213	863	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
6088	18

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JULIE E. ANDERSON
621 UNIVERSITY BLVD.
GALVESTON, TX 77550

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
4885	14	BROKER COMMISSION AND FEES	3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

RICHARD J. GLASER
13701 NORTHWEST BLVD., SUTE D2
CORPUS CHRISTI, TX 78410

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1203	4	BROKER COMMISSION AND FEES	3

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

Schedule A (Form 5500) 2010
v.092308.1

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 3406915**5** Current value of plan's interest under this contract in separate accounts at year end **5** 14938098**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ UNALLOCATED ANNUITY CONTRACT**b** Balance at the end of the previous year **7b** 3279070**c** Additions: (1) Contributions deposited during the year **7c(1)** 256822(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 106336(4) Transferred from separate account **7c(4)** 105296(5) Other (specify below) **7c(5)** 29832

▶ LOAN REPAYMENTS

(6) Total additions **7c(6)** 498286**d** Total of balance and additions (add **b** and **c(6)**). **7d** 3777356**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 366768(2) Administration charge made by carrier **7e(2)** 3673(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 370441**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 3406915

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance 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. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 2010 This Form is Open to Public Inspection
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan BRAZOSPORT MEMORIAL HOSPITALS 403B MATCHING TAX DEFERRED ANNUITY PLAN	B Three-digit plan number (PN) ▶	002
C Plan sponsor's name as shown on line 2a of Form 5500. BRAZOSPORT MEMORIAL HOSPITAL	D Employer Identification Number (EIN) 74-1385192	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier
ING LIFE INSURANCE AND ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
71-0294708	86509	VF6085	100	01/01/2010	12/31/2010

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in item 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
1222	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
JULIE ANDERSON 621 UNIVERSITY BLVD. GALVESTON, TX 77550

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
911			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid
RICHARD J. GLASER 13701 NORTHWEST BLVD., SUITE D2 CORPUS CHRISTI, TX 78410

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
311			3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 125050**5** Current value of plan's interest under this contract in separate accounts at year end **5** 560171**6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan check here ▶ ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ GROUP PENSION FUNDING**b** Balance at the end of the previous year **7b** 99921**c** Additions: (1) Contributions deposited during the year **7c(1)** 0(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 3493(4) Transferred from separate account **7c(4)** 35996(5) Other (specify below) **7c(5)** 76954

▶ LOAN PAYMENTS, POSITIVE VALUE ADJUSTMENTS, COLLATERAL INTEREST EARNED, TRANSFERS

(6) Total additions **7c(6)** 116443**d** Total of balance and additions (add **b** and **c(6)**). **7d** 216364**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 29537(2) Administration charge made by carrier **7e(2)** 1(3) Transferred to separate account **7e(3)** 52365(4) Other (specify below) **7e(4)** 9411

▶ LOAN REPAYMENTS, TRANSFERS & NEGATIVE VALUE ADJUSTMENTS

(5) Total deductions **7e(5)** 91314**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 125050

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve.....	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	0
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	0
(4) Claims charged.....		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions.....	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs.....	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes.....	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges.....	9c(1)(G)		
(H) Total retention.....		9c(1)(H)	0
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier.....	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, item 2 above, report amount.	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan BRAZOSPORT MEMORIAL HOSPITALS 403B MATCHING TAX DEFERRED ANNUITY PLAN	B Three-digit plan number (PN) <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 BRAZOSPORT MEMORIAL HOSPITAL	D Employer Identification Number (EIN) 74-1385192

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

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

ING MUTUAL FUNDS

95-4516049

(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 52 63	INVESTMENT PRODUCT PROVID	0	Yes ☒ No ☐	Yes ☐ No ☒	93156	Yes ☐ No ☒

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

ING LIFE INSURANCE AND ANNUITY

71-0294708

(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?
60 64 65	SERVICE PROVIDER	0	Yes ☒ No ☐	Yes ☒ No ☐	67556	Yes ☐ No ☒

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

AMERICAN FUNDS

95-1411037

(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 52 63	INVESTMENT PRODUCT PROVID	0	Yes ☒ No ☐	Yes ☐ No ☒	20030	Yes ☐ No ☒

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

ING FINANCIAL ADVISERS

06-1375177

(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?
63	BROKER/DEALER	0	Yes ☒ No ☐	Yes ☐ No ☒	14788	Yes ☐ No ☒

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

MERRILL LYNCH FUNDS

04-6171663

(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 52 63	INVESTMENT PRODUCT PROVID	0	Yes ☒ No ☐	Yes ☐ No ☒	13395	Yes ☐ No ☒

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

TEMPLETON FUNDS

13-2670991

(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 52 63	INVESTMENT PRODUCT PROVID	0	Yes ☒ No ☐	Yes ☐ No ☒	7186	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
AMERICAN FUNDS	28 52 63	20030
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS EUROPACIFIC GROWTH 95-1411037	INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING FINANCIAL ADVISERS	63	8885
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
AMERICAN FUNDS EURO PACIFIC GROWTH 95-1411037	12B-1 DISTRIBUTION FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING FINANCIAL ADVISERS	63	2503
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
BLACKROCK LARGE CAP VALUE 22-3695894	12B-1 DISTRIBUTION FEES	

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)
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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 D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan 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 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2010</div> This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>BRAZOSPORT MEMORIAL HOSPITALS 403B MATCHING TAX DEFERRED ANNUITY PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>BRAZOSPORT MEMORIAL HOSPITAL</u>	D Employer Identification Number (EIN) <u>74-1385192</u>	

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)
(Complete as many entries as needed to report all interests in DFEs)	

a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS EUROPACIFIC GROWTH F</u>			
b Name of sponsor of entity listed in (a): <u>ING LIFE INSURANCE AND ANNUITY COMPANY</u>			
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4541</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS EUROPACIFIC R3</u>			
b Name of sponsor of entity listed in (a): <u>ING LIFE INSURANCE AND ANNUITY COMPANY</u>			
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1942330</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS NEW PERSPECTIVE FUND</u>			
b Name of sponsor of entity listed in (a): <u>ING LIFE INSURANCE AND ANNUITY COMPANY</u>			
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>10347</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS THE GROWTH FUND OF A</u>			
b Name of sponsor of entity listed in (a): <u>ING LIFE INSURANCE AND ANNUITY COMPANY</u>			
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>17627</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>AMERICAN FUNDS WASHINGTON MUTUAL IN</u>			
b Name of sponsor of entity listed in (a): <u>ING LIFE INSURANCE AND ANNUITY COMPANY</u>			
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5923</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>BLACKROCK LARGE CAP VALUE FD-A</u>			
b Name of sponsor of entity listed in (a): <u>ING LIFE INSURANCE AND ANNUITY COMPANY</u>			
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>1126268</u>	
a Name of MTIA, CCT, PSA, or 103-12 IE: <u>FIDELITY VIP CONTRAFUND PORTFOLIO -</u>			
b Name of sponsor of entity listed in (a): <u>ING LIFE INSURANCE AND ANNUITY COMPANY</u>			
c EIN-PN <u>71-0294708-000</u>	d Entity code <u>P</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>31376</u>	

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP EQUITY-INCOME PORTFOLI			
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6438

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP GROWTH PORTFOLIO - INI			
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1914

a Name of MTIA, CCT, PSA, or 103-12 IE: FIDELITY VIP OVERSEAS PORTFOLIO - I			
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 624

a Name of MTIA, CCT, PSA, or 103-12 IE: FRANKLIN SMALL CAP VALUE SECURITIES			
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4

a Name of MTIA, CCT, PSA, or 103-12 IE: ING AMERICAN CENTURY SMALL-MID CAP			
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9315

a Name of MTIA, CCT, PSA, or 103-12 IE: ING BALANCED PORTFOLIO - CLASS I			
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10620

a Name of MTIA, CCT, PSA, or 103-12 IE: ING BARON SMALL CAP GROWTH PORTFOLI			
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 17

a Name of MTIA, CCT, PSA, or 103-12 IE: ING BLACKROCK HEALTH SCIENCES OPPOR			
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 24

a Name of MTIA, CCT, PSA, or 103-12 IE: ING BLACKROCK LARGE CAP GROWTH PORT			
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5057

a Name of MTIA, CCT, PSA, or 103-12 IE: ING BLACKROCK SCIENCE AND TECHNOLOG			
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5564

a Name of MTIA, CCT, PSA, or 103-12 IE: ING COLUMBIA SMALL CAP VAL PORT-SVC		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 340735

a Name of MTIA, CCT, PSA, or 103-12 IE: ING DAVIS NEW YORK VENTURE PORTFOLI		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 164

a Name of MTIA, CCT, PSA, or 103-12 IE: ING FIXED ACCOUNT		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18128

a Name of MTIA, CCT, PSA, or 103-12 IE: ING FIXED PLUS ACCOUNT		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5435

a Name of MTIA, CCT, PSA, or 103-12 IE: ING FIXED PLUS ACCOUNT		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3406915

a Name of MTIA, CCT, PSA, or 103-12 IE: ING FIXED PLUS ACCOUNT II		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 101487

a Name of MTIA, CCT, PSA, or 103-12 IE: ING FMR DIVERSIFIED MID CAP PORT-SV		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 789312

a Name of MTIA, CCT, PSA, or 103-12 IE: ING GLOBAL BOND PORTFOLIO - INITIAL		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11558

a Name of MTIA, CCT, PSA, or 103-12 IE: ING GLOBAL RESOURCES PORTFOLIO - SE		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 11413

a Name of MTIA, CCT, PSA, or 103-12 IE: ING GROWTH AND INCOME PORTFOLIO - C		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 47928

a Name of MTIA, CCT, PSA, or 103-12 IE: ING INDEX PLUS LARGE CAP PORTFOLIO -		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14040

a Name of MTIA, CCT, PSA, or 103-12 IE: ING INDEX PLUS MIDCAP PORTFOLIO - C		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4944

a Name of MTIA, CCT, PSA, or 103-12 IE: ING INDEX PLUS SMALLCAP PORTFOLIO -		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4

a Name of MTIA, CCT, PSA, or 103-12 IE: ING INTERMEDIATE BOND PORTFOLIO - C		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10038

a Name of MTIA, CCT, PSA, or 103-12 IE: ING INTERNATIONAL INDEX PORTFOLIO -		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2366

a Name of MTIA, CCT, PSA, or 103-12 IE: ING INTERNATIONAL VALUE PORTFOLIO -		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5418

a Name of MTIA, CCT, PSA, or 103-12 IE: ING INVESCO VAN KAMPEN COMSTOCK POR		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7537

a Name of MTIA, CCT, PSA, or 103-12 IE: ING INVESCO VAN KAMPEN EQUITY AND I		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 18902

a Name of MTIA, CCT, PSA, or 103-12 IE: ING JANUS CONTRARIAN PORT-SVC		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4424190

a Name of MTIA, CCT, PSA, or 103-12 IE: ING JPMORGAN EMERGING MARKETS EQUIT		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6790

a Name of MTIA, CCT, PSA, or 103-12 IE: ING JPMORGAN MID CAP VALUE PORTFOLI			
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 864776

a Name of MTIA, CCT, PSA, or 103-12 IE: ING JPMORGAN MID CAP VALUE PORTFOLI			
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8538

a Name of MTIA, CCT, PSA, or 103-12 IE: ING LARGE CAP VALUE PORTFOLIO - INS			
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13605

a Name of MTIA, CCT, PSA, or 103-12 IE: ING LEGG MASON CLEARBRIDGE AGGRESSI			
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 23570

a Name of MTIA, CCT, PSA, or 103-12 IE: ING LORD ABBETT GROWTH AND INCOME P			
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 7

a Name of MTIA, CCT, PSA, or 103-12 IE: ING MFS UTILITIES PORTFOLIO - SERVI			
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 183

a Name of MTIA, CCT, PSA, or 103-12 IE: ING MONEY MARKET FUND			
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 620099

a Name of MTIA, CCT, PSA, or 103-12 IE: ING MONEY MARKET PORTFOLIO - CLASS			
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 120

a Name of MTIA, CCT, PSA, or 103-12 IE: ING OPPENHEIMER GLOBAL PORTFOLIO -			
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 34894

a Name of MTIA, CCT, PSA, or 103-12 IE: ING PIMCO TOTAL RETURN PORTFOLIO -			
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY			
c EIN-PN 71-0294708-000	d Entity code	P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 978

a Name of MTIA, CCT, PSA, or 103-12 IE: ING PIONEER FUND PORTFOLIO - INSTIT		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 188

a Name of MTIA, CCT, PSA, or 103-12 IE: ING PIONEER MID CAP VALUE PORTFOLIO		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 15319

a Name of MTIA, CCT, PSA, or 103-12 IE: ING SMALL COMPANY PORTFOLIO - CLASS		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9501

a Name of MTIA, CCT, PSA, or 103-12 IE: ING SMALLCAP OPPORTUNITIES PORTFOLI		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 3671

a Name of MTIA, CCT, PSA, or 103-12 IE: ING SOLUTION 2015 PORTFOLIO - SERVI		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 82875

a Name of MTIA, CCT, PSA, or 103-12 IE: ING SOLUTION 2025 PORTFOLIO - SERVI		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 131013

a Name of MTIA, CCT, PSA, or 103-12 IE: ING SOLUTION 2035 PORTFOLIO - SERVI		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 635745

a Name of MTIA, CCT, PSA, or 103-12 IE: ING SOLUTION 2045 PORTFOLIO - SERVI		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 9386

a Name of MTIA, CCT, PSA, or 103-12 IE: ING SOLUTION INCOME PORTFOLIO - SER		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81900

a Name of MTIA, CCT, PSA, or 103-12 IE: ING STRATEGIC ALLOCATION GROWTH POR		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 57099

a Name of MTIA, CCT, PSA, or 103-12 IE: ING STRATEGIC ALLOCATION MODERATE P		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 6860

a Name of MTIA, CCT, PSA, or 103-12 IE: ING T. ROWE PRICE CAPAPPREC PORT-SV		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2381809

a Name of MTIA, CCT, PSA, or 103-12 IE: ING T. ROWE PRICE CAPITAL APPRECIAT		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 37006

a Name of MTIA, CCT, PSA, or 103-12 IE: ING T. ROWE PRICE DIVERSIFIED MID C		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 35226

a Name of MTIA, CCT, PSA, or 103-12 IE: ING T. ROWE PRICE GROWTH EQUITY POR		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 13007

a Name of MTIA, CCT, PSA, or 103-12 IE: ING TEMPLETON FOREIGN EQUITY PORTFO		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 14833

a Name of MTIA, CCT, PSA, or 103-12 IE: ING THORNBURG VALUE PORTFOLIO - INI		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4433

a Name of MTIA, CCT, PSA, or 103-12 IE: ING UBS U.S. LARGE CAP EQUITY PORTF		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8692

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO MID CAP CORE EQUITY FD-CL A		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 283778

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO SMALL CAP GROWTH FUND - CL		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 81340

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO V.I. CAPITAL APPRECIATION F		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 854

a Name of MTIA, CCT, PSA, or 103-12 IE: INVESCO V.I. CORE EQUITY FUND - SER		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 761

a Name of MTIA, CCT, PSA, or 103-12 IE: JANUS ASPEN SERIES FLEXIBLE BOND PO		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5

a Name of MTIA, CCT, PSA, or 103-12 IE: KEELEY SMALL CAP VALUE FD		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 354181

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER DEVELOPING MARKETS FUND		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 10730

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER GLOBAL SECURITIES FUND/		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 8

a Name of MTIA, CCT, PSA, or 103-12 IE: OPPENHEIMER STRATEGIC BOND FUND/VA		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 4

a Name of MTIA, CCT, PSA, or 103-12 IE: PIONEER HIGH YIELD VCT PORTFOLIO -		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 31

a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL BOND FUND		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 788360

a Name of MTIA, CCT, PSA, or 103-12 IE: TEMPLETON GLOBAL BOND FUND - CLASS		
b Name of sponsor of entity listed in (a): ING LIFE INSURANCE AND ANNUITY COMPANY		
c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 5436

a Name of MTIA, CCT, PSA, or 103-12 IE: **WANGER SELECT****b** Name of sponsor of entity listed in (a): **ING LIFE INSURANCE AND ANNUITY COMPANY**

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 1819
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a Name of MTIA, CCT, PSA, or 103-12 IE: **WELLS FARGO ADVANTAGE SPECIAL SMALL****b** Name of sponsor of entity listed in (a): **ING LIFE INSURANCE AND ANNUITY COMPANY**

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 2301
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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Part II Information on Participating Plans (to be completed by DFEs)

(Complete as many entries as needed to report all participating plans)

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
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plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

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

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan BRAZOSPORT MEMORIAL HOSPITALS 403B MATCHING TAX DEFERRED ANNUITY PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 BRAZOSPORT MEMORIAL HOSPITAL	D Employer Identification Number (EIN) 74-1385192	

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(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)	485619	551516
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)	13679513	15498269
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	3378990	3531965
(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	17544122	19581750

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	17544122	19581750
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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)	22073	
(B) Participants	2a(1)(B)	1120990	
(C) Others (including rollovers)	2a(1)(C)	1453	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1144516

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)	28809	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		28809

(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)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0

(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

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		1976495
(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		
d Total income. Add all income amounts in column (b) and enter total.....	2d		3149820

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	1091993	
(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)		1091993
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)	20199	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		20199
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1112192

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		2037628
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: BKD, LLP

(2) EIN: 44-0160260

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....		X	
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)

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

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>BRAZOSPORT MEMORIAL HOSPITALS 403B MATCHING TAX DEFERRED ANNUITY 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>BRAZOSPORT MEMORIAL HOSPITAL</u>	D Employer Identification Number (EIN) <u>74-1385192</u>

Part I	Distributions
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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>71-0294708</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)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☐ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____	If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year	6a		
b Enter the amount contributed by the employer to the plan for this plan year	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☐ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☐ No
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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.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

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

Schedule R (Form 5500) 2010
v.092308.1

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Brazosport Memorial Hospital's 403(b) Matching
Tax Deferred Annuity Plan**

EIN 74-1385192 PN 002

Accountants' Report and Financial Statements

December 31, 2010 and 2009

Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan

December 31, 2010 and 2009

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Independent Accountants' Report

Board of Trustees and Plan Administrator
Brazosport Memorial Hospital's 403(b)
Matching Tax Deferred Annuity Plan
Lake Jackson, Texas

We were engaged to audit the accompanying statements of net assets available for benefits of Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended and the accompanying supplemental schedule. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan Administrator instructed us not to perform, and we did not perform, auditing procedures with respect to the information summarized in Note 3 and notes receivable from participants, which were certified by ING Life Insurance and Annuity Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. 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, 2010 and 2009, that the information provided to the Plan Administrator by the custodian is complete and accurate to the best of their knowledge.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedule taken as a whole. The form and content of the information included in the financial statements and 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 of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As discussed in Note 7, in 2010, the Plan changed its method of accounting for notes receivable from participants through retrospective application to prior years' financial statements.

BKD, LLP

Houston, Texas
October 3, 2011

Federal Employer Identification Number: 44-0160260

Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan

Statements of Net Assets Available for Benefits December 31, 2010 and 2009

	2010	2009 (As Adjusted - Note 7)
Assets		
Investments, At Fair Value	\$ 19,030,234	\$ 17,058,503
Notes Receivable From Participants	<u>551,516</u>	<u>485,619</u>
Net Assets Available for Benefits	<u><u>\$ 19,581,750</u></u>	<u><u>\$ 17,544,122</u></u>

Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan

Statements of Changes in Net Assets Available for Benefits Years Ended December 31, 2010 and 2009

	2010	2009 (As Adjusted - Note 7)
Investment Income		
Net appreciation in fair value of investments	\$ 1,874,488	\$ 2,956,489
Interest	102,007	99,325
Net investment income	1,976,495	3,055,814
Interest Income on Notes Receivable From Participants	28,809	26,105
Contributions		
Employer	22,073	135,338
Participants	1,120,990	1,239,551
Rollovers	1,453	1,121
	1,144,516	1,376,010
Total additions	3,149,820	4,457,929
Deductions		
Benefits paid directly to participants	1,091,993	1,214,077
Administrative expenses	20,199	19,167
Other	-	2,494
Total deductions	1,112,192	1,235,738
Net Increase	2,037,628	3,222,191
Net Assets Available for Benefits, Beginning of Year (January 1, 2009 Compiled)	17,544,122	14,321,931
Net Assets Available for Benefits, End of Year	\$ 19,581,750	\$ 17,544,122

Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan

Notes to Financial Statements

December 31, 2010 and 2009

Note 1: Description of the Plan

The following description of the Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan (the Plan) provides only general information. Participants should refer to the *Plan Document* and *Summary Plan Description* for a more complete description of the Plan's provisions, which are available from the Plan Administrator.

General

The Plan is a defined contribution plan sponsored by Brazosport Regional Health System d/b/a Brazosport Memorial Hospital (the Hospital) for the benefit of all its employees who have completed 30 days of employment with the Hospital. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). ING Life Insurance and Annuity Company (ING) serves as the Plan's custodian and recordkeeper.

Contributions

The Plan permits eligible employees, through a salary deferral election, to have the Hospital make annual contributions up to 100 percent of eligible compensation. Employee rollover and catch-up contributions are also permitted. The Hospital, at its discretion, may make matching contributions for eligible employees with 30 days of employment. For the period from January 1, 2009 through February 28, 2009, the Hospital matched 100 percent of each eligible participant's compensation, up to a maximum match of 4 percent of employees' compensation. For the period from March 1, 2009 through December 31, 2009, the Hospital did not make any matching contributions. From the period from November 11, 2010 through December 31, 2010, the Hospital matched 100 percent of each eligible participant's compensation, up to a maximum match of 1 percent of employees' compensation. Contributions are subject to certain limitations. Forfeitures are used to reduce the Hospital's contributions.

Participant Investment Account Options

Participants direct the investment of their contributions, as well as the Hospital's contributions, into various investment options offered by the Plan. The Plan offers various pooled separate accounts and guaranteed investment contracts as investment options for participants.

Participant Accounts

Each participant's account is credited with the participant's contributions and the Hospital's contributions and Plan earnings and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefits to which a participant is entitled are the benefits which can be provided from the participant's vested account.

Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan

Notes to Financial Statements

December 31, 2010 and 2009

Vesting

Participants are immediately vested in their voluntary contributions, plus earnings thereon. Vesting in the Hospital's contribution portion of their accounts, plus earnings thereon, is based on years of continuous service. A participant is fully vested after three years of continuous service. The non-vested balance is forfeited upon termination of service. Forfeitures are used to reduce the Hospital's contributions.

Payment of Benefits

Upon retirement or death, participants or beneficiaries are entitled to a distribution equal to the total value of their accounts. Upon termination of service, a participant's vested benefits may be paid out as a lump-sum distribution, installment payments (joint and survivor annuity), or a direct rollover. The Plan also permits withdrawals from the Plan due to circumstances of financial hardship, in accordance with provisions specified in the *Plan Document*. While employed, a participant may make withdrawals from their fully vested accounts, as defined in the *Plan Document*. Certain additional in-service withdrawals are permitted upon attainment of age 59½.

Forfeited Accounts

At December 31, 2010 and 2009, forfeited non-vested accounts totaled \$442,280 and \$415,149, respectively. These accounts will be used to reduce future employer contributions.

Notes Receivable From Participants

The *Plan Document* includes provisions authorizing loans from the Plan to active eligible participants. The minimum amount of a loan shall be \$1,000. The maximum amount of a participant's loan is determined by the available loan balance restricted to the lesser of \$50,000 or 50 percent of the participant's vested account balance. All loans are covered by demand notes and are repayable over a period not to exceed five years (except for loans for the purchase of a principal residence) through payroll withholdings unless the participant is paying the loan in full. Interest on the loans is based on Moody's Corporate Bond Yield Average – Monthly Average Corporates, as published by Moody's Investors Service, Inc. for the calendar month ending two months before the date that the new loan interest rate is effective. The percentage of the interest rate charged on loan balances payable to ING is 2.5 percent.

Notes receivable from participants are measured at their unpaid principal balance, plus any accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the *Plan Document*.

Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan

Notes to Financial Statements

December 31, 2010 and 2009

Plan Termination

Although it has not expressed an intention to do so, the Hospital has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition

Pooled separate accounts are valued at estimated fair value as provided by ING. The separate accounts are individually controlled variable annuities and are valued at the unit value of the accumulation units held by the Plan, as provided by ING. The accumulation unit value is determined daily by ING based on the net asset value of shares of the underlying fund, the fund's dividends and the contract's separate account charges.

The guaranteed investment contracts with the insurance company are valued at contract value, which approximates fair value as estimated by ING. Contract value, as reported by ING, represents contributions made under the contract, plus interest at the contract rate, less funds used to pay retirement benefits and administrative expenses. The guaranteed investment contracts with ING are not considered fully benefit-responsive investment contracts and have minimum guaranteed interest rates. The ING Fixed Plus Account and ING Fixed Plus Account II have minimum guaranteed interest rates of 3.0 percent. The ING Fixed Account has a minimum guaranteed interest rate of 2.25 percent. The investment contracts with ING contain restrictions and certain surrender charges.

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

Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan

Notes to Financial Statements

December 31, 2010 and 2009

Plan Tax Status

The Plan has not requested or obtained a determination letter as the Internal Revenue Service does not currently provide that service for 403(b) plans. The Plan Administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and, therefore, not subject to tax. With a few exceptions, the Plan is no longer subject to U.S. Federal, state or non-U.S. income tax examinations by tax authorities for years before 2007.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

Administrative expenses may be paid by the Hospital or the Plan, at the Hospital's discretion.

Note 3: Investments

The Plan's investments are held by ING. The Plan's investments (including investments bought, sold and held during the years) appreciated in fair value as follows:

	2010	
	Net Appreciation in Fair Value During Year	Fair Value at End of Year
Pooled separate accounts	\$ 1,874,488	\$ 15,498,269
Guaranteed investment contracts	-	3,531,965
	<u><u>\$ 1,874,488</u></u>	<u><u>\$ 19,030,234</u></u>
	2009 (As Adjusted - Note 7)	
	Net Appreciation in Fair Value During Year	Fair Value at End of Year
Pooled separate accounts	\$ 2,956,489	\$ 13,679,513
Guaranteed investment contracts	-	3,378,990
	<u><u>\$ 2,956,489</u></u>	<u><u>\$ 17,058,503</u></u>

Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan

Notes to Financial Statements

December 31, 2010 and 2009

The fair value of individual investments that represented 5 percent or more of the Plan's net assets available for benefits were as follows:

	2010	2009 (As Adjusted - Note 7)
ING Janus Contrarian Portfolio - Service Class	\$ 4,424,190	\$ 4,019,024
ING Fixed Plus Account	3,412,350	3,284,412
ING T. Rowe Price Capital Appreciation Port - Serv Class	2,418,815	2,078,373
EuroPacific Growth Fund - Class R-3	1,942,330	1,904,030
BlackRock Large Cap Value Fund - Class A	1,126,268	982,041
Other investments under 5%	5,706,281	4,790,623
Total	<u>\$ 19,030,234</u>	<u>\$ 17,058,503</u>

Interest realized on the Plan's investments for the years ended December 31, 2010 and 2009, were \$102,007 and \$99,325, respectively.

Note 4: Party-in-interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50 percent or more of such an employer or employee association, or relatives of such persons.

The Plan invests in certain funds of the Plan custodian. The Hospital provides certain administrative services at no cost to the Plan.

Note 5: Fair Value of Assets

Accounting Standards Codification Topic 820, *Fair Value Measurements*, defines fair value as 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. Topic 820 also specifies a fair value hierarchy, which requires a plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value as shown on the following page.

Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan

Notes to Financial Statements

December 31, 2010 and 2009

- Level 1** Quoted prices in active markets for identical assets.
- Level 2** Observable inputs other than Level 1 prices, such as quoted prices for similar assets; quoted prices 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.
- Level 3** Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets.

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy.

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. The Plan holds no Level 1 securities. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. Level 2 securities include the pooled separate accounts. Units of pooled separate accounts are recorded at estimated unit value based on the estimated market value of the underlying assets net of annual expense charges divided by the beginning units. Inputs include market quotations or price, reported trades, broker/dealer quotes, bids and offers of the underlying investments obtained from external appraisals, independent pricing sources and market research publications. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy and include the guaranteed investment contracts. The guaranteed investment contracts are valued at contract value, which approximates fair value as estimated by ING. See Note 2 for definition of inputs utilized to determine fair value of Level 3 securities.

The tables on the following page present the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2010 and 2009.

Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan

Notes to Financial Statements

December 31, 2010 and 2009

2010				
Fair Value Measurements Using				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Fair Value				
Pooled separate accounts:				
Blended funds	\$ 10,215,855	\$ -	\$ 10,215,855	\$ -
Bond funds	816,379	-	816,379	-
Growth funds	1,035,631	-	1,035,631	-
Money market funds	620,219	-	620,219	-
Value funds	2,810,122	-	2,810,122	-
Other funds	63	-	63	-
Total pooled separate accounts	15,498,269	0	15,498,269	0
Guaranteed investment contracts	3,531,965	-	-	3,531,965
Total investments	<u>\$ 19,030,234</u>	<u>\$ 0</u>	<u>\$ 15,498,269</u>	<u>\$ 3,531,965</u>

2009 (As Adjusted - Note 7)				
Fair Value Measurements Using				
	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)	
Fair Value				
Pooled separate accounts:				
Blended funds	\$ 9,247,520	\$ -	\$ 9,247,520	\$ -
Bond funds	712,864	-	712,864	-
Growth funds	788,367	-	788,367	-
Money market funds	744,967	-	744,967	-
Value funds	2,185,738	-	2,185,738	-
Other funds	57	-	57	-
Total pooled separate accounts	13,679,513	0	13,679,513	0
Guaranteed investment contracts	3,378,990	-	-	3,378,990
Total investments	<u>\$ 17,058,503</u>	<u>\$ 0</u>	<u>\$ 13,679,513</u>	<u>\$ 3,378,990</u>

Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan

Notes to Financial Statements

December 31, 2010 and 2009

The following is a reconciliation of the beginning and ending balances of recurring fair value measurements recognized in the accompanying statements of net assets available for benefits using significant unobservable (Level 3) inputs:

	Guaranteed Investment Contracts
Balance, January 1, 2009	\$ 3,194,123
Purchase, sales, issuances and settlements (net)	<u>184,867</u>
Balance, December 31, 2009	3,378,990
Purchase, sales, issuances and settlements (net)	<u>152,975</u>
Balance, December 31, 2010	<u><u>\$ 3,531,965</u></u>

As the guaranteed investment contracts and participant loans are valued at contract value and amortized cost, respectively, both of which approximates fair value, there are no realized and unrealized gains and losses for this investment included in net increase in net assets available for benefits.

Note 6: 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 the participants' account balances and the amounts reported in the statements of net assets available for benefits.

Note 7: Change in Accounting Principle

During 2010, the Plan adopted the provisions of Accounting Standards Update (ASU) 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans*. The ASU requires loans to participants to be reported as notes receivable from participants at unpaid principal plus accrued but unpaid interest, instead of being reported as a part of investments at fair value as they were under previous guidance.

Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan

Notes to Financial Statements

December 31, 2010 and 2009

The financial statement line items for fiscal years 2010 and 2009 were affected by the change in accounting principle as shown on the following page.

2010			
Statement of Net Assets Available for Benefits			
	As Computed Under Previous Guidance	As Computed Under ASU 2010-25	Effect of Change
Investments	\$ 19,581,750	\$ 19,030,234	\$ (551,516)
Notes receivable from participants	-	551,516	551,516

2009			
Statement of Net Assets Available for Benefits			
	As Previously Reported	As Adjusted	Effect of Change
Investments	\$ 17,544,122	\$ 17,058,503	\$ (485,619)
Notes receivable from participants	-	485,619	485,619

2010			
Statement of Changes in Net Assets Available for Benefits			
	As Computed Under Previous Guidance	As Computed Under ASU 2010-25	Effect of Change
Interest	\$ 130,816	\$ 102,007	\$ (28,809)
Interest income on notes receivable from participants	-	28,809	28,809

2009			
Statement of Changes in Net Assets Available for Benefits			
	As Previously Reported	As Adjusted	Effect of Change
Interest	\$ 125,430	\$ 99,325	\$ (26,105)
Interest income on notes receivable from participants	-	26,105	26,105

Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan

Notes to Financial Statements

December 31, 2010 and 2009

Note 8: Subsequent Events

Subsequent events have been evaluated through October 3, 2011, which is the date the financial statements were available to be issued.

Supplemental Schedule

Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan

EIN 74-1385192 PN 002

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) December 31, 2010

(a)(b) Identity of Issuer	(c) Description of Investment	(e) Current Value**
<u>Guaranteed Investment Contracts</u>		
* ING Fixed Plus Account	3,412,350, 3.00% interest rate	\$ 3,412,350
* ING Fixed Plus Account II	101,487, 3.00% interest rate	101,487
* ING Fixed Account	18,128, 3.00% interest rate	18,128
<u>Pooled Separate Accounts</u>		
* ING Janus Contrarian Portfolio - Service Class	366,544 units	4,424,190
* ING T. Rowe Price Capital Appreciation Port - Serv Class	107,699 units	2,418,815
EuroPacific Growth Fund - Class R-3	47,805 units	1,942,330
BlackRock Large Cap Value Fund - Class A	77,089 units	1,126,268
* ING JPMorgan Mid Cap Value Portfolio - Service Class	62,767 units	873,314
Templeton Global Bond Fund - Class A	58,196 units	793,796
* ING FMR Diversified Mid Cap Portfolio - Service Class	51,963 units	789,312
* ING Solution 2035 Portfolio - Service Class	56,161 units	635,745
* ING Money Market Fund - Class A	620,099 units	620,099
Keeley Small Cap Value Fund	14,184 units	354,181
* ING Columbia Small Cap Value Portfolio - Service Class	32,795 units	340,735
AIM Mid Cap Core Equity Fund - Class A	12,248 units	283,778
* ING Solution 2025 Portfolio - Service Class	11,792 units	131,013
* ING Solution 2015 Portfolio - Service Class	7,500 units	82,875
* ING Solution Income Portfolio - Service Class	7,473 units	81,900
AIM Small Cap Growth Fund - Class A	2,845 units	81,340
* ING Strategic Allocation Growth Portfolio - Class I	4,676 units	57,099
* ING Growth and Income Portfolio - Class I	4,723 units	47,928
* ING T. Rowe Price Diversified Mid Cap Growth Port - Initial	2,458 units	35,226
* ING Oppenheimer Global Portfolio - Initial Class	2,524 units	34,894
Fidelity VIP Contrafund Portfolio - Initial Class	1,529 units	31,376
* ING Legg Mason ClearBridge Aggressive Growth Port - Initial	2,414 units	23,570
* ING Van Kampen Equity and Income Portfolio - Initial Class	1,471 units	18,902
The Growth Fund of America - Class R-4	1,301 units	17,627
* ING Pioneer Mid Cap Value Portfolio - Institutional Class	1,402 units	15,319
* ING Templeton Foreign Equity Portfolio - Initial Class	1,652 units	14,833
* ING Index Plus LargeCap Portfolio - Class I	1,122 units	14,040
* ING Pioneer Equity Income Portfolio - Institutional Class	1,600 units	13,605

*A party-in-interest as defined by ERISA.

**Column(d) cost information is not presented because all investments are participant directed.

Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan

EIN 74-1385192 PN 002

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2010

(a)(b) Identity of Issuer	(c) Description of Investment	(e) Current Value**
<u>Pooled Separate Accounts (Continued)</u>		
* ING T. Rowe Price Growth Equity Portfolio - Initial Class	817 units	\$ 13,007
* ING Global Bond Portfolio - Initial Class	843 units	11,558
* ING Global Resources Portfolio - Service Class	868 units	11,413
Oppenheimer Developing Markets Fund - Class A	132 units	10,730
* ING Balanced Portfolio, Inc. - Class I	716 units	10,620
New Perspective Fund - Class R-4	634 units	10,347
* ING Intermediate Bond Portfolio - Class I	563 units	10,038
* ING Small Company Portfolio - Class I	426 units	9,501
* ING Solution 2045 Portfolio - Service Class	823 units	9,386
* ING American Century Small-Mid Cap Value Portfolio - Service	498 units	9,315
* ING UBS U.S. Large Cap Equity Portfolio - Initial Class	767 units	8,692
* ING Van Kampen Comstock Portfolio - Service Class	569 units	7,537
* ING Strategic Allocation Moderate Portfolio - Class I	527 units	6,860
* ING JPMorgan Emerging Markets Equity Portfolio - Service Class	275 units	6,790
Fidelity VIP Equity-Income Portfolio - Initial Class	473 units	6,438
Washington Mutual Investors FundSM - Class R-4	494 units	5,923
* ING BlackRock Science and Technology Opp Port - Class I	999 units	5,564
* ING International Value Portfolio - Class I	386 units	5,418
* ING BlackRock Large Cap Growth Portfolio - Inst Class	543 units	5,057
* ING Index Plus MidCap Portfolio - Class I	198 units	4,944
EuroPacific Growth Fund - Class R-4	258 units	4,541
* ING Thornburg Value Portfolio - Initial Class	339 units	4,433
* ING SmallCap Opportunities Portfolio - Class I	326 units	3,671
* ING International Index Portfolio - Class I	292 units	2,366
Wells Fargo Advantage Special Small Cap Value Fund - Class A	95 units	2,301
Fidelity VIP Growth Portfolio - Initial Class	145 units	1,914
Wanger Select	106 units	1,819
* ING PIMCO Total Return Portfolio - Service Class	63 units	978
Invesco V.I. Capital Appreciation Fund - Series I Shares	89 units	854
Invesco V.I. Core Equity Fund - Series I Shares	70 units	761
Fidelity VIP Overseas Portfolio - Initial Class	45 units	624
* ING Pioneer Fund Portfolio - Institutional Class	18 units	188
* ING MFS Utilities Portfolio - Service Class	11 units	183
* ING Davis New York Venture Portfolio - Service Class	9 units	164

*A party-in-interest as defined by ERISA.

**Column(d) cost information is not presented because all investments are participant directed.

Brazosport Memorial Hospital's 403(b) Matching Tax Deferred Annuity Plan

EIN 74-1385192 PN 002

Schedule H, Line 4i – Schedule of Assets (Held at End of Year) (Continued) December 31, 2010

(a)(b) Identity of Issuer	(c) Description of Investment	(e) Current Value**
<u>Pooled Separate Accounts (Continued)</u>		
* ING Money Market Portfolio - Class I	9 units	\$ 120
Pioneer High Yield VCT Portfolio - Class I	2 units	31
* ING BlackRock Health Sciences Opportunities Portfolio - Srv	2 units	24
* ING Baron Small Cap Growth Portfolio - Service Class	1 unit	17
Oppenheimer Global Securities Fund/VA	1 unit	8
* ING Lord Abbett Growth and Income Portfolio-Institutional Cl	1 unit	7
Janus Aspen Series Flexible Bond Portfolio - Inst Shares	1 unit	5
* ING Index Plus SmallCap Portfolio - Class I	1 unit	4
Oppenheimer Strategic Bond Fund/VA	1 unit	4
Franklin Small Cap Value Securities Fund - Class 2	1 unit	4
<u>Participant Loans</u>		
	Participant loans, interest rates ranging from 5.05% to 6.85%, varying maturity dates through	
* Notes receivable from participants	2015	551,516
		<u>\$ 19,581,750</u>

*A party-in-interest as defined by ERISA.

**Column(d) cost information is not presented because all investments are participant directed.

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

Name of Plan:

► Brazosport Memorial Hospitals 403b Matching Tax Deferred Annuity Plan

Employer ID 174-1385192

For plan year 01/01/2009-12/31/2009

Plan number

2

(a)	Identity of issue,	(c) Description of investment including maturity date, rate of interest, collateral, par or maturity value	(d) Cost	(e) Current value
*	ING	American Funds EuroPacific Growth Fund - Class R-4		4541
*	ING	AMERICAN FUNDS EUROPACIFIC R3		1942330
*	ING	American Funds New Perspective Fund - Class R-4		10347
*	ING	American Funds The Growth Fund of America - Class R-4		17627
*	ING	American Funds Washington Mutual Investors FundSM - R-4		5923
*	ING	BLACKROCK LARGE CAP VALUE FD-A		1126268
*	ING	Fidelity VIP Contrafund Portfolio - Initial Class		31376
*	ING	Fidelity VIP Equity-Income Portfolio - Initial Class		6438
*	ING	Fidelity VIP Growth Portfolio - Initial Class		1914
*	ING	Fidelity VIP Overseas Portfolio - Initial Class		624
*	ING	Franklin Small Cap Value Securities Fund - Class 2		4
*	ING	ING American Century Small-Mid Cap Value Portfolio - Service		9315
*	ING	ING Balanced Portfolio - Class I		10620
*	ING	ING Baron Small Cap Growth Portfolio - Service Class		17
*	ING	ING BlackRock Health Sciences Opportunities Portfolio - Srv		24
*	ING	ING BlackRock Large Cap Growth Portfolio - Institutional		5057
*	ING	ING BlackRock Science and Technology Opport Port - Class I		5564
*	ING	ING COLUMBIA SMALL CAP VAL PORT-SVC		340735
*	ING	ING Davis New York Venture Portfolio - Service Class		164
*	ING	ING Fixed Account		18128
*	ING	ING Fixed Plus Account		5435
*	ING	ING FIXED PLUS ACCOUNT		3406915
*	ING	ING Fixed Plus Account II		101487
*	ING	ING FMR DIVERSIFIED MID CAP PORT-SVC		789312
*	ING	ING Global Bond Portfolio - Initial Class		11558
*	ING	ING Global Resources Portfolio - Service Class		11413
*	ING	ING Growth and Income Portfolio - Class I		47928
*	ING	ING Index Plus LargeCap Portfolio - Class I		14040
*	ING	ING Index Plus MidCap Portfolio - Class I		4944
*	ING	ING Index Plus SmallCap Portfolio - Class I		4
*	ING	ING Intermediate Bond Portfolio - Class I		10038
*	ING	ING International Index Portfolio - Class I		2366
*	ING	ING International Value Portfolio - Class I		5418
*	ING	ING Invesco Van Kampen Comstock Portfolio - Service Class		7537
*	ING	ING Invesco Van Kampen Equity and Income Portfolio - Initial		18902
*	ING	ING JANUS CONTRARIAN PORT-SVC		4424190
*	ING	ING JPMorgan Emerging Markets Equity Portfolio - Service		6790
*	ING	ING JPMORGAN MID CAP VALUE PORTFOLIO - SERVICE		864776
*	ING	ING JPMorgan Mid Cap Value Portfolio - Service Class		8538
*	ING	ING Large Cap Value Portfolio - Institutional Class		13605

