

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). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2010
		This Form is Open to Public Inspection

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:	<input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____
B This return/report is:	<input checked="" type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	<input checked="" type="checkbox"/>
D Check box if filing under:	<input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description)

Part II	Basic Plan Information —enter all requested information
1a Name of plan <u>SWEDISH/EDMONDS 401(K) PLAN</u>	1b Three-digit plan number (PN) ▶ <u>001</u> 1c Effective date of plan <u>06/01/1971</u>
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>SWEDISH/EDMONDS</u> <u>747 BROADWAY</u> <u>SEATTLE, WA 98122</u>	2b Employer Identification Number (EIN) <u>27-2305304</u> 2c Sponsor's telephone number <u>206-386-6000</u> 2d Business code (see instructions) <u>622000</u>
<u>747 BROADWAY</u> <u>SEATTLE, WA 98122</u>	<u>747 BROADWAY</u> <u>SEATTLE, WA 98122</u>

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

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

SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/14/2011</u>	<u>STEVEN ANDERSON</u>
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	<u>Filed with authorized/valid electronic signature.</u>	<u>10/14/2011</u>	<u>JOANNE SUFFIS</u>
	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") SWEDISH/EDMONDS 747 BROADWAY SEATTLE, WA 98122	3b Administrator's EIN 27-2305304 3c Administrator's telephone number 206-386-6000
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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	1435
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6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).		
a Active participants.....	6a	1542
b Retired or separated participants receiving benefits.....	6b	13
c Other retired or separated participants entitled to future benefits.....	6c	269
d Subtotal. Add lines 6a , 6b , and 6c	6d	1824
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	3
f Total. Add lines 6d and 6e	6f	1827
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	1460
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	18

7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2E 2F 2J 2K 2S 2T 3H

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

9a Plan funding arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) <input checked="" type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> 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) <input checked="" type="checkbox"/> R (Retirement Plan Information) (2) <input type="checkbox"/> MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) <input type="checkbox"/> SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) <input checked="" type="checkbox"/> H (Financial Information) (2) <input type="checkbox"/> I (Financial Information – Small Plan) (3) <input checked="" type="checkbox"/> <u>2</u> A (Insurance Information) (4) <input checked="" type="checkbox"/> C (Service Provider Information) (5) <input type="checkbox"/> D (DFE/Participating Plan Information) (6) <input type="checkbox"/> 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 SWEDISH/EDMONDS 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. SWEDISH/EDMONDS		
D Employer Identification Number (EIN) 27-2305304		

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
METROPOLITAN LIFE INSURANCE 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
13-5581829	65978	2595807200	374	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
0	43281

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
FIDELITY INSURANCE AGENCY 82 DEVONSHIRE BOSTON, MA 02109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	43281		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	

(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** 17282654**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**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 ▶**b** Balance at the end of the previous year **7b** 16956455**c** Additions: (1) Contributions deposited during the year **7c(1)** 1168184(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 605091(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)** 914129

▶ TRANSFER

(6) Total additions **7c(6)** 2687404**d** Total of balance and additions (add **b** and **c(6)**). **7d** 19643859**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 2361205(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)**(5) Total deductions **7e(5)** 2361205**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 17282654

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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 SWEDISH/EDMONDS 401(K) PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. SWEDISH/EDMONDS		
D Employer Identification Number (EIN) 27-2305304		

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
METROPOLITAN LIFE INSURANCE 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
13-5581829	65978	2595807100	146	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
0	1199

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
FIDELITY INSURANCE AGENCY 82 DEVONSHIRE BOSTON, MA 02109

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
0	1199		3

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

(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** 333440**5** Current value of plan's interest under this contract in separate accounts at year end **5** 0**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 ▶**b** Balance at the end of the previous year **7b** 375865**c** Additions: (1) Contributions deposited during the year **7c(1)** 970449(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 16972(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)**

▶

(6) Total additions **7c(6)** 987421**d** Total of balance and additions (add **b** and **c(6)**). **7d** 1363286**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 115717(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 914129

▶ TRANSFERS

(5) Total deductions **7e(5)** 1029846**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 333440

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 <input type="checkbox"/> paid in cash, or <input type="checkbox"/> 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 SWEDISH/EDMONDS 401(K) PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 SWEDISH/EDMONDS	D Employer Identification Number (EIN) 27-2305304

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)..... | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 FIDELITY INVESTMENTS INSTITUTIONAL 04-2647786

(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

(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)

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
64 65 37 60	RECORDKEEPER	8829	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	0	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

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

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

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

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

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

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

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

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

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

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

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
AF GRTH FUND AMER R4 - AMERICAN FUN	0.35%	
95-2566717		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
ALLNZ NFI DIV VAL I - BOSTON FINANC	0.10%	
04-2526037		
(a) Enter service provider name as it appears on line 2		
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation		
AM CENT EQ GRTH INV - AMERICAN CENT	0.35%	
44-0619208		

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
CALVERT SIF BALNCD A - BOSTON FINAN 04-2526037	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
COL SM CAP VAL II Z - COLUMBIA MGT ONE FINANCIAL CENTER BOSTON, MA 02111	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DODGE & COX INTL STK - BOSTON FINAN 04-2526037	0.10%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
DOMINI SOCIAL EQ INV - BNY MELLON A 101 SABIN ST PAWTUCKET, RI 02860	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
INVS VALUE II A - INVESCO TRIMARK L 98-0557567	0.35%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS WORLDWIDE T - JANUS SERVICES 43-1804048	0.34%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
MANAGERS SPECIAL EQ - PNC GLOBAL IN 04-2871943	0.40%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
METLIFE FIXED 13-5581829	0.25%	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NB GENESIS - TR CL - STATE STREET B 04-1867445	0.35%	

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
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
NB SOCIALLY RESP TR - STATE STREET	0.35%	
04-1867445		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TEMPLETON FOREIGN A - FRANKLIN TEMP	0.35%	
94-3167260		
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY INVESTMENTS INSTITUTIONAL	60	0
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
WFA SM CAP GROWTH I - BOSTON FINANC	0.15%	
04-2526037		

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	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
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan SWEDISH/EDMONDS 401(K) PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 SWEDISH/EDMONDS	D Employer Identification Number (EIN) 27-2305304	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	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)	108	0
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)	1398546	1634749
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	58513178	68597935
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	17332320	17616094
	(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	77244152	87848778

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	324	610
i Acquisition indebtedness	1i		
j Other liabilities	1j	308	200
k Total liabilities (add all amounts in lines 1g through 1j)	1k	632	810

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	77243520	87847968
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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) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2957520	
(B) Participants	2a(1)(B)	4585171	
(C) Others (including rollovers)	2a(1)(C)	274991	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		7817682
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)	74467	
(F) Other	2b(1)(F)	621828	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		696295
(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)	1455058	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1455058
(3) Rents	2b(3)		
(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)		

		(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)		
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		6909702
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		16878737

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6239762	
(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)		6239762
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		25651
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	8876	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		8876
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6274289

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		10604448
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: KPMG, LLP

(2) EIN: 13-5565207

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)

5b(3) PN(s)

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

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2010 This Form is Open to Public Inspection.
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For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan <u>SWEDISH/EDMONDS 401(K) PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SWEDISH/EDMONDS</u>	D Employer Identification Number (EIN) <u>27-2305304</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>04-6568107</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	

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

4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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.....	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Both	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11 a Does the ESOP hold any preferred stock?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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): _____



SWEDISH/EDMONDS 401(k) PLAN

(Formerly THE PUBLIC HOSPITAL DISTRICT NO. 2 OF
SNOHOMISH COUNTY EMPLOYEES' RETIREMENT PLAN)

Financial Statements and Supplemental Schedule

December 31, 2010 and 2009

(With Independent Auditors' Report Thereon)

SWEDISH/EDMONDS 401(k) PLAN
(Formerly THE PUBLIC HOSPITAL DISTRICT NO. 2 OF
SNOHOMISH COUNTY EMPLOYEES' RETIREMENT PLAN)

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KPMG LLP
Suite 900
801 Second Avenue
Seattle, WA 98104

Independent Auditors' Report

The Administrator
Swedish/Edmonds 401(k) Plan:

We were engaged to audit the accompanying statements of net assets available for benefits of the Swedish/Edmonds 401(k) Plan (formerly the Public Hospital District No. 2 of Snohomish County Employees' Retirement Plan) (the Plan) as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010, and the supplemental schedule of (1) Schedule H, line 4i-Schedule of Assets (Held At End of Year) as of December 31, 2010. These financial statements and supplemental 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, any auditing procedures with respect to the information summarized in Note 6, which was certified by Fidelity Management Trust Company, the trustee 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2010, and 2009 and for the year ended December 31, 2010 that the information provided to the plan administrator by the trustee is complete and accurate.

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

KPMG LLP

Seattle, Washington
October 11, 2011

SWEDISH/EDMONDS 401(k) PLAN
(Formerly THE PUBLIC HOSPITAL DISTRICT NO. 2 OF
SHOHOMISH COUNTY EMPLOYEES' RETIREMENT PLAN)
Statements of Net Assets Available for Benefits
December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Assets:		
Investments, at fair value:		
Registered investment company funds	68,597,935	58,513,177
Investment contract with insurance company	<u>17,615,284</u>	<u>17,331,797</u>
Total investments	<u>86,213,219</u>	<u>75,844,974</u>
Receivables:		
Employer contribution	121,208	4,895
Participant contribution	175,288	11,167
Notes receivable from participants	<u>1,731,903</u>	<u>1,478,083</u>
Total receivables	<u>2,028,399</u>	<u>1,494,145</u>
Net Assets Available for Benefits	<u>\$ 88,241,618</u>	<u>\$ 77,339,119</u>

See accompanying notes to financial statements.

SWEDISH/EDMONDS 401(k) PLAN
Statement of Changes in Net Assets Available for Benefits
Year ended December 31, 2010

Additions to Net Assets:

Contributions:

Participant	\$ 4,749,292
Participant rollover	274,991
Employer	<u>3,073,833</u>

Total contributions	<u>8,098,116</u>
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Investment income:

Interest and dividends	2,076,886
Net appreciation in fair value of investments - registered investment company funds	<u>6,909,702</u>

Total investment income	<u>8,986,588</u>
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Interest income on notes receivable from participants	<u>74,467</u>
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Total Additions to Net Assets	<u>17,159,171</u>
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Deductions from Net Assets:

Distributions	6,247,796
Expenses	<u>8,876</u>

Total Deductions from Net Assets	<u>6,256,672</u>
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Net increase in net assets available for benefits	10,902,499
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Net assets available for benefits at beginning of year	<u>77,339,119</u>
--	-------------------

Net Assets Available for Benefits at End of Year	<u>\$ 88,241,618</u>
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See accompanying notes to financial statements.

SWEDISH/EDMONDS 401(k) PLAN

(Formerly THE PUBLIC HOSPITAL DISTRICT NO. 2 OF
SNOHOMISH COUNTY EMPLOYEES' RETIREMENT PLAN)

Notes to Financial Statements

December 31, 2010 and 2009

(1) Plan Description

The following description of Swedish/Edmonds 401(k) Plan (the Plan) is provided for general information purposes only. More complete information regarding the Plan's provisions may be found in the plan document.

(a) General

The Plan is a defined contribution plan adopted by Swedish/Edmonds (the Employer) as an amendment and restatement of The Public Hospital District No. 2 of Snohomish County Employees' Retirement Plan in connection with the leasing of Stevens Hospital by Swedish Health Services, under the provisions of Section 401(a) of the Internal Revenue Code (the IRC), which includes a qualified cash or deferred arrangement as described in Section 401(k) of the IRC, for the benefit of eligible employees of the Employer.

The Public Hospital District No. 2 of Snohomish County Employees' Retirement Plan was a defined contribution plan, established by Public Hospital District No. 2 Snohomish County, WA a.k.a. Stevens Hospital (the District) under the provisions of Section 401(a) of the Internal Revenue Code (the IRC), which includes a qualified cash or deferred arrangement as described in Section 401(k) of the IRC, for the benefit of eligible employees.

Pursuant to the requirements of code section 401(a)(27)(B), the Employer also intends the Plan to be a "profit sharing plan" within the meaning of code section 401(a)(27)(A). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

(b) Eligibility

Any employee of the Employer whose employee commencement date or reemployment commencement date is on September 1, 2010 and who was a participant immediately prior to September 1, 2010 is eligible to participate in the Plan. Any employee of the Employer whose employment commencement date is on or after September 1, 2010 is eligible to participate in the Plan. Employees are admitted to the Plan beginning the first pay period in the month following attainment of eligibility requirements.

(c) Plan Administration

Effective September 1, 2010, the Plan is administered by Swedish Health Services Employee Benefits Administrative Committee (EBAC), which consists of certain employees of the Company. Prior to September 1, 2010, the Plan was administered by the Committee appointed by the District. Fidelity Management Trust Company (Fidelity) is the Trustee of the Plan.

(d) Contributions

Participants may elect to contribute between .05% and 90% in half-percent increments of pre-tax eligible compensation, as defined by the Plan, subject to certain limitations under the IRC. Eligible participants who have attained age fifty (50) may elect an additional catch-up contribution, subject to certain limitations under the IRC.

Participants may elect to contribute after-tax eligible compensation, as defined by the Plan. Also, participants may contribute amounts representing distributions from other qualified retirement plans or a code section 408(a) or 408(b) individual retirement account.

SWEDISH/EDMONDS 401(k) PLAN

(Formerly THE PUBLIC HOSPITAL DISTRICT NO. 2 OF
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For participants who are employed in the hospital or non-physician clinic employee classifications of .5 FTE through 1.0 FTE (as detailed in the Employer's Employment Guide), after one year of service, the Employer provides a matching contribution equal to 150% of each participant's contribution (including catch-up contributions) up to a maximum of 4.5% of eligible compensation.

For participants who are employed as clinic physicians of the Employer in the classifications of .6 FTE and above (as detailed in the Employer's Employment Guide), after one year of service, the Employer provides a matching contribution equal to 100% of each participant's contribution (including catch-up contributions) up to a maximum of 4.0% of eligible compensation.

(e) Vesting

Participants are fully vested in their salary deferral contributions, catch-up contributions, after-tax contributions and rollover contributions and earnings thereon. Vesting in the Employer's matching contributions and earnings thereon is based on years of continuous vesting service, according to the following schedule:

Years of Vesting Service	Percentage Vested
Fewer than 3	0 %
3 or more	100 %

Notwithstanding the above, each participant is fully vested in the Employer's matching contributions upon reaching the normal retirement age, disability or death, provided that he or she is an eligible employee on such date.

Forfeitures are used to reduce future employer contributions or to pay certain expenses incurred by the Employer related to the Plan, as stated in the plan document. At December 31, 2010 and 2009, there were \$22,000 and \$26,000, respectively, of unallocated forfeitures. During 2010 and 2009, forfeitures totaling approximately \$38,000 and \$13,000, respectively, were used to offset employer contributions.

(f) Participant Accounts

Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions, the related Employer's contributions, and the participant's share of the Plan's income and any related administrative expenses. Allocations of income and expenses are based on the proportion that each participant's account balance has to the total of all participants' account balances. Participant accounts are valued on a daily basis.

(g) Benefits

Upon severance from employment, a participant may elect to receive a lump-sum distribution of the vested balance of the participant's account at any time. Upon attainment of age fifty-nine and one-half (59 ½) a participant may elect to withdraw all or any vested portion of his or her account balance at any time in the form of a lump-sum or rollover distribution.

Effective September 1, 2010, upon death of the participant, in the event of the participant's death before distributions begin, a single lump sum payment of the participant's account vested

SWEDISH/EDMONDS 401(k) PLAN

(Formerly THE PUBLIC HOSPITAL DISTRICT NO. 2 OF
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Notes to Financial Statements

December 31, 2010 and 2009

balance will be made as soon as administratively feasible after the participant's death, unless the participant's spouse is the beneficiary, in which case a single lump sum payment will be made at the time requested by the spouse.

Prior to September 1, 2010, upon death of the participant, in the event of the participant's death before distributions begin, the entire participant's account vested balance will be distributed by December 31 of the year containing the fifth anniversary of the Participant's death; if the participant's spouse is the beneficiary, distributions may begin on the calendar year immediately following the calendar year in which the participant died or by December 31 of the calendar year in which the participant would have attained age 70 ½.

For termination of service with vested benefits of \$1,000 or less, a participant or beneficiary will automatically receive the value of the vested interest in his or her account as a lump-sum distribution.

(h) *Hardship Withdrawals*

Under certain conditions, participants, while still employed by the Employer, are permitted to make a withdrawal of his or her salary deferral, vested matching, after-tax, catch-up and rollover contribution account balances; earnings on salary deferral are not eligible for hardship withdrawals. These conditions include unreimbursed medical expenses, the purchase of the participant's principal residence, the payment of postsecondary education tuition, funeral or burial costs of an immediate family member, certain unreimbursed expenses to repair damage to the participant's principal residence, or to prevent eviction or foreclosure from the participant's principal residence. A participant's right to make deferrals to the Plan will be suspended for six months after receipt of a hardship withdrawal.

(i) *Notes Receivable from Participants*

A participant may borrow up to 50% of his or her salary deferral, vested matching, after-tax, catch-up and rollover contribution account balances up to a maximum of \$50,000. The minimum loan amount is \$1,000. Loans are repayable through payroll deductions over periods ranging up to 5 years. Loans are secured by the balance of the participant's account.

Effective September 1, 2010, the interest rate is determined based upon the rate a local commercial lender would charge for a similar type of loan. Prior to September 1, 2010, the interest rate is determined by a committee appointed by the District, based upon the rate a person in the business of lending money would charge for a similar type of loan. The interest rates on outstanding loans ranged from 4.25% to 9.25% at December 31, 2010 and the loans mature through October 2025.

(j) *Administrative Expenses*

Swedish paid a majority of administrative expenses of the Plan in 2010. Loan origination and maintenance fees are paid by the participant.

(k) *Investment Options*

Participants may direct their account balance into the investment options provided under the Plan in 1% increments. Participants may change their investment elections and make transfers between investment options daily.

SWEDISH/EDMONDS 401(k) PLAN

(Formerly THE PUBLIC HOSPITAL DISTRICT NO. 2 OF
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Notes to Financial Statements

December 31, 2010 and 2009

(2) Summary of Significant Accounting Policies

(a) *Basis of Accounting*

The accompanying financial statements are prepared using the accrual basis of accounting. Benefits are recorded when paid. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to use estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from those estimates.

(b) *Income Recognition*

Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Purchases and sales of securities are recorded on a trade-date basis.

(c) *Investment Valuation*

As of December 31, 2010 and 2009, the Plan's investments consisted of investments in registered investment company funds and investment contracts with insurance companies.

The Plan's investments in registered investment company funds are stated at fair value based on quoted market prices.

The Plan's investment contracts with insurance companies are recorded at contract value. However, investment contracts held by a defined-contribution plan are required to be reported at fair value. Reporting the investments at fair value would not have a material effect on the Plan's financial statements. Accordingly, contract value, which represents net contributions plus interest at the contract rate, approximates fair value as the crediting rate of the contracts reset to a market rate at each plan year end. Fair value is determined based on the present value of discounted cash flows.

The Plan's investment contracts contain withdrawal restrictions and may be subject to charges against contract value upon withdrawal from the Plan, but as of December 31, 2010 and 2009 there were no such restrictions. These investment contracts with insurance companies are considered fully benefit-responsive. A benefit-responsive investment contract is a contract between an insurance company, a bank, a financial institution, or any financially responsible entity and a plan that provides for a stated return on principal invested over a specified period and that permits withdrawals at contract value for benefit payments, loans, or transfers to other investment options offered to the participant by the Plan. The Plan's investment contracts with insurance companies are backed by Metropolitan Life Insurance Company and provide a guaranteed rate of return with set maturity dates. For the year ended December 31, 2010, the crediting rate and average yield of the contract were 3.55% and 3.35%, respectively.

There are no unfunded commitments or reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 3%. Such rates are reviewed annually for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the loan documents (including complete or partial plan termination or merger with another plan), (2) changes to plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan

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(Formerly THE PUBLIC HOSPITAL DISTRICT NO. 2 OF
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December 31, 2010 and 2009

sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

On April 15, 2011, the Plan's investment in the contracts were liquidated and transferred to the SEI Stable Asset fund.

(d) Valuation of Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance. Accrued but unpaid interest, if any, would not have a material impact on the Plan's financial statements.

(e) Net Appreciation in Fair Value of Investments

Net depreciation in fair value of investments represents the change in unrealized appreciation of assets from one period to the next and realized gains and losses.

(f) Recently Adopted Accounting Pronouncements

In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2010-06, *Improving Disclosures about Fair Value Measurements*, that requires new disclosures, and clarifies existing disclosure requirements. The guidance requires gross presentation of activities within the Level 3 rollforward, and adds a new requirement to disclose transfers in and out of Levels 1 and 2 of the fair value hierarchy.

The guidance clarifies existing disclosure requirements regarding the level of desegregation of fair value measurements and the valuation techniques and inputs for recurring and nonrecurring fair value measurements of instruments classified as either Level 2 or Level 3. The Plan will include gross presentation of activities within Level 3 effective January 1, 2011.

In September 2010, the FASB issued ASU No. 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans*, that clarifies how loans to participants should be classified and measured by defined contribution pension benefit plans. The amendments in this update require that participant loans be classified as notes receivable from participants and measured at their unpaid principal balance plus any accrued but unpaid interest. ASU No. 2010-25 is effective for fiscal years ending after December 15, 2010 and is required to be applied retrospectively. The Plan's net assets were not affected by the adoption of the new guidance.

(3) Risk and Uncertainties

The Plan provides for various investment fund options which in turn invest in a combination of stocks, bonds, and other investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

SWEDISH/EDMONDS 401(k) PLAN
(Formerly THE PUBLIC HOSPITAL DISTRICT NO. 2 OF
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Notes to Financial Statements

December 31, 2010 and 2009

(4) Tax Status

The Plan has not applied or obtained a determination letter from the Internal Revenue Service (IRS) since the amendment and restatement The Public Hospital District No. 2 of Snohomish County Employees' Retirement Plan effective September 1, 2010. The District obtained a determination letter from the IRS dated February 28, 2011, which stated that The Public Hospital District No. 2 of Snohomish County Employees' Retirement Plan, as designed before the amendment and restatement effective September 1, 2010, was in compliance with the applicable requirements of the IRC.

The plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Accordingly, no provision for income taxes has been made.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

(5) Plan Termination

Although it has not expressed any intent to do so, the Employer 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 fully vested in their account balances.

(6) Information Certified by Trustee

The following information included in the financial statements and supplemental schedule was provided and certified by the trustee, Fidelity, as complete and accurate:

- Investments at fair value (except for Metlife Fixed Account for which Fidelity certified contract value)
- Notes receivable from participants
- Interest and dividends
- Net appreciation in fair value of investments
- Schedule of assets (Held at End of Year)
- Investment information included in note 8, excluding the fair value hierarchy

SWEDISH/EDMONDS 401(k) PLAN
(Formerly THE PUBLIC HOSPITAL DISTRICT NO. 2 OF
SNOHOMISH COUNTY EMPLOYEES' RETIREMENT PLAN)

Notes to Financial Statements

December 31, 2010 and 2009

(7) Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	December 31	
	2010	2009
Net assets available for benefits per the financial statements	\$ 88,241,618	\$ 77,339,119
Contributions receivable from employer	(296,496)	(16,062)
Deemed distributions of participant loans	(97,154)	(79,537)
Net assets available per the Form 5500	<u>\$ 87,847,968</u>	<u>\$ 77,243,520</u>
		Year Ending
		2010
Net increase in net assets available for benefits per the financial statements		10,902,499
Change in contribution receivable from employer		(280,434)
Change in deemed distributions of participant loans		(17,617)
Net income per the Form 5500		<u>\$ 10,604,448</u>

As of December 31, 2010, Form 5500 presents the investments in Metlife Fixed Account at \$17,616,094 and a liability of \$810. The financial statements present the net investment of \$17,615,284.

(8) Investments

Investments that represent 5% or more of the Plan's net assets are as follows:

	December 31	
	2010	2009
American Century Equity Growth Fund Investor Class	\$ 8,918,418	\$ 8,026,548
Fidelity Diversified International Fund (1)	3,987,156	4,186,950
Fidelity Freedom 2010 Fund	5,094,916	5,032,264
Fidelity Freedom 2015 Fund (2)	4,522,197	3,576,174
Fidelity Freedom 2020 Fund	8,459,642	7,112,888
Fidelity Growth Company Fund (2)	4,511,602	3,690,586
Metlife Fixed Account	17,615,284	17,331,797

(1) The December 31, 2010, investment balance was less than 5% of the 2010 Plan's net assets, but still presented for comparative purposes as at December 31, 2009, investment balance was greater than 5% of the 2009 Plan's net assets.

(2) The December 31, 2009, investment balance was less than 5% of the 2009 Plan's net assets, but still presented for comparative purposes as at December 31, 2010, investment balance was greater than 5% of the 2010 Plan's net assets.

SWEDISH/EDMONDS 401(k) PLAN
(Formerly THE PUBLIC HOSPITAL DISTRICT NO. 2 OF
SNOHOMISH COUNTY EMPLOYEES' RETIREMENT PLAN)

Notes to Financial Statements

December 31, 2010 and 2009

A three-tier hierarchy, as established by FASB Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan has the ability to access at the measurements date.
- Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.
- Level 3 inputs are unobservable inputs for the asset or liability.

The level in the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

The following table presents assets that are measured at fair value on a recurring basis (including items that are required to be measured at fair value and items for which the fair value option has been elected) at December 31, 2010 and 2009:

	Fair Value Hierarchy Level	December 31	
		2010	2009
Registered investment company funds:			
Index funds	Level 1	\$ 2,376,429	\$ 2,146,946
Balanced funds	Level 1	40,944,525	33,563,050
Growth funds	Level 1	11,160,161	9,742,568
Value funds	Level 1	1,612,728	1,365,150
Income Funds	Level 1	7,237,159	6,420,320
International funds	Level 1	4,650,855	4,860,058
Sector funds	Level 1	616,078	415,085
		<u>68,597,935</u>	<u>58,513,177</u>
Investment contract with insurance company	Level 2	<u>17,615,284</u>	<u>17,331,797</u>
Total investments at fair value		<u><u>86,213,219</u></u>	<u><u>75,844,974</u></u>

(9) Party-in-Interest and Related-Party Transactions

Certain plan investments are shares of registered investment company funds managed by Fidelity Investments. Fidelity Management Trust Company is the trustee as defined by the Plan, and, therefore, these transactions qualify as party-in-interest transactions.

(10) Voluntary Correction Program

The Plan is preparing a submission under the Voluntary Correction Program (VCP) with the IRS in order to amend the plan document to conform to the operations of the Plan. Management believes that any impact of the VCP correction will not have a material impact on the Plan's financial statements.

SWEDISH/EDMONDS 401(k) PLAN
(Formerly THE PUBLIC HOSPITAL DISTRICT NO. 2 OF
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Notes to Financial Statements

December 31, 2010 and 2009

(11) Subsequent Events

Effective April 15, 2011, the Plan made several changes to investment options available under the Plan.

The Plan's management has evaluated subsequent events occurring through October 11, 2011, the date the financial statements were available to be issued.

Supplemental Schedules

SWEDISH/EDMONDS 401(k) PLAN

(Formerly THE PUBLIC HOSPITAL DISTRICT NO. 2 OF

SNOHOMISH COUNTY EMPLOYEES' RETIREMENT PLAN)

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

December 31, 2010

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment	Cost	Current value
		Registered Investment Company Funds:		
	Allianz Funds	Allianz NFJ Dividend Value Fund Institutional Class	**	\$ 437,644
	American Funds	American Funds Growth Fund of America Class R-4	**	496,879
	American Century Investments	American Century Equity Growth Fund Investor Class	**	8,918,418
	Columbia Investments	Columbia Small Cap Value II Class Z	**	93,710
	Dodge & Cox Investments	Dodge & Cox International Stock Fund	**	663,699
	Domini Investments	Domini Social Equity Fund Investor Shares	**	5,300
*	Fidelity Investments	Fidelity Balanced Fund	**	1,741,568
*	Fidelity Investments	Fidelity Contrafund	**	3,282,184
*	Fidelity Investments	Fidelity Diversified International Fund	**	3,987,156
*	Fidelity Investments	Fidelity Freedom 2000 Fund	**	442,884
*	Fidelity Investments	Fidelity Freedom 2005 Fund	**	94,092
*	Fidelity Investments	Fidelity Freedom 2010 Fund	**	5,094,916
*	Fidelity Investments	Fidelity Freedom 2015 Fund	**	4,522,197
*	Fidelity Investments	Fidelity Freedom 2020 Fund	**	8,459,642
*	Fidelity Investments	Fidelity Freedom 2025 Fund	**	3,164,670
*	Fidelity Investments	Fidelity Freedom 2030 Fund	**	3,075,919
*	Fidelity Investments	Fidelity Freedom 2035 Fund	**	1,675,741
*	Fidelity Investments	Fidelity Freedom 2040 Fund	**	1,742,901
*	Fidelity Investments	Fidelity Freedom 2045 Fund	**	221,985
*	Fidelity Investments	Fidelity Freedom 2050 Fund	**	182,560
*	Fidelity Investments	Fidelity Freedom Income Fund	**	777,959
*	Fidelity Investments	Fidelity Growth Company Fund	**	4,511,602
*	Fidelity Investments	Fidelity Low-Priced Stock Fund	**	1,601,732
*	Fidelity Investments	Fidelity Real Estate Investment Fund	**	616,078
*	Fidelity Investments	Fidelity Spartan Extended Market Index Fund Investor Class	**	477,395
*	Fidelity Investments	Fidelity Value Fund	**	1,081,374
	Neuberger Berman Investments	Neuberger Berman Genesis Fund Trust Class	**	1,352,506
	Neuberger Berman Investments	Neuberger Berman Socially Responsive Fund Trust Class	**	295,493
	PIMCO Investments	PIMCO Total Return Institutional Class	**	3,669,390
*	Fidelity Investments	Spartan 500 Index Investor Class	**	1,899,034
*	Fidelity Investments	Spartan US Bond Index Fund Investor Class	**	2,624,265
	Managers Funds	TimesSquare Mid Cap Growth Fund Institutional Class	**	931,708
	Vanguard Investments	Vanguard Inflation-Protected Securities Fund Investor Shares	**	165,545
	Wells Fargo Advantage Funds	Wells Fargo Advantage Small Cap Growth Fund Institutional Class	**	289,789
		Investments contract with insurance company:		
*	Fidelity Investments	MetLife Fixed Account	**	17,615,284
*	Various Participants	Participant Loans (interest rates ranging from 4.25% to 9.25% and mature through October 2025)		1,731,903
	Total			\$ 87,945,122

* Indicates party-in-interest to the Plan.

** Indicates a participant-directed account. The cost disclosure is not required.



SWEDISH/EDMONDS 401(k) PLAN

(Formerly THE PUBLIC HOSPITAL DISTRICT NO. 2 OF
SNOHOMISH COUNTY EMPLOYEES' RETIREMENT PLAN)

Financial Statements and Supplemental Schedule

December 31, 2010 and 2009

(With Independent Auditors' Report Thereon)

SWEDISH/EDMONDS 401(k) PLAN
(Formerly THE PUBLIC HOSPITAL DISTRICT NO. 2 OF
SNOHOMISH COUNTY EMPLOYEES' RETIREMENT PLAN)

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KPMG LLP
Suite 900
801 Second Avenue
Seattle, WA 98104

Independent Auditors' Report

The Administrator
Swedish/Edmonds 401(k) Plan:

We were engaged to audit the accompanying statements of net assets available for benefits of the Swedish/Edmonds 401(k) Plan (formerly the Public Hospital District No. 2 of Snohomish County Employees' Retirement Plan) (the Plan) as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010, and the supplemental schedule of (1) Schedule H, line 4i-Schedule of Assets (Held At End of Year) as of December 31, 2010. These financial statements and supplemental 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, any auditing procedures with respect to the information summarized in Note 6, which was certified by Fidelity Management Trust Company, the trustee 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2010, and 2009 and for the year ended December 31, 2010 that the information provided to the plan administrator by the trustee is complete and accurate.

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

KPMG LLP

Seattle, Washington
October 11, 2011

SWEDISH/EDMONDS 401(k) PLAN
 (Formerly THE PUBLIC HOSPITAL DISTRICT NO. 2 OF
 SHOHOMISH COUNTY EMPLOYEES' RETIREMENT PLAN)
 Statements of Net Assets Available for Benefits
 December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Assets:		
Investments, at fair value:		
Registered investment company funds	68,597,935	58,513,177
Investment contract with insurance company	<u>17,615,284</u>	<u>17,331,797</u>
Total investments	<u>86,213,219</u>	<u>75,844,974</u>
Receivables:		
Employer contribution	121,208	4,895
Participant contribution	175,288	11,167
Notes receivable from participants	<u>1,731,903</u>	<u>1,478,083</u>
Total receivables	<u>2,028,399</u>	<u>1,494,145</u>
Net Assets Available for Benefits	<u>\$ 88,241,618</u>	<u>\$ 77,339,119</u>

See accompanying notes to financial statements.

SWEDISH/EDMONDS 401(k) PLAN
Statement of Changes in Net Assets Available for Benefits
Year ended December 31, 2010

Additions to Net Assets:

Contributions:

Participant	\$ 4,749,292
Participant rollover	274,991
Employer	3,073,833

Total contributions	<u>8,098,116</u>
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Investment income:

Interest and dividends	2,076,886
Net appreciation in fair value of investments - registered investment company funds	<u>6,909,702</u>

Total investment income	<u>8,986,588</u>
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Interest income on notes receivable from participants	<u>74,467</u>
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Total Additions to Net Assets	<u>17,159,171</u>
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Deductions from Net Assets:

Distributions	6,247,796
Expenses	<u>8,876</u>

Total Deductions from Net Assets	<u>6,256,672</u>
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Net increase in net assets available for benefits	10,902,499
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Net assets available for benefits at beginning of year	<u>77,339,119</u>
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Net Assets Available for Benefits at End of Year	<u>\$ 88,241,618</u>
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See accompanying notes to financial statements.

SWEDISH/EDMONDS 401(k) PLAN

(Formerly THE PUBLIC HOSPITAL DISTRICT NO. 2 OF
SNOHOMISH COUNTY EMPLOYEES' RETIREMENT PLAN)

Notes to Financial Statements

December 31, 2010 and 2009

(1) Plan Description

The following description of Swedish/Edmonds 401(k) Plan (the Plan) is provided for general information purposes only. More complete information regarding the Plan's provisions may be found in the plan document.

(a) General

The Plan is a defined contribution plan adopted by Swedish/Edmonds (the Employer) as an amendment and restatement of The Public Hospital District No. 2 of Snohomish County Employees' Retirement Plan in connection with the leasing of Stevens Hospital by Swedish Health Services, under the provisions of Section 401(a) of the Internal Revenue Code (the IRC), which includes a qualified cash or deferred arrangement as described in Section 401(k) of the IRC, for the benefit of eligible employees of the Employer.

The Public Hospital District No. 2 of Snohomish County Employees' Retirement Plan was a defined contribution plan, established by Public Hospital District No. 2 Snohomish County, WA a.k.a. Stevens Hospital (the District) under the provisions of Section 401(a) of the Internal Revenue Code (the IRC), which includes a qualified cash or deferred arrangement as described in Section 401(k) of the IRC, for the benefit of eligible employees.

Pursuant to the requirements of code section 401(a)(27)(B), the Employer also intends the Plan to be a "profit sharing plan" within the meaning of code section 401(a)(27)(A). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

(b) Eligibility

Any employee of the Employer whose employee commencement date or reemployment commencement date is on September 1, 2010 and who was a participant immediately prior to September 1, 2010 is eligible to participate in the Plan. Any employee of the Employer whose employment commencement date is on or after September 1, 2010 is eligible to participate in the Plan. Employees are admitted to the Plan beginning the first pay period in the month following attainment of eligibility requirements.

(c) Plan Administration

Effective September 1, 2010, the Plan is administered by Swedish Health Services Employee Benefits Administrative Committee (EBAC), which consists of certain employees of the Company. Prior to September 1, 2010, the Plan was administered by the Committee appointed by the District. Fidelity Management Trust Company (Fidelity) is the Trustee of the Plan.

(d) Contributions

Participants may elect to contribute between .05% and 90% in half-percent increments of pre-tax eligible compensation, as defined by the Plan, subject to certain limitations under the IRC. Eligible participants who have attained age fifty (50) may elect an additional catch-up contribution, subject to certain limitations under the IRC.

Participants may elect to contribute after-tax eligible compensation, as defined by the Plan. Also, participants may contribute amounts representing distributions from other qualified retirement plans or a code section 408(a) or 408(b) individual retirement account.

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For participants who are employed in the hospital or non-physician clinic employee classifications of .5 FTE through 1.0 FTE (as detailed in the Employer's Employment Guide), after one year of service, the Employer provides a matching contribution equal to 150% of each participant's contribution (including catch-up contributions) up to a maximum of 4.5% of eligible compensation.

For participants who are employed as clinic physicians of the Employer in the classifications of .6 FTE and above (as detailed in the Employer's Employment Guide), after one year of service, the Employer provides a matching contribution equal to 100% of each participant's contribution (including catch-up contributions) up to a maximum of 4.0% of eligible compensation.

(e) ***Vesting***

Participants are fully vested in their salary deferral contributions, catch-up contributions, after-tax contributions and rollover contributions and earnings thereon. Vesting in the Employer's matching contributions and earnings thereon is based on years of continuous vesting service, according to the following schedule:

<u>Years of Vesting Service</u>	<u>Percentage Vested</u>
Fewer than 3	0 %
3 or more	100 %

Notwithstanding the above, each participant is fully vested in the Employer's matching contributions upon reaching the normal retirement age, disability or death, provided that he or she is an eligible employee on such date.

Forfeitures are used to reduce future employer contributions or to pay certain expenses incurred by the Employer related to the Plan, as stated in the plan document. At December 31, 2010 and 2009, there were \$22,000 and \$26,000, respectively, of unallocated forfeitures. During 2010 and 2009, forfeitures totaling approximately \$38,000 and \$13,000, respectively, were used to offset employer contributions.

(f) ***Participant Accounts***

Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions, the related Employer's contributions, and the participant's share of the Plan's income and any related administrative expenses. Allocations of income and expenses are based on the proportion that each participant's account balance has to the total of all participants' account balances. Participant accounts are valued on a daily basis.

(g) ***Benefits***

Upon severance from employment, a participant may elect to receive a lump-sum distribution of the vested balance of the participant's account at any time. Upon attainment of age fifty-nine and one-half (59 ½) a participant may elect to withdraw all or any vested portion of his or her account balance at any time in the form of a lump-sum or rollover distribution.

Effective September 1, 2010, upon death of the participant, in the event of the participant's death before distributions begin, a single lump sum payment of the participant's account vested

SWEDISH/EDMONDS 401(k) PLAN

(Formerly THE PUBLIC HOSPITAL DISTRICT NO. 2 OF
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Notes to Financial Statements

December 31, 2010 and 2009

balance will be made as soon as administratively feasible after the participant's death, unless the participant's spouse is the beneficiary, in which case a single lump sum payment will be made at the time requested by the spouse.

Prior to September 1, 2010, upon death of the participant, in the event of the participant's death before distributions begin, the entire participant's account vested balance will be distributed by December 31 of the year containing the fifth anniversary of the Participant's death; if the participant's spouse is the beneficiary, distributions may begin on the calendar year immediately following the calendar year in which the participant died or by December 31 of the calendar year in which the participant would have attained age 70 ½.

For termination of service with vested benefits of \$1,000 or less, a participant or beneficiary will automatically receive the value of the vested interest in his or her account as a lump-sum distribution.

(h) *Hardship Withdrawals*

Under certain conditions, participants, while still employed by the Employer, are permitted to make a withdrawal of his or her salary deferral, vested matching, after-tax, catch-up and rollover contribution account balances; earnings on salary deferral are not eligible for hardship withdrawals. These conditions include unreimbursed medical expenses, the purchase of the participant's principal residence, the payment of postsecondary education tuition, funeral or burial costs of an immediate family member, certain unreimbursed expenses to repair damage to the participant's principal residence, or to prevent eviction or foreclosure from the participant's principal residence. A participant's right to make deferrals to the Plan will be suspended for six months after receipt of a hardship withdrawal.

(i) *Notes Receivable from Participants*

A participant may borrow up to 50% of his or her salary deferral, vested matching, after-tax, catch-up and rollover contribution account balances up to a maximum of \$50,000. The minimum loan amount is \$1,000. Loans are repayable through payroll deductions over periods ranging up to 5 years. Loans are secured by the balance of the participant's account.

Effective September 1, 2010, the interest rate is determined based upon the rate a local commercial lender would charge for a similar type of loan. Prior to September 1, 2010, the interest rate is determined by a committee appointed by the District, based upon the rate a person in the business of lending money would charge for a similar type of loan. The interest rates on outstanding loans ranged from 4.25% to 9.25% at December 31, 2010 and the loans mature through October 2025.

(j) *Administrative Expenses*

Swedish paid a majority of administrative expenses of the Plan in 2010. Loan origination and maintenance fees are paid by the participant.

(k) *Investment Options*

Participants may direct their account balance into the investment options provided under the Plan in 1% increments. Participants may change their investment elections and make transfers between investment options daily.

SWEDISH/EDMONDS 401(k) PLAN

(Formerly THE PUBLIC HOSPITAL DISTRICT NO. 2 OF
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Notes to Financial Statements

December 31, 2010 and 2009

(2) Summary of Significant Accounting Policies

(a) *Basis of Accounting*

The accompanying financial statements are prepared using the accrual basis of accounting. Benefits are recorded when paid. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to use estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from those estimates.

(b) *Income Recognition*

Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Purchases and sales of securities are recorded on a trade-date basis.

(c) *Investment Valuation*

As of December 31, 2010 and 2009, the Plan's investments consisted of investments in registered investment company funds and investment contracts with insurance companies.

The Plan's investments in registered investment company funds are stated at fair value based on quoted market prices.

The Plan's investment contracts with insurance companies are recorded at contract value. However, investment contracts held by a defined-contribution plan are required to be reported at fair value. Reporting the investments at fair value would not have a material effect on the Plan's financial statements. Accordingly, contract value, which represents net contributions plus interest at the contract rate, approximates fair value as the crediting rate of the contracts reset to a market rate at each plan year end. Fair value is determined based on the present value of discounted cash flows.

The Plan's investment contracts contain withdrawal restrictions and may be subject to charges against contract value upon withdrawal from the Plan, but as of December 31, 2010 and 2009 there were no such restrictions. These investment contracts with insurance companies are considered fully benefit-responsive. A benefit-responsive investment contract is a contract between an insurance company, a bank, a financial institution, or any financially responsible entity and a plan that provides for a stated return on principal invested over a specified period and that permits withdrawals at contract value for benefit payments, loans, or transfers to other investment options offered to the participant by the Plan. The Plan's investment contracts with insurance companies are backed by Metropolitan Life Insurance Company and provide a guaranteed rate of return with set maturity dates. For the year ended December 31, 2010, the crediting rate and average yield of the contract were 3.55% and 3.35%, respectively.

There are no unfunded commitments or reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 3%. Such rates are reviewed annually for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the loan documents (including complete or partial plan termination or merger with another plan), (2) changes to plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan

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Notes to Financial Statements

December 31, 2010 and 2009

sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

On April 15, 2011, the Plan's investment in the contracts were liquidated and transferred to the SEI Stable Asset fund.

(d) Valuation of Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance. Accrued but unpaid interest, if any, would not have a material impact on the Plan's financial statements.

(e) Net Appreciation in Fair Value of Investments

Net depreciation in fair value of investments represents the change in unrealized appreciation of assets from one period to the next and realized gains and losses.

(f) Recently Adopted Accounting Pronouncements

In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2010-06, *Improving Disclosures about Fair Value Measurements*, that requires new disclosures, and clarifies existing disclosure requirements. The guidance requires gross presentation of activities within the Level 3 rollforward, and adds a new requirement to disclose transfers in and out of Levels 1 and 2 of the fair value hierarchy.

The guidance clarifies existing disclosure requirements regarding the level of desegregation of fair value measurements and the valuation techniques and inputs for recurring and nonrecurring fair value measurements of instruments classified as either Level 2 or Level 3. The Plan will include gross presentation of activities within Level 3 effective January 1, 2011.

In September 2010, the FASB issued ASU No. 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans*, that clarifies how loans to participants should be classified and measured by defined contribution pension benefit plans. The amendments in this update require that participant loans be classified as notes receivable from participants and measured at their unpaid principal balance plus any accrued but unpaid interest. ASU No. 2010-25 is effective for fiscal years ending after December 15, 2010 and is required to be applied retrospectively. The Plan's net assets were not affected by the adoption of the new guidance.

(3) Risk and Uncertainties

The Plan provides for various investment fund options which in turn invest in a combination of stocks, bonds, and other investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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(Formerly THE PUBLIC HOSPITAL DISTRICT NO. 2 OF
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Notes to Financial Statements

December 31, 2010 and 2009

(4) Tax Status

The Plan has not applied or obtained a determination letter from the Internal Revenue Service (IRS) since the amendment and restatement The Public Hospital District No. 2 of Snohomish County Employees' Retirement Plan effective September 1, 2010. The District obtained a determination letter from the IRS dated February 28, 2011, which stated that The Public Hospital District No. 2 of Snohomish County Employees' Retirement Plan, as designed before the amendment and restatement effective September 1, 2010, was in compliance with the applicable requirements of the IRC.

The plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Accordingly, no provision for income taxes has been made.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

(5) Plan Termination

Although it has not expressed any intent to do so, the Employer 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 fully vested in their account balances.

(6) Information Certified by Trustee

The following information included in the financial statements and supplemental schedule was provided and certified by the trustee, Fidelity, as complete and accurate:

- Investments at fair value (except for Metlife Fixed Account for which Fidelity certified contract value)
- Notes receivable from participants
- Interest and dividends
- Net appreciation in fair value of investments
- Schedule of assets (Held at End of Year)
- Investment information included in note 8, excluding the fair value hierarchy

SWEDISH/EDMONDS 401(k) PLAN
(Formerly THE PUBLIC HOSPITAL DISTRICT NO. 2 OF
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Notes to Financial Statements

December 31, 2010 and 2009

(7) Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	December 31	
	2010	2009
Net assets available for benefits per the financial statements	\$ 88,241,618	\$ 77,339,119
Contributions receivable from employer	(296,496)	(16,062)
Deemed distributions of participant loans	(97,154)	(79,537)
Net assets available per the Form 5500	<u>\$ 87,847,968</u>	<u>\$ 77,243,520</u>
		Year Ending
		2010
Net increase in net assets available for benefits per the financial statements		10,902,499
Change in contribution receivable from employer		(280,434)
Change in deemed distributions of participant loans		(17,617)
Net income per the Form 5500		<u>\$ 10,604,448</u>

As of December 31, 2010, Form 5500 presents the investments in Metlife Fixed Account at \$17,616,094 and a liability of \$810. The financial statements present the net investment of \$17,615,284.

(8) Investments

Investments that represent 5% or more of the Plan's net assets are as follows:

	December 31	
	2010	2009
American Century Equity Growth Fund Investor Class	\$ 8,918,418	\$ 8,026,548
Fidelity Diversified International Fund (1)	3,987,156	4,186,950
Fidelity Freedom 2010 Fund	5,094,916	5,032,264
Fidelity Freedom 2015 Fund (2)	4,522,197	3,576,174
Fidelity Freedom 2020 Fund	8,459,642	7,112,888
Fidelity Growth Company Fund (2)	4,511,602	3,690,586
Metlife Fixed Account	17,615,284	17,331,797

(1) The December 31, 2010, investment balance was less than 5% of the 2010 Plan's net assets, but still presented for comparative purposes as at December 31, 2009, investment balance was greater than 5% of the 2009 Plan's net assets.

(2) The December 31, 2009, investment balance was less than 5% of the 2009 Plan's net assets, but still presented for comparative purposes as at December 31, 2010, investment balance was greater than 5% of the 2010 Plan's net assets.

SWEDISH/EDMONDS 401(k) PLAN
(Formerly THE PUBLIC HOSPITAL DISTRICT NO. 2 OF
SNOHOMISH COUNTY EMPLOYEES' RETIREMENT PLAN)

Notes to Financial Statements

December 31, 2010 and 2009

A three-tier hierarchy, as established by FASB Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan has the ability to access at the measurements date.
- Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.
- Level 3 inputs are unobservable inputs for the asset or liability.

The level in the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

The following table presents assets that are measured at fair value on a recurring basis (including items that are required to be measured at fair value and items for which the fair value option has been elected) at December 31, 2010 and 2009:

	Fair Value Hierarchy Level	December 31	
		2010	2009
Registered investment company funds:			
Index funds	Level 1	\$ 2,376,429	\$ 2,146,946
Balanced funds	Level 1	40,944,525	33,563,050
Growth funds	Level 1	11,160,161	9,742,568
Value funds	Level 1	1,612,728	1,365,150
Income Funds	Level 1	7,237,159	6,420,320
International funds	Level 1	4,650,855	4,860,058
Sector funds	Level 1	616,078	415,085
		<u>68,597,935</u>	<u>58,513,177</u>
Investment contract with insurance company	Level 2	<u>17,615,284</u>	<u>17,331,797</u>
Total investments at fair value		<u><u>86,213,219</u></u>	<u><u>75,844,974</u></u>

(9) Party-in-Interest and Related-Party Transactions

Certain plan investments are shares of registered investment company funds managed by Fidelity Investments. Fidelity Management Trust Company is the trustee as defined by the Plan, and, therefore, these transactions qualify as party-in-interest transactions.

(10) Voluntary Correction Program

The Plan is preparing a submission under the Voluntary Correction Program (VCP) with the IRS in order to amend the plan document to conform to the operations of the Plan. Management believes that any impact of the VCP correction will not have a material impact on the Plan's financial statements.

SWEDISH/EDMONDS 401(k) PLAN
(Formerly THE PUBLIC HOSPITAL DISTRICT NO. 2 OF
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Notes to Financial Statements

December 31, 2010 and 2009

(11) Subsequent Events

Effective April 15, 2011, the Plan made several changes to investment options available under the Plan.

The Plan's management has evaluated subsequent events occurring through October 11, 2011, the date the financial statements were available to be issued.

Supplemental Schedules

SWEDISH/EDMONDS 401(k) PLAN

(Formerly THE PUBLIC HOSPITAL DISTRICT NO. 2 OF

SNOHOMISH COUNTY EMPLOYEES' RETIREMENT PLAN)

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

December 31, 2010

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment	Cost	Current value
		Registered Investment Company Funds:		
	Allianz Funds	Allianz NFJ Dividend Value Fund Institutional Class	**	\$ 437,644
	American Funds	American Funds Growth Fund of America Class R-4	**	496,879
	American Century Investments	American Century Equity Growth Fund Investor Class	**	8,918,418
	Columbia Investments	Columbia Small Cap Value II Class Z	**	93,710
	Dodge & Cox Investments	Dodge & Cox International Stock Fund	**	663,699
	Domini Investments	Domini Social Equity Fund Investor Shares	**	5,300
*	Fidelity Investments	Fidelity Balanced Fund	**	1,741,568
*	Fidelity Investments	Fidelity Contrafund	**	3,282,184
*	Fidelity Investments	Fidelity Diversified International Fund	**	3,987,156
*	Fidelity Investments	Fidelity Freedom 2000 Fund	**	442,884
*	Fidelity Investments	Fidelity Freedom 2005 Fund	**	94,092
*	Fidelity Investments	Fidelity Freedom 2010 Fund	**	5,094,916
*	Fidelity Investments	Fidelity Freedom 2015 Fund	**	4,522,197
*	Fidelity Investments	Fidelity Freedom 2020 Fund	**	8,459,642
*	Fidelity Investments	Fidelity Freedom 2025 Fund	**	3,164,670
*	Fidelity Investments	Fidelity Freedom 2030 Fund	**	3,075,919
*	Fidelity Investments	Fidelity Freedom 2035 Fund	**	1,675,741
*	Fidelity Investments	Fidelity Freedom 2040 Fund	**	1,742,901
*	Fidelity Investments	Fidelity Freedom 2045 Fund	**	221,985
*	Fidelity Investments	Fidelity Freedom 2050 Fund	**	182,560
*	Fidelity Investments	Fidelity Freedom Income Fund	**	777,959
*	Fidelity Investments	Fidelity Growth Company Fund	**	4,511,602
*	Fidelity Investments	Fidelity Low-Priced Stock Fund	**	1,601,732
*	Fidelity Investments	Fidelity Real Estate Investment Fund	**	616,078
*	Fidelity Investments	Fidelity Spartan Extended Market Index Fund Investor Class	**	477,395
*	Fidelity Investments	Fidelity Value Fund	**	1,081,374
	Neuberger Berman Investments	Neuberger Berman Genesis Fund Trust Class	**	1,352,506
	Neuberger Berman Investments	Neuberger Berman Socially Responsive Fund Trust Class	**	295,493
	PIMCO Investments	PIMCO Total Return Institutional Class	**	3,669,390
*	Fidelity Investments	Spartan 500 Index Investor Class	**	1,899,034
*	Fidelity Investments	Spartan US Bond Index Fund Investor Class	**	2,624,265
	Managers Funds	TimesSquare Mid Cap Growth Fund Institutional Class	**	931,708
	Vanguard Investments	Vanguard Inflation-Protected Securities Fund Investor Shares	**	165,545
	Wells Fargo Advantage Funds	Wells Fargo Advantage Small Cap Growth Fund Institutional Class	**	289,789
		Investments contract with insurance company:		
*	Fidelity Investments	MetLife Fixed Account	**	17,615,284
*	Various Participants	Participant Loans (interest rates ranging from 4.25% to 9.25% and mature through October 2025)		1,731,903
	Total			\$ 87,945,122

* Indicates party-in-interest to the Plan.

** Indicates a participant-directed account. The cost disclosure is not required.



SWEDISH/EDMONDS 401(k) PLAN

(Formerly THE PUBLIC HOSPITAL DISTRICT NO. 2 OF
SNOHOMISH COUNTY EMPLOYEES' RETIREMENT PLAN)

Financial Statements and Supplemental Schedule

December 31, 2010 and 2009

(With Independent Auditors' Report Thereon)

SWEDISH/EDMONDS 401(k) PLAN
(Formerly THE PUBLIC HOSPITAL DISTRICT NO. 2 OF
SNOHOMISH COUNTY EMPLOYEES' RETIREMENT PLAN)

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KPMG LLP
Suite 900
801 Second Avenue
Seattle, WA 98104

Independent Auditors' Report

The Administrator
Swedish/Edmonds 401(k) Plan:

We were engaged to audit the accompanying statements of net assets available for benefits of the Swedish/Edmonds 401(k) Plan (formerly the Public Hospital District No. 2 of Snohomish County Employees' Retirement Plan) (the Plan) as of December 31, 2010 and 2009, and the related statement of changes in net assets available for benefits for the year ended December 31, 2010, and the supplemental schedule of (1) Schedule H, line 4i-Schedule of Assets (Held At End of Year) as of December 31, 2010. These financial statements and supplemental 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, any auditing procedures with respect to the information summarized in Note 6, which was certified by Fidelity Management Trust Company, the trustee 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 trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2010, and 2009 and for the year ended December 31, 2010 that the information provided to the plan administrator by the trustee is complete and accurate.

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

KPMG LLP

Seattle, Washington
October 11, 2011

SWEDISH/EDMONDS 401(k) PLAN
 (Formerly THE PUBLIC HOSPITAL DISTRICT NO. 2 OF
 SHOHOMISH COUNTY EMPLOYEES' RETIREMENT PLAN)
 Statements of Net Assets Available for Benefits
 December 31, 2010 and 2009

	<u>2010</u>	<u>2009</u>
Assets:		
Investments, at fair value:		
Registered investment company funds	68,597,935	58,513,177
Investment contract with insurance company	<u>17,615,284</u>	<u>17,331,797</u>
Total investments	<u>86,213,219</u>	<u>75,844,974</u>
Receivables:		
Employer contribution	121,208	4,895
Participant contribution	175,288	11,167
Notes receivable from participants	<u>1,731,903</u>	<u>1,478,083</u>
Total receivables	<u>2,028,399</u>	<u>1,494,145</u>
Net Assets Available for Benefits	<u>\$ 88,241,618</u>	<u>\$ 77,339,119</u>

See accompanying notes to financial statements.

SWEDISH/EDMONDS 401(k) PLAN
Statement of Changes in Net Assets Available for Benefits
Year ended December 31, 2010

Additions to Net Assets:

Contributions:

Participant	\$ 4,749,292
Participant rollover	274,991
Employer	<u>3,073,833</u>

Total contributions	<u>8,098,116</u>
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Investment income:

Interest and dividends	2,076,886
Net appreciation in fair value of investments - registered investment company funds	<u>6,909,702</u>

Total investment income	<u>8,986,588</u>
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Interest income on notes receivable from participants	<u>74,467</u>
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Total Additions to Net Assets	<u>17,159,171</u>
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Deductions from Net Assets:

Distributions	6,247,796
Expenses	<u>8,876</u>

Total Deductions from Net Assets	<u>6,256,672</u>
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Net increase in net assets available for benefits	10,902,499
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Net assets available for benefits at beginning of year	<u>77,339,119</u>
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Net Assets Available for Benefits at End of Year	<u>\$ 88,241,618</u>
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See accompanying notes to financial statements.

SWEDISH/EDMONDS 401(k) PLAN

(Formerly THE PUBLIC HOSPITAL DISTRICT NO. 2 OF
SNOHOMISH COUNTY EMPLOYEES' RETIREMENT PLAN)

Notes to Financial Statements

December 31, 2010 and 2009

(1) Plan Description

The following description of Swedish/Edmonds 401(k) Plan (the Plan) is provided for general information purposes only. More complete information regarding the Plan's provisions may be found in the plan document.

(a) General

The Plan is a defined contribution plan adopted by Swedish/Edmonds (the Employer) as an amendment and restatement of The Public Hospital District No. 2 of Snohomish County Employees' Retirement Plan in connection with the leasing of Stevens Hospital by Swedish Health Services, under the provisions of Section 401(a) of the Internal Revenue Code (the IRC), which includes a qualified cash or deferred arrangement as described in Section 401(k) of the IRC, for the benefit of eligible employees of the Employer.

The Public Hospital District No. 2 of Snohomish County Employees' Retirement Plan was a defined contribution plan, established by Public Hospital District No. 2 Snohomish County, WA a.k.a. Stevens Hospital (the District) under the provisions of Section 401(a) of the Internal Revenue Code (the IRC), which includes a qualified cash or deferred arrangement as described in Section 401(k) of the IRC, for the benefit of eligible employees.

Pursuant to the requirements of code section 401(a)(27)(B), the Employer also intends the Plan to be a "profit sharing plan" within the meaning of code section 401(a)(27)(A). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

(b) Eligibility

Any employee of the Employer whose employee commencement date or reemployment commencement date is on September 1, 2010 and who was a participant immediately prior to September 1, 2010 is eligible to participate in the Plan. Any employee of the Employer whose employment commencement date is on or after September 1, 2010 is eligible to participate in the Plan. Employees are admitted to the Plan beginning the first pay period in the month following attainment of eligibility requirements.

(c) Plan Administration

Effective September 1, 2010, the Plan is administered by Swedish Health Services Employee Benefits Administrative Committee (EBAC), which consists of certain employees of the Company. Prior to September 1, 2010, the Plan was administered by the Committee appointed by the District. Fidelity Management Trust Company (Fidelity) is the Trustee of the Plan.

(d) Contributions

Participants may elect to contribute between .05% and 90% in half-percent increments of pre-tax eligible compensation, as defined by the Plan, subject to certain limitations under the IRC. Eligible participants who have attained age fifty (50) may elect an additional catch-up contribution, subject to certain limitations under the IRC.

Participants may elect to contribute after-tax eligible compensation, as defined by the Plan. Also, participants may contribute amounts representing distributions from other qualified retirement plans or a code section 408(a) or 408(b) individual retirement account.

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For participants who are employed in the hospital or non-physician clinic employee classifications of .5 FTE through 1.0 FTE (as detailed in the Employer's Employment Guide), after one year of service, the Employer provides a matching contribution equal to 150% of each participant's contribution (including catch-up contributions) up to a maximum of 4.5% of eligible compensation.

For participants who are employed as clinic physicians of the Employer in the classifications of .6 FTE and above (as detailed in the Employer's Employment Guide), after one year of service, the Employer provides a matching contribution equal to 100% of each participant's contribution (including catch-up contributions) up to a maximum of 4.0% of eligible compensation.

(e) Vesting

Participants are fully vested in their salary deferral contributions, catch-up contributions, after-tax contributions and rollover contributions and earnings thereon. Vesting in the Employer's matching contributions and earnings thereon is based on years of continuous vesting service, according to the following schedule:

Years of Vesting Service	Percentage Vested
Fewer than 3	0 %
3 or more	100 %

Notwithstanding the above, each participant is fully vested in the Employer's matching contributions upon reaching the normal retirement age, disability or death, provided that he or she is an eligible employee on such date.

Forfeitures are used to reduce future employer contributions or to pay certain expenses incurred by the Employer related to the Plan, as stated in the plan document. At December 31, 2010 and 2009, there were \$22,000 and \$26,000, respectively, of unallocated forfeitures. During 2010 and 2009, forfeitures totaling approximately \$38,000 and \$13,000, respectively, were used to offset employer contributions.

(f) Participant Accounts

Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions, the related Employer's contributions, and the participant's share of the Plan's income and any related administrative expenses. Allocations of income and expenses are based on the proportion that each participant's account balance has to the total of all participants' account balances. Participant accounts are valued on a daily basis.

(g) Benefits

Upon severance from employment, a participant may elect to receive a lump-sum distribution of the vested balance of the participant's account at any time. Upon attainment of age fifty-nine and one-half (59 ½) a participant may elect to withdraw all or any vested portion of his or her account balance at any time in the form of a lump-sum or rollover distribution.

Effective September 1, 2010, upon death of the participant, in the event of the participant's death before distributions begin, a single lump sum payment of the participant's account vested

SWEDISH/EDMONDS 401(k) PLAN

(Formerly THE PUBLIC HOSPITAL DISTRICT NO. 2 OF
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Notes to Financial Statements

December 31, 2010 and 2009

balance will be made as soon as administratively feasible after the participant's death, unless the participant's spouse is the beneficiary, in which case a single lump sum payment will be made at the time requested by the spouse.

Prior to September 1, 2010, upon death of the participant, in the event of the participant's death before distributions begin, the entire participant's account vested balance will be distributed by December 31 of the year containing the fifth anniversary of the Participant's death; if the participant's spouse is the beneficiary, distributions may begin on the calendar year immediately following the calendar year in which the participant died or by December 31 of the calendar year in which the participant would have attained age 70 ½.

For termination of service with vested benefits of \$1,000 or less, a participant or beneficiary will automatically receive the value of the vested interest in his or her account as a lump-sum distribution.

(h) *Hardship Withdrawals*

Under certain conditions, participants, while still employed by the Employer, are permitted to make a withdrawal of his or her salary deferral, vested matching, after-tax, catch-up and rollover contribution account balances; earnings on salary deferral are not eligible for hardship withdrawals. These conditions include unreimbursed medical expenses, the purchase of the participant's principal residence, the payment of postsecondary education tuition, funeral or burial costs of an immediate family member, certain unreimbursed expenses to repair damage to the participant's principal residence, or to prevent eviction or foreclosure from the participant's principal residence. A participant's right to make deferrals to the Plan will be suspended for six months after receipt of a hardship withdrawal.

(i) *Notes Receivable from Participants*

A participant may borrow up to 50% of his or her salary deferral, vested matching, after-tax, catch-up and rollover contribution account balances up to a maximum of \$50,000. The minimum loan amount is \$1,000. Loans are repayable through payroll deductions over periods ranging up to 5 years. Loans are secured by the balance of the participant's account.

Effective September 1, 2010, the interest rate is determined based upon the rate a local commercial lender would charge for a similar type of loan. Prior to September 1, 2010, the interest rate is determined by a committee appointed by the District, based upon the rate a person in the business of lending money would charge for a similar type of loan. The interest rates on outstanding loans ranged from 4.25% to 9.25% at December 31, 2010 and the loans mature through October 2025.

(j) *Administrative Expenses*

Swedish paid a majority of administrative expenses of the Plan in 2010. Loan origination and maintenance fees are paid by the participant.

(k) *Investment Options*

Participants may direct their account balance into the investment options provided under the Plan in 1% increments. Participants may change their investment elections and make transfers between investment options daily.

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(Formerly THE PUBLIC HOSPITAL DISTRICT NO. 2 OF
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Notes to Financial Statements

December 31, 2010 and 2009

(2) Summary of Significant Accounting Policies

(a) *Basis of Accounting*

The accompanying financial statements are prepared using the accrual basis of accounting. Benefits are recorded when paid. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires the Plan's management to use estimates and assumptions that affect the accompanying financial statements and disclosures. Actual results could differ from those estimates.

(b) *Income Recognition*

Interest income is recorded on the accrual basis. Dividend income is recorded on the ex-dividend date. Purchases and sales of securities are recorded on a trade-date basis.

(c) *Investment Valuation*

As of December 31, 2010 and 2009, the Plan's investments consisted of investments in registered investment company funds and investment contracts with insurance companies.

The Plan's investments in registered investment company funds are stated at fair value based on quoted market prices.

The Plan's investment contracts with insurance companies are recorded at contract value. However, investment contracts held by a defined-contribution plan are required to be reported at fair value. Reporting the investments at fair value would not have a material effect on the Plan's financial statements. Accordingly, contract value, which represents net contributions plus interest at the contract rate, approximates fair value as the crediting rate of the contracts reset to a market rate at each plan year end. Fair value is determined based on the present value of discounted cash flows.

The Plan's investment contracts contain withdrawal restrictions and may be subject to charges against contract value upon withdrawal from the Plan, but as of December 31, 2010 and 2009 there were no such restrictions. These investment contracts with insurance companies are considered fully benefit-responsive. A benefit-responsive investment contract is a contract between an insurance company, a bank, a financial institution, or any financially responsible entity and a plan that provides for a stated return on principal invested over a specified period and that permits withdrawals at contract value for benefit payments, loans, or transfers to other investment options offered to the participant by the Plan. The Plan's investment contracts with insurance companies are backed by Metropolitan Life Insurance Company and provide a guaranteed rate of return with set maturity dates. For the year ended December 31, 2010, the crediting rate and average yield of the contract were 3.55% and 3.35%, respectively.

There are no unfunded commitments or reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate is based on a formula agreed upon with the issuer, but may not be less than 3%. Such rates are reviewed annually for resetting.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the loan documents (including complete or partial plan termination or merger with another plan), (2) changes to plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan

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Notes to Financial Statements

December 31, 2010 and 2009

sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under Employee Retirement Income Security Act of 1974. The Plan administrator does not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, is probable.

On April 15, 2011, the Plan's investment in the contracts were liquidated and transferred to the SEI Stable Asset fund.

(d) Valuation of Notes Receivable from Participants

Notes receivable from participants are measured at their unpaid principal balance. Accrued but unpaid interest, if any, would not have a material impact on the Plan's financial statements.

(e) Net Appreciation in Fair Value of Investments

Net depreciation in fair value of investments represents the change in unrealized appreciation of assets from one period to the next and realized gains and losses.

(f) Recently Adopted Accounting Pronouncements

In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2010-06, *Improving Disclosures about Fair Value Measurements*, that requires new disclosures, and clarifies existing disclosure requirements. The guidance requires gross presentation of activities within the Level 3 rollforward, and adds a new requirement to disclose transfers in and out of Levels 1 and 2 of the fair value hierarchy.

The guidance clarifies existing disclosure requirements regarding the level of desegregation of fair value measurements and the valuation techniques and inputs for recurring and nonrecurring fair value measurements of instruments classified as either Level 2 or Level 3. The Plan will include gross presentation of activities within Level 3 effective January 1, 2011.

In September 2010, the FASB issued ASU No. 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans*, that clarifies how loans to participants should be classified and measured by defined contribution pension benefit plans. The amendments in this update require that participant loans be classified as notes receivable from participants and measured at their unpaid principal balance plus any accrued but unpaid interest. ASU No. 2010-25 is effective for fiscal years ending after December 15, 2010 and is required to be applied retrospectively. The Plan's net assets were not affected by the adoption of the new guidance.

(3) Risk and Uncertainties

The Plan provides for various investment fund options which in turn invest in a combination of stocks, bonds, and other investment securities. Investment securities, in general, are exposed to various risks, such as interest rate, credit and overall market volatility risks. Due to the level of risk associated with certain investment securities, it is reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

SWEDISH/EDMONDS 401(k) PLAN
(Formerly THE PUBLIC HOSPITAL DISTRICT NO. 2 OF
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Notes to Financial Statements

December 31, 2010 and 2009

(4) Tax Status

The Plan has not applied or obtained a determination letter from the Internal Revenue Service (IRS) since the amendment and restatement The Public Hospital District No. 2 of Snohomish County Employees' Retirement Plan effective September 1, 2010. The District obtained a determination letter from the IRS dated February 28, 2011, which stated that The Public Hospital District No. 2 of Snohomish County Employees' Retirement Plan, as designed before the amendment and restatement effective September 1, 2010, was in compliance with the applicable requirements of the IRC.

The plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the IRC. Accordingly, no provision for income taxes has been made.

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2008.

(5) Plan Termination

Although it has not expressed any intent to do so, the Employer 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 fully vested in their account balances.

(6) Information Certified by Trustee

The following information included in the financial statements and supplemental schedule was provided and certified by the trustee, Fidelity, as complete and accurate:

- Investments at fair value (except for Metlife Fixed Account for which Fidelity certified contract value)
- Notes receivable from participants
- Interest and dividends
- Net appreciation in fair value of investments
- Schedule of assets (Held at End of Year)
- Investment information included in note 8, excluding the fair value hierarchy

SWEDISH/EDMONDS 401(k) PLAN
(Formerly THE PUBLIC HOSPITAL DISTRICT NO. 2 OF
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Notes to Financial Statements

December 31, 2010 and 2009

(7) Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements to the Form 5500:

	December 31	
	2010	2009
Net assets available for benefits per the financial statements	\$ 88,241,618	\$ 77,339,119
Contributions receivable from employer	(296,496)	(16,062)
Deemed distributions of participant loans	(97,154)	(79,537)
Net assets available per the Form 5500	<u>\$ 87,847,968</u>	<u>\$ 77,243,520</u>
		Year Ending
		2010
Net increase in net assets available for benefits per the financial statements		10,902,499
Change in contribution receivable from employer		(280,434)
Change in deemed distributions of participant loans		(17,617)
Net income per the Form 5500		<u>\$ 10,604,448</u>

As of December 31, 2010, Form 5500 presents the investments in Metlife Fixed Account at \$17,616,094 and a liability of \$810. The financial statements present the net investment of \$17,615,284.

(8) Investments

Investments that represent 5% or more of the Plan's net assets are as follows:

	December 31	
	2010	2009
American Century Equity Growth Fund Investor Class	\$ 8,918,418	\$ 8,026,548
Fidelity Diversified International Fund (1)	3,987,156	4,186,950
Fidelity Freedom 2010 Fund	5,094,916	5,032,264
Fidelity Freedom 2015 Fund (2)	4,522,197	3,576,174
Fidelity Freedom 2020 Fund	8,459,642	7,112,888
Fidelity Growth Company Fund (2)	4,511,602	3,690,586
Metlife Fixed Account	17,615,284	17,331,797

(1) The December 31, 2010, investment balance was less than 5% of the 2010 Plan's net assets, but still presented for comparative purposes as at December 31, 2009, investment balance was greater than 5% of the 2009 Plan's net assets.

(2) The December 31, 2009, investment balance was less than 5% of the 2009 Plan's net assets, but still presented for comparative purposes as at December 31, 2010, investment balance was greater than 5% of the 2010 Plan's net assets.

SWEDISH/EDMONDS 401(k) PLAN
(Formerly THE PUBLIC HOSPITAL DISTRICT NO. 2 OF
SNOHOMISH COUNTY EMPLOYEES' RETIREMENT PLAN)

Notes to Financial Statements

December 31, 2010 and 2009

A three-tier hierarchy, as established by FASB Accounting Standards Codification (ASC) 820, *Fair Value Measurements and Disclosures*, prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

- Level 1 inputs are quoted prices (unadjusted) in active markets for identical assets or liabilities that the Plan has the ability to access at the measurements date.
- Level 2 inputs are inputs other than quoted prices included within Level 1 that are observable for the asset or liability, either directly or indirectly.
- Level 3 inputs are unobservable inputs for the asset or liability.

The level in the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

The following table presents assets that are measured at fair value on a recurring basis (including items that are required to be measured at fair value and items for which the fair value option has been elected) at December 31, 2010 and 2009:

	Fair Value Hierarchy Level	December 31	
		2010	2009
Registered investment company funds:			
Index funds	Level 1	\$ 2,376,429	\$ 2,146,946
Balanced funds	Level 1	40,944,525	33,563,050
Growth funds	Level 1	11,160,161	9,742,568
Value funds	Level 1	1,612,728	1,365,150
Income Funds	Level 1	7,237,159	6,420,320
International funds	Level 1	4,650,855	4,860,058
Sector funds	Level 1	616,078	415,085
		<u>68,597,935</u>	<u>58,513,177</u>
Investment contract with insurance company	Level 2	<u>17,615,284</u>	<u>17,331,797</u>
Total investments at fair value		<u><u>86,213,219</u></u>	<u><u>75,844,974</u></u>

(9) Party-in-Interest and Related-Party Transactions

Certain plan investments are shares of registered investment company funds managed by Fidelity Investments. Fidelity Management Trust Company is the trustee as defined by the Plan, and, therefore, these transactions qualify as party-in-interest transactions.

(10) Voluntary Correction Program

The Plan is preparing a submission under the Voluntary Correction Program (VCP) with the IRS in order to amend the plan document to conform to the operations of the Plan. Management believes that any impact of the VCP correction will not have a material impact on the Plan's financial statements.

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(11) Subsequent Events

Effective April 15, 2011, the Plan made several changes to investment options available under the Plan.

The Plan's management has evaluated subsequent events occurring through October 11, 2011, the date the financial statements were available to be issued.

Supplemental Schedules

SWEDISH/EDMONDS 401(k) PLAN

(Formerly THE PUBLIC HOSPITAL DISTRICT NO. 2 OF

SNOHOMISH COUNTY EMPLOYEES' RETIREMENT PLAN)

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

December 31, 2010

(a)	(b)	(c)	(d)	(e)
	Identity of issuer, borrower, lessor, or similar party	Description of investment	Cost	Current value
		Registered Investment Company Funds:		
	Allianz Funds	Allianz NFJ Dividend Value Fund Institutional Class	**	\$ 437,644
	American Funds	American Funds Growth Fund of America Class R-4	**	496,879
	American Century Investments	American Century Equity Growth Fund Investor Class	**	8,918,418
	Columbia Investments	Columbia Small Cap Value II Class Z	**	93,710
	Dodge & Cox Investments	Dodge & Cox International Stock Fund	**	663,699
	Domini Investments	Domini Social Equity Fund Investor Shares	**	5,300
*	Fidelity Investments	Fidelity Balanced Fund	**	1,741,568
*	Fidelity Investments	Fidelity Contrafund	**	3,282,184
*	Fidelity Investments	Fidelity Diversified International Fund	**	3,987,156
*	Fidelity Investments	Fidelity Freedom 2000 Fund	**	442,884
*	Fidelity Investments	Fidelity Freedom 2005 Fund	**	94,092
*	Fidelity Investments	Fidelity Freedom 2010 Fund	**	5,094,916
*	Fidelity Investments	Fidelity Freedom 2015 Fund	**	4,522,197
*	Fidelity Investments	Fidelity Freedom 2020 Fund	**	8,459,642
*	Fidelity Investments	Fidelity Freedom 2025 Fund	**	3,164,670
*	Fidelity Investments	Fidelity Freedom 2030 Fund	**	3,075,919
*	Fidelity Investments	Fidelity Freedom 2035 Fund	**	1,675,741
*	Fidelity Investments	Fidelity Freedom 2040 Fund	**	1,742,901
*	Fidelity Investments	Fidelity Freedom 2045 Fund	**	221,985
*	Fidelity Investments	Fidelity Freedom 2050 Fund	**	182,560
*	Fidelity Investments	Fidelity Freedom Income Fund	**	777,959
*	Fidelity Investments	Fidelity Growth Company Fund	**	4,511,602
*	Fidelity Investments	Fidelity Low-Priced Stock Fund	**	1,601,732
*	Fidelity Investments	Fidelity Real Estate Investment Fund	**	616,078
*	Fidelity Investments	Fidelity Spartan Extended Market Index Fund Investor Class	**	477,395
*	Fidelity Investments	Fidelity Value Fund	**	1,081,374
	Neuberger Berman Investments	Neuberger Berman Genesis Fund Trust Class	**	1,352,506
	Neuberger Berman Investments	Neuberger Berman Socially Responsive Fund Trust Class	**	295,493
	PIMCO Investments	PIMCO Total Return Institutional Class	**	3,669,390
*	Fidelity Investments	Spartan 500 Index Investor Class	**	1,899,034
*	Fidelity Investments	Spartan US Bond Index Fund Investor Class	**	2,624,265
	Managers Funds	TimesSquare Mid Cap Growth Fund Institutional Class	**	931,708
	Vanguard Investments	Vanguard Inflation-Protected Securities Fund Investor Shares	**	165,545
	Wells Fargo Advantage Funds	Wells Fargo Advantage Small Cap Growth Fund Institutional Class	**	289,789
		Investments contract with insurance company:		
*	Fidelity Investments	MetLife Fixed Account	**	17,615,284
*	Various Participants	Participant Loans (interest rates ranging from 4.25% to 9.25% and mature through October 2025)		1,731,903
	Total			\$ 87,945,122

* Indicates party-in-interest to the Plan.

** Indicates a participant-directed account. The cost disclosure is not required.