

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 2010 This Form is Open to Public Inspection
---	--	---

Part I	Annual Report Identification Information
For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1995</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1995</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1995</u>					
2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.) <u>REGIONAL HOSPITAL FOR RESPIRATORY AND COMPLEX CARE</u> <u>12844 MILITARY ROAD S</u> <u>TUKWILA, WA 98168</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>91-1170040</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>206-248-4548</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>91-1170040</u>	2c Sponsor's telephone number <u>206-248-4548</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>91-1170040</u>					
2c Sponsor's telephone number <u>206-248-4548</u>					
2d Business code (see instructions) <u>622000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/17/2011	ERIC JENSEN
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Form 5500 (2010)
v.092307.1

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") REGIONAL HOSPITAL FOR RESPIRATORY AND COMPLEX CARE 12844 MILITARY ROAD S TUKWILA, WA 98168	3b Administrator's EIN 91-1170040 3c Administrator's telephone number 206-248-4548
---	---

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
---	-----------------------------------

5 Total number of participants at the beginning of the plan year	5	149
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	138
b Retired or separated participants receiving benefits.....	6b	0
c Other retired or separated participants entitled to future benefits.....	6c	23
d Subtotal. Add lines 6a , 6b , and 6c	6d	161
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	161
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	141
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	14
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	7	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
 2F 2G 2L 2M 2T

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

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

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

a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)
--	---

<div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection</div>
---	--	--

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. REGIONAL HOSPITAL FOR RESPIRATORY AND COMPLEX CARE	D Employer Identification Number (EIN) 91-1170040	

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.
--------	---	--

1 Coverage Information:

(a) Name of insurance carrier
VARIABLE ANNUITY LIFE INSURANCE CO.

(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
74-1625348	70238	52783	120	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	0

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

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

(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	

(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** 2179205**5** Current value of plan's interest under this contract in separate accounts at year end **5****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** 1653458**c** Additions: (1) Contributions deposited during the year **7c(1)** 435689(2) Dividends and credits **7c(2)** 0(3) Interest credited during the year **7c(3)** 67877(4) Transferred from separate account **7c(4)** 59664(5) Other (specify below) **7c(5)** 0(6) Total additions **7c(6)** 563230**d** Total of balance and additions (add **b** and **c(6)**). **7d** 2216688**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 28205(2) Administration charge made by carrier **7e(2)** 0(3) Transferred to separate account **7e(3)** 8165(4) Other (specify below) **7e(4)** 1113▶ **CONTRACT SURRENDER CHARGES**(5) Total deductions **7e(5)** 37483**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 2179205

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)	
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)	
(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)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div>SCHEDULE A (Form 5500) <div>Department of the Treasury Internal Revenue Service</div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection</div>
---	--	--

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500. REGIONAL HOSPITAL FOR RESPIRATORY AND COMPLEX CARE	D Employer Identification Number (EIN) 91-1170040	

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.
--------	---	--

1 Coverage Information:

(a) Name of insurance carrier
VARIABLE ANNUITY LIFE INSURANCE CO.

(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
74-1625348	70238	52783	21	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	0

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

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

(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	

(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	94032
5 Current value of plan's interest under this contract in separate accounts at year end	5	128564

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. Specify nature of costs ▶	6d	

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	95318
c Additions: (1) Contributions deposited during the year	7c(1)	0
(2) Dividends and credits	7c(2)	0
(3) Interest credited during the year	7c(3)	2802
(4) Transferred from separate account	7c(4)	753
(5) Other (specify below)	7c(5)	0
▶		
(6) Total additions	7c(6)	3555
d Total of balance and additions (add b and c(6))	7d	98873
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	4678
(2) Administration charge made by carrier	7e(2)	0
(3) Transferred to separate account	7e(3)	159
(4) Other (specify below)	7e(4)	4
▶ CONTRACT SURRENDER CHARGES		
(5) Total deductions	7e(5)	4841
f Balance at the end of the current year (subtract e(5) from d)	7f	94032

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)	
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)	
(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)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement.....		9d(1)	
(2) Claim reserves.....		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in c(2).).....		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

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

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010	
A Name of plan NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 REGIONAL HOSPITAL FOR RESPIRATORY AND COMPLEX CARE	D Employer Identification Number (EIN) 91-1170040

Part I	Service Provider Information (see instructions)
---------------	--

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
VARIABLE ANNUITY LIFE INSURANCE CO
74-1625348

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
VALIC RETIREMENT SERVICES COMPANY
51-0396365

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
LINCOLN NATIONAL CORPORATION
35-1140070

(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

(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

(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

(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

(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)

VARIABLE ANNUITY LIFE INSURANCE CO

74-1625348

(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?
26 37 66 28 52 19 29 33 49 59 64 72 99 60 63	NO RELATIONSHIP	98	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

VALIC RETIREMENT SERVICES COMPANY

51-0396365

(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?
26 37 19 28 29 33 49 52 59 60 61 63 64 72 99	NO RELATIONSHIP	9795	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

LINCOLN NATIONAL CORPORATION

35-1140070

(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?
13	SERVICE PROVIDER	175	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<div>SCHEDULE D</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010					
A Name of plan NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN				B Three-digit plan number (PN) ▶ 001	
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 REGIONAL HOSPITAL FOR RESPIRATORY AND COMPLEX CARE				D Employer Identification Number (EIN) 91-1170040	
Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)					
a Name of MTIA, CCT, PSA, or 103-12 IE: LINCOLN NATIONAL LIFE INSURANCE CO.					
b Name of sponsor of entity listed in (a): REGIONAL HOSPITAL FOR RESPIRATORY AND COMPLEX CARE					
c EIN-PN 35-0472300-005		d Entity code P		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 104899	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code		e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-12 IE:					
b Name of sponsor of entity listed in (a):					
c EIN-PN		d Entity code			

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

Part II Information on Participating Plans (to be completed by DFEs)

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

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

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

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 REGIONAL HOSPITAL FOR RESPIRATORY AND COMPLEX CARE		
		D Employer Identification Number (EIN) 91-1170040

Part I	Asset and Liability Statement
---------------	--------------------------------------

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	29884	28224
(2) Participant contributions	1b(2)	0	42215
(3) Other	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)	64097	114644
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	330483	201569
(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)	3680063	4749837
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	1748776	2273238
(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	5853303	7409727

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	5853303	7409727
---	-----------	---------	---------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	361220	
(B) Participants	2a(1)(B)	585873	
(C) Others (including rollovers)	2a(1)(C)	194804	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		1141897

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)	2905	
(F) Other	2b(1)(F)	70680	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		73585

(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)	103784	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		103784

(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)		0

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		540006
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1859272

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	292788	
(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)		292788
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)	10060	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		10060
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		302848

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1556424
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: MOSS ADAMS LLP

(2) EIN: 91-0189318

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

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

Part IV Compliance Questions

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

During the plan year:

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2010</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010		
A Name of plan NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 REGIONAL HOSPITAL FOR RESPIRATORY AND COMPLEX CARE		D Employer Identification Number (EIN) 91-1170040
Part I	Distributions	
All references to distributions relate only to payments of benefits during the plan year.		
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....		1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 74-1625348 35-0472300		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....		3
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☐ N/A		
If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____		
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☐ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2010 v.092308.1		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents)

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

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

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

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

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

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

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

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

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

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

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

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

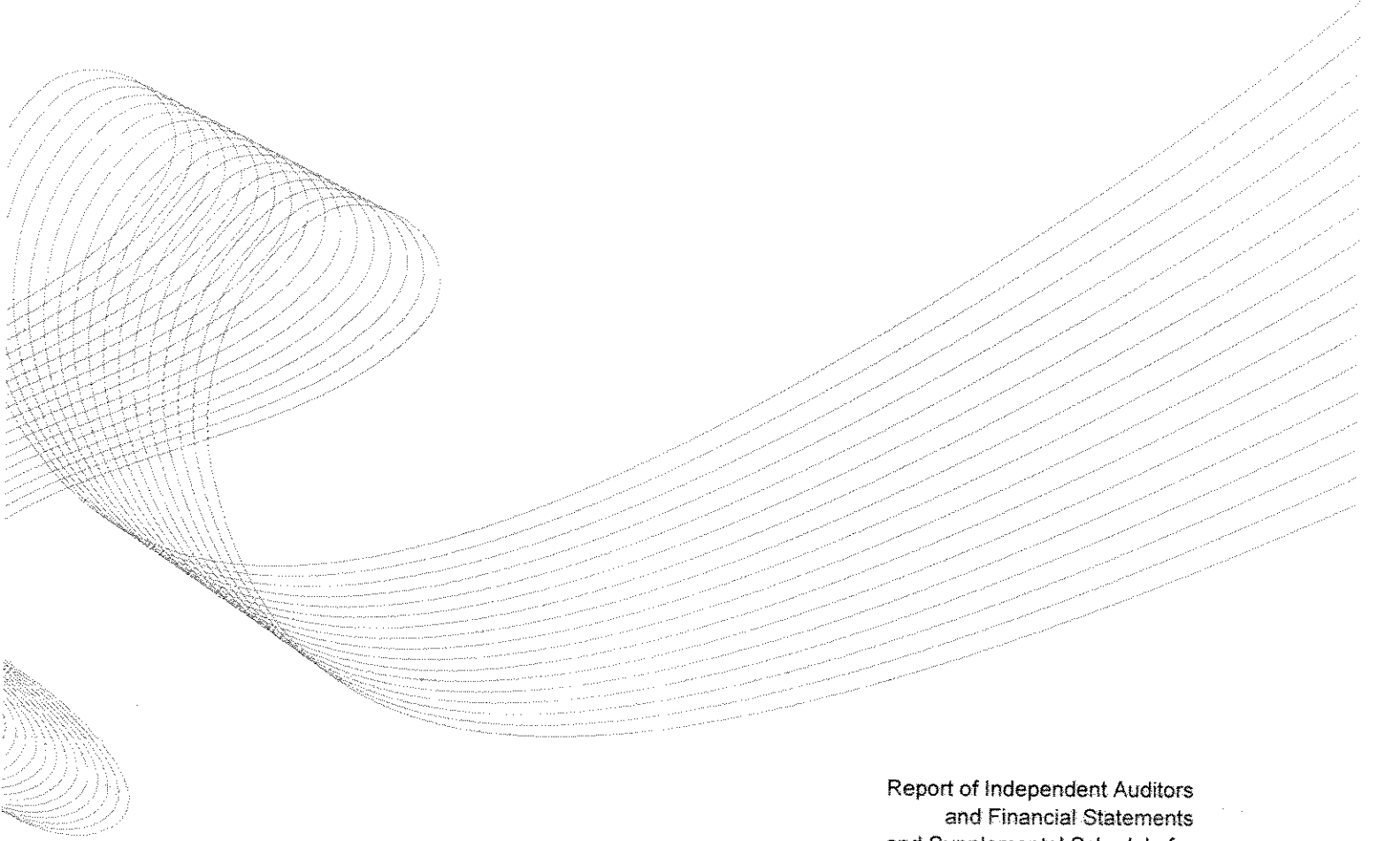
Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

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

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



Report of Independent Auditors
and Financial Statements
and Supplemental Schedule for

**Northwest Regional Hospital
Tax Sheltered Annuity Plan**

December 31, 2010 and 2009

MOSS ADAMS_{LLP}

Certified Public Accountants | Business Consultants

Acumen. Agility. Answers.

CONTENTS

	PAGE
REPORT OF INDEPENDENT AUDITORS	1
FINANCIAL STATEMENTS	
Statement of net assets available for benefits	2
Statement of changes in net assets available for benefits	3
Notes to financial statements	4-12
SUPPLEMENTAL SCHEDULE REQUIRED BY THE DEPARTMENT OF LABOR	
Schedule H, Line 4i - schedule of assets (held at end of year) - December 31, 2010	13-14



MOSS ADAMS LLP
Certified Public Accountants | Business Consultants

REPORT OF INDEPENDENT AUDITORS

To the Board of Directors
Northwest Regional Hospital Tax Sheltered Annuity Plan

We were engaged to audit the accompanying statements of net assets available for benefits of the Northwest Regional Hospital Tax Sheltered Annuity 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 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 Variable Annuity Life Insurance Company and Lincoln National Life Insurance Company, the asset custodians of the Plan, except for comparing such information with the related information included in the financial statements and the supplemental schedule. We have been informed by the Plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained a certification from the custodians 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 custodians 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 Variable Annuity Life Insurance Company and Lincoln National Life Insurance Company, 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.



Everett, Washington
October 11, 2011

NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN
STATEMENT OF NET ASSETS AVAILABLE FOR BENEFITS

	DECEMBER 31,	
	2010	2009
ASSETS		
Investments at fair value		
Mutual funds	\$ 4,749,837	\$ 3,680,063
Pooled separate accounts	201,569	330,483
Guaranteed interest accounts	2,287,141	1,733,371
Total investments	7,238,547	5,743,917
Notes receivable from participants	114,644	64,097
Receivables		
Employee	42,215	17,534
Employer	28,224	12,350
Total receivables	70,439	29,884
NET ASSETS REFLECTING ALL INVESTMENTS AT FAIR VALUE	7,423,630	5,837,898
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	(13,903)	15,405
NET ASSETS AVAILABLE FOR BENEFITS	<u>\$ 7,409,727</u>	<u>\$ 5,853,303</u>

**NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN
STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
YEAR ENDED DECEMBER 31, 2010**

ADDITIONS TO NET ASSETS ATTRIBUTED TO

Investment income

Net appreciation in fair value of investments

Mutual funds \$ 508,246

Pooled separate accounts 31,760

Guaranteed interest accounts 70,681

Interest and dividends 103,784

Total investment income 714,471

Interest income on notes receivable from participants 2,905

Contributions

Employee 585,873

Rollover 194,804

Employer 361,220

Total contributions 1,141,897

Total additions 1,859,273

DEDUCTIONS FROM NET ASSETS ATTRIBUTED TO

Benefits paid to participants 292,788

Administrative expenses 10,061

Total deductions 302,849

INCREASE IN NET ASSETS AVAILABLE FOR BENEFITS 1,556,424

NET ASSETS AVAILABLE FOR BENEFITS

Beginning of year 5,853,303

End of year \$ 7,409,727

**NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS**

Note 1 - Description of the Plan

The following description of the Northwest Regional Hospital Tax Sheltered Annuity Plan (the Plan) provides only general information. Participants should refer to the Plan document for a more comprehensive description of the Plan's provisions.

General - The Plan is a defined contribution plan that was established effective January 1, 1996, for the benefit of employees of the Regional Hospital for Respiratory and Complex Care (Plan Sponsor). All employees are eligible to participate in the Plan immediately upon employment, with Plan entry dates restricted to the beginning of each quarter.

The Plan was most recently amended and restated effective January 1, 2005.

Contributions - Participants may contribute to the Plan through voluntary deferrals of pre-tax earned compensation. Eligible employees may contribute from 1% to 100% of their compensation to the Plan, not to exceed annual limitations prescribed by the Internal Revenue Service (IRS).

Eligibility - Participants are eligible for employer matching and discretionary contributions after reaching the age of 18 and service of at least 1,000 hours per year over the first 24 consecutive months of employment. The Plan Sponsor makes discretionary matching contributions equal to 100% of the voluntary deferrals of each employee who is eligible for employer contributions up to 2% of compensation. The Plan Sponsor further contributes a discretionary contribution equal to 5% of compensation for each employee who is eligible for the discretionary contributions.

Participant accounts - Participant contributions to the Plan are voluntary. Participants are allowed to direct the investment of all contributions into various investment options that offer a diversity of investment risk and return. Each participant's account is credited, or debited, with any contributions made to the account, increases or decreases in the market value of investments, any loans and loan repayments, withdrawals, and administrative expenses from the account. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Allocation provisions - Dividend income, interest income, and net realized and unrealized investment gain or loss of each fund shall be allocated to the accounts of each participant based on the participant's proportionate share of the various investment funds held in his or her investment account.

Vesting - Participants are immediately vested in their salary deferral contributions and all employer contributions plus actual earnings thereon.

Payment of benefits - Upon termination of service, death, disability, or retirement, a participant may elect to receive a distribution of his or her vested account balance or roll their funds into another qualified account. The distribution may be in the form of a lump-sum payment, installment payments, or in the form of an annuity. The Plan also provides for hardship withdrawals in accordance with provisions specified in the Plan document.

NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS

Note 1 - Description of the Plan (continued)

Notes receivable from participants - The Plan allows participants to borrow from their accounts using their employee deferral balance as collateral for the loans. The maximum amount that a participant may borrow is equal to the lesser of 50% of their entire vested account balance or \$50,000. The minimum amount required to be borrowed is \$1,000. Loan terms range from one to five years unless it is used to acquire a principal residence, in which case the term is up to 10 years. The loans bear interest at a rate commensurate with local prevailing rates ranging from 3.00% to 9.25% at December 31, 2010, with maturities through 2014.

Administrative expenses - Several of the investment fund options are subject to investment and administrative fees based on a percentage of invested assets, as disclosed in the fund's prospectus. All such fees are charged directly against the fund's investment performance and thus are not separately disclosed in the accompanying financial statements. Participants are assessed separate fees for the administration of loans and repayments thereof, as well as investment advisory services, and such fees are separately disclosed in the financial statements. All other administrative expenses related to the Plan are paid by the Plan Sponsor.

Note 2 - Summary of Accounting Policies

Basis of accounting - The financial statements have been prepared in accordance with accounting principles generally accepted in the United States of America, using the accrual method of accounting.

Investment valuation - Investments in mutual funds and pooled separate accounts are stated at fair value as certified by the Plan's custodians, Variable Annuity Life Insurance Company (VALIC) and Lincoln National Life Insurance Company (Lincoln). Fair value is the price that would be received to sell an asset or paid to transfer a liability (i.e., the "exit price") in an orderly transaction between market participants at the measurement date (Note 4).

Investment contracts held by a defined contribution plan are required to be reported at fair value. However, contract value is the relevant measurement attribute for that portion of the net assets available for benefits of a defined contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. The statement of net assets available for benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit-responsive investment contracts from fair value to contract value. The statement of changes in net assets available for benefits is prepared on a contract value basis.

Notes receivable from participants - Notes receivable from participants are measured at amortized cost, which represents the unpaid principal balance plus accrued but unpaid interest, and are classified as notes receivable.

**NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS**

Note 2 - Summary of Accounting Policies (continued)

Income recognition - Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on the accrual basis. The net appreciation in fair value of investments consists of both the realized gains or losses and unrealized appreciation and depreciation of those investments.

Payment of benefits - Benefits are recorded when paid.

Use of estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Risks and uncertainties - The Plan provides for various investment options. Investment securities are exposed to various risks, such as interest rate, market volatility, and credit risk. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the statements of net assets available for Plan benefits and the statement of changes in net assets available for Plan benefits.

Recent accounting pronouncements - In January 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2010-06, *Fair Value Measurements and Disclosures (Topic 820)—Improving Disclosures About Fair Value Measurements*. The new guidance requires additional disclosures about transfers between levels within the fair value hierarchy and clarifies existing disclosure requirements regarding classes of assets and liabilities measured at fair value. The new guidance requires the Plan to (a) disclose separately the amounts of significant transfers into and out of each level of the fair value hierarchy and describe the reasons for those transfers, (b) disclose the Plan's policy for determining when transfers between levels of the fair value hierarchy are recognized, and (c) present information about purchases, sales, issuances, and settlements on a gross basis in the reconciliation of the beginning and ending balance of Level 3 fair value measurements. The new guidance is effective for reporting periods beginning after December 15, 2009, except for the Level 3 reconciliation disclosures, which are effective for reporting periods beginning after December 15, 2010. The Plan adopted this guidance on January 1, 2010 (Note 4).

In September 2010, the FASB issued ASU 2010-25, *Plan Accounting—Defined Contribution Pension Plans*, which amends existing guidance by requiring participant loans to be classified as notes receivable from participants, which are segregated from plan investments and measured at their unpaid principal balance plus any accrued but unpaid interest. The amendments to the Accounting Standards Codification included in ASU 2010-25 are effective for fiscal years ending after December 15, 2010. The Plan has adopted this guidance effective December 31, 2010, and has reclassified participant loans of \$114,644 and \$64,097 for the years ended December 31, 2010 and 2009, respectively, from investments to notes receivable from participants.

NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN

NOTES TO FINANCIAL STATEMENTS

Note 2 - Summary of Accounting Policies (continued)

Expenses - All expenses of maintaining the Plan are paid by the Company.

Subsequent events - Subsequent events are events or transactions that occur after the balance sheet date but before financial statements are available to be issued. The Plan recognizes in the financial statements the effects of all subsequent events that provide additional evidence about conditions that existed at the date of the balance sheet, including the estimates inherent in the process of preparing the financial statements. The Plan's financial statements do not recognize subsequent events that provide evidence about conditions that did not exist at the date of the balance sheet but arose after the balance sheet date and before the financial statements are available to be issued.

The Plan has evaluated subsequent events through October 11, 2011, which is the date the financial statements are available to be issued.

Note 3 - Investments

Investments that represent 5% or more of total Plan assets are separately identified in the following table:

	2010	2009
VALIC Fixed Account	\$ 2,193,108	\$ 1,635,856
VALIC Dreyfus Mid Cap Index	\$ 451,631	\$ 648,830
VALIC Dreyfus Intl Stock Index	\$ -	\$ 442,564

Note 4 - Fair Value Measurements

The Plan classified its investments as of December 31, 2010 and 2009, based upon an established fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements).

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

Basis of fair value measurement

Level 1 - Unadjusted quoted prices in active markets that are accessible at the measurement date for identical, unrestricted assets or liabilities;

Level 2 - Quoted prices in markets that are not considered to be active or financial instruments without quoted market prices, but for which all significant inputs are observable, either directly or indirectly;

Level 3 - Prices or valuations that require inputs that are both significant to the fair value measurement and unobservable.

**NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS**

Note 4 - Fair Value Measurements (continued)

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

Following is a description of the valuation methodologies used for assets measured at fair value.

Mutual funds - Shares of mutual funds are valued using the net asset value (NAV) provided by the administrator of the fund. The NAV is based on the value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding. The NAV is a quoted price in an active market and is classified within Level 1 of the valuation hierarchy.

Money market accounts - The money market account is a public investment vehicle valued using \$1 the NAV. The money market account is classified within Level 2 of the valuation hierarchy.

Pooled separate accounts - The Plan invests in pooled separate accounts managed by VALIC and Lincoln that invest mainly in securities of large-capitalization companies, non-U.S. equity securities, small companies, etc. The Plan Sponsor selects investments that provide a variety of investment strategies such as long-term capital appreciation, capital appreciation, long-term capital appreciation without undue risk to principal, capital appreciation by investing primarily in securities of emerging or other growth-oriented companies, etc.

BLUE CHIP GROWTH FUND	MID CAP VALUE FUND
FOREIGN VALUE	SCIENCE & TECHNOLOGY FUND
GLOBAL REAL ESTATE FUND	SMALL CAP FUND
GLOBAL SOCIAL AWARE FUND	SMALL CAP GROWTH FUND
GLOBAL STRATEGY	SMALL CAP INDEX FUND
GROWTH & INCOME FUND	SMALL CAP SPECIAL VALUE FUND
HIGH YIELD BOND FUND	SMALL CAP VALUE FUND
INTL EQUITIES FUND	SOCIALLY RESPONSIBLE FUND
INTL GROWTH I FUND	STOCK INDEX FUND
INTL SMALL CAP EQUITY	VANGUARD WELLINGTON FUND
LARGE CAP CORE	VANGUARD WINDSOR II
LARGE CAP VALUE FUND	LVIP DEL G&I
LARGE CAPITAL GROWTH	LVIP DEL SO
MID CAP GROWTH FUND	LVIP JAN CA
MID CAP INDEX FUND	LVIP TRP MC
MID CAP STRATEGIC GWTH	LVIP WF VALU

Units held in pooled separate accounts are valued using the NAV of the fund. The NAV is based on the fair value of the underlying assets owned by the fund, minus its liabilities, and then divided by the number of units outstanding. The net asset value of a pooled separate account is calculated based on a compilation of primarily observable market information. The number of units of the fund that are outstanding on the calculation date is derived from observable purchase and redemption activity in the fund. Accordingly, the unit value for a collective investment fund is classified within Level 2 of the valuation hierarchy.

NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

Note 4 - Fair Value Measurements (continued)

Guaranteed interest accounts - The Plan offers participants guaranteed interest accounts through VALIC and Lincoln that provide a guaranteed interest rate for a stated period. In accordance with generally accepted accounting principles, the investment in guaranteed interest accounts is stated at fair market value, which is determined based on contract value less an adjustment for the difference between current market interest rates and the actual interest rates on the accounts. Guaranteed interest accounts promise contract value for a benefit event (termination, death, disability, and retirement); however, there is a possible market value adjustment when funds are withdrawn prior to their maturity. The fair values for traditional guaranteed interest accounts are calculated using the present value of the contract's future cash flow values discounted by risk adjusted market rates. Accordingly, the guaranteed interest accounts are classified within Level 2 of the valuation hierarchy.

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31 (Levels 1, 2, and 3 are defined above):

	Investment Assets at Fair Value as of December 31, 2010			
	Level 1	Level 2	Level 3	Total
Core value funds	\$ 1,800	\$ -	\$ -	\$ 1,800
Growth funds	134,907	32,311	-	167,218
Bond funds	598,764	1,702	-	600,466
International funds	783,809	13,367	-	797,176
Global strategy funds	-	1,878	-	1,878
Science and technology funds	75,636	4,184	-	79,820
Equity funds	1,406,788	133,640	-	1,540,428
Large cap funds	269,250	2,448	-	271,698
Mid cap funds	706,191	14,079	-	720,270
Small cap funds	511,873	41,252	-	553,125
Money market funds	-	-	-	-
Real estate funds	217,527	-	-	217,527
Guaranteed interest accounts	-	2,287,141	-	2,287,141
	<u>\$ 4,706,545</u>	<u>\$ 2,532,002</u>	<u>\$ -</u>	<u>\$ 7,238,547</u>

NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

Note 4 - Fair Value Measurements (continued)

	Investment Assets at Fair Value as of December 31, 2009			
	Level 1	Level 2	Level 3	Total
Core value funds	\$ 1,412	\$ -	\$ -	\$ 1,412
Growth funds	85,690	31,883	-	117,573
Bond funds	483,656	1,511	-	485,167
International funds	658,877	25,411	-	684,288
Global strategy funds	-	1,794	-	1,794
Science and technology funds	53,245	3,462	-	56,707
Equity funds	702,401	201,803	-	904,204
Large cap funds	648,830	9,825	-	658,655
Mid cap funds	519,057	19,172	-	538,229
Small cap funds	333,729	32,643	-	366,372
Money market funds	-	2,979	-	2,979
Real estate funds	193,166	-	-	193,166
Guaranteed interest accounts	-	1,733,371	-	1,733,371
	<u>\$ 3,680,063</u>	<u>\$ 2,063,854</u>	<u>\$ -</u>	<u>\$ 5,743,917</u>

Note 5 - Guaranteed Interest Accounts

Certain assets held with Lincoln are subject to contracts that contain provisions for surrender charges in the event of withdrawal before contract expiry. All contracts have an expiration of ten years from contract inception. For withdrawals that occur between contract inception and five years after contract inception, the surrender charge is calculated at 8% of the withdrawal of assets subject to the contract. For withdrawals that occur between six and ten years after contract inception, the surrender charge is calculated at 4% of the withdrawal of assets subject to the contract. For contracts in existence as of December 31, 2010, the expiration dates range from 2011 to 2012.

The Plan's guaranteed interest accounts with VALIC are fully benefit-responsive and are presented at fair value on the statements of net assets available for benefits. The adjustment from fair value to contract value is based on the contract value as reported by VALIC (which represents contributions made under the contracts plus earnings, less withdrawals and administrative expenses). The contracts are fully benefit-responsive. For example, participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk or the contract issuer or otherwise. Crediting rates on the investment contracts are based on a formula agreed upon with the issuer, but may not be less than 3.00%. Interest rates are reviewed on a monthly basis for resetting.

NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

Note 6 - Information Certified by the Custodians

The Plan's management has elected the method of compliance permitted by Section 2520.103-8 of the DOL's Rules and Regulations for Reporting and Disclosure under ERISA. Under this provision of ERISA, certain information certified by qualified asset custodians need not be subjected to independent audits. The Plan's management has obtained certifications from certain custodians, VALIC and Lincoln, that the following information provided by the custodians and included in the Plan's financial statements and supplemental schedule is complete and accurate:

Investments and Notes Receivable From Participants			
	VALIC (Certified)	Lincoln (Certified)	Total
2010	\$ 7,097,693	\$ 148,170	\$ 7,245,863
2009	\$ 5,432,434	\$ 232,169	\$ 5,664,603

Investment and other income earned, including investment transactions and interest on notes receivable from participants, for the year ended December 31, 2010:

	VALIC (Certified)	Lincoln (Certified)	Total
	\$ 679,890	\$ 23,375	\$ 703,265

One of the Plan's asset custodians, American Century (American), provided asset trust reporting for the periods noted, but was unable or unwilling to provide a certification that would allow the Plan administrator to direct the Plan's independent auditors to perform limited scope audits with respect to such information.

Note 7 - Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Note 8 - Tax Status

The Plan administrator believes the Plan meets the qualification requirements under Section 403(b) and is tax exempt under provisions of the Internal Revenue Code (the Code). The Plan administrator believes the Plan is designed and is currently being operated in compliance with the applicable requirements of the Code.

NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN
NOTES TO FINANCIAL STATEMENTS

Note 8 - Tax Status (continued)

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 audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

Note 9 - Party-in-Interest Transactions

VALIC, Lincoln, and American served as the custodians and record-keepers for the Plan. As a result, transactions involving these service providers qualify as party-in-interest transactions. Fees paid by the Plan for the year ended December 31, 2010, consisted of \$9,886 paid to VALIC and \$175 paid to Lincoln.

SUPPLEMENTAL SCHEDULE REQUIRED BY
THE DEPARTMENT OF LABOR

NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN
EIN #91-1407026, PLAN NUMBER 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2010

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost**	(e) Current Value
	Mutual funds			
*	American Century Investments	AMCENT SMCAP VAL INST	**	\$ 168,115
*	American Century Investments	AMCENT GOVT BD INV	**	119,980
*	American Century Investments	AMCENT REAL ESTATE INV	**	127,919
*	American Century Investments	AM CEN EQUITY INCOME INST	**	67,859
*	American Century Investments	AM CEN STRAT ALLOC MOD	**	60,057
*	American Century Investments	AMER FUNDS AMCAP R4	**	64,817
*	American Century Investments	AMER FUNDS AMER BAL R4	**	56,552
*	American Century Investments	AMER FUNDS AMER MUT R4	**	237,037
*	American Century Investments	AMER FUNDS CAPWRDGL R4	**	362,747
*	American Century Investments	AMER FUNDS EUROPAC R4	**	101,881
	BlackRock	BLACKROCK HEALTHCRE INC A	**	30,294
	Davis Investments	DAVIS NY VENTURE Y	**	215,663
	Dreyfus Investments	DREYFUS BOND MKT IDX INV	**	202,012
	Dreyfus Investments	DREYFUS INTL STOCK INDEX	**	319,181
	Dreyfus Investments	DREYFUS MIDCAP INDEX	**	451,631
	Dreyfus Investments	DREYFUS S&P 500 INDEX	**	269,250
	Dreyfus Investments	DREYFUS SM CAP STK INDX	**	76,391
	Dreyfus Investments	DREYFUS TECH GR A	**	45,342
	Franklin Templeton Investments	FRANKLIN GROWTH A	**	42,507
	Franklin Templeton Investments	FRANKLIN TEMP HIGH INCOME ADV	**	2,802
	Invesco	INVESCO REAL ESTATE INSTL	**	89,608
	JP Morgan	JP MORGAN DIVER MID CAP GR SEL	**	41,395
	JP Morgan	JP MORGAN MID CAP VAL I	**	213,165
	JP Morgan	JP MORGAN SM CAP EQ SEL	**	72,964
	JP Morgan	JP MORGAN EQUITY IDX SELECT	**	233,019
	Oppenheimer Funds	OPPENHEIMER EQUITY A	**	33,757
	PIMCO	PIMCO HIGH-YIELD A	**	53,722
	PIMCO	PIMCO TOTAL RET INSTL	**	223,050
	Pioneer Investments	PIONEER Y	**	99,623
	The Royce Funds	ROYCE LOW-PRICED STOCK	**	147,122
	Vanguard	VANGUARD SMCP IDX	**	194,403
	Vanguard	VANGUARD TOTAL BD IDX	**	187,475
	Wells Fargo	WELLS FAR ADV SM/MID CP COR	**	1,800
*	Lincoln National Life Insurance Company	DWS EQ 500 I	**	22,951
*	Lincoln National Life Insurance Company	DWS SM CAP I	**	20,323
*	American Century Investments	Ultra	**	829
*	American Century Investments	Vista	**	2,998
*	American Century Investments	Growth	**	89,598
	Pooled separate accounts			
*	Variable Annuity Life Insurance Company	BLUE CHIP GROWTH FUND	**	2,701
*	Variable Annuity Life Insurance Company	FOREIGN VALUE	**	639
*	Variable Annuity Life Insurance Company	GLOBAL REAL ESTATE FUND	**	1,002
*	Variable Annuity Life Insurance Company	GLOBAL SOCIAL AWARE FUND	**	745
*	Variable Annuity Life Insurance Company	GLOBAL STRATEGY	**	111
*	Variable Annuity Life Insurance Company	GROWTH & INCOME FUND	**	428
*	Variable Annuity Life Insurance Company	HIGH YIELD BOND FUND	**	1,702

NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN
EIN #91-1407026, PLAN NUMBER 001
SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)
DECEMBER 31, 2010

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost**	(e) Current Value
	Pooled separate accounts (continued)			
*	Variable Annuity Life Insurance Company	INTL EQUITIES FUND	**	2,262
*	Variable Annuity Life Insurance Company	INTL GROWTH I FUND	**	6,558
*	Variable Annuity Life Insurance Company	INTL SMALL CAP EQUITY	**	3,908
*	Variable Annuity Life Insurance Company	LARGE CAP CORE	**	167
*	Variable Annuity Life Insurance Company	LARGE CAP VALUE FUND	**	167
*	Variable Annuity Life Insurance Company	LARGE CAPITAL GROWTH	**	2,114
*	Variable Annuity Life Insurance Company	MID CAP GROWTH FUND	**	351
*	Variable Annuity Life Insurance Company	MID CAP INDEX FUND	**	3,088
*	Variable Annuity Life Insurance Company	MID CAP STRATEGIC GWTH	**	2,379
*	Variable Annuity Life Insurance Company	MID CAP VALUE FUND	**	304
*	Variable Annuity Life Insurance Company	SCIENCE & TECHNOLOGY FUND	**	4,184
*	Variable Annuity Life Insurance Company	SMALL CAP FUND	**	17,089
*	Variable Annuity Life Insurance Company	SMALL CAP GROWTH FUND	**	1,074
*	Variable Annuity Life Insurance Company	SMALL CAP INDEX FUND	**	680
*	Variable Annuity Life Insurance Company	SMALL CAP SPECIAL VALUE FUND	**	74
*	Variable Annuity Life Insurance Company	SMALL CAP VALUE FUND	**	2,012
*	Variable Annuity Life Insurance Company	SOCIALLY RESPONSIBLE FUND	**	2,838
*	Variable Annuity Life Insurance Company	STOCK INDEX FUND	**	35,176
*	Variable Annuity Life Insurance Company	VANGUARD WELLINGTON FUND	**	1,970
*	Variable Annuity Life Insurance Company	VANGUARD WINDSOR II	**	2,945
*	Lincoln National Life Insurance Company	LVIP DEL G&I	**	29,182
*	Lincoln National Life Insurance Company	LVIP DEL SO	**	32,266
*	Lincoln National Life Insurance Company	LVIP JAN CA	**	9,618
*	Lincoln National Life Insurance Company	LVIP TRP MC	**	7,956
*	Lincoln National Life Insurance Company	LVIP WF VALU	**	25,877
	Guaranteed interest accounts			
*	Variable Annuity Life Insurance Company	Fixed Account Plus Fund	**	83,200
*	Variable Annuity Life Insurance Company	VALIC Fixed-Interest Fund	**	2,193,108
*	Variable Annuity Life Insurance Company	Short-Term Fixed Account	**	10,833
*	Participant Loans	3.00% to 9.25%	0	114,644
				<u>\$ 7,353,191</u>

* Party-in-interest as defined by ERISA.

** Historical cost information omitted with respect to assets held for investment purposes on participant-directed individual account balances.

Form 5500

Attachment

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

Name of plan NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN			Three-digit ERISA plan number 001	
Name of plan sponsor as shown on line 2a of Form 5500 REGIONAL HOSPITAL FOR RESPIRATORY AND COMPLEX CARE			Employer Identification Number 91-1170040	
Contract Number: 52783 Plan Number: 001				
(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	VALIC GENERAL ACCOUNT	FIXED ACCOUNT PLUS		83,200
	VALIC GENERAL ACCOUNT	SHORT TERM FIXED ACCOUNT		10,833
	VALIC SEPARATE ACCOUNT A	BLUE CHIP GROWTH FUND		2,701
	VALIC SEPARATE ACCOUNT A	FOREIGN VALUE		639
	VALIC SEPARATE ACCOUNT A	GLOBAL REAL ESTATE FUND		1,002
	VALIC SEPARATE ACCOUNT A	GLOBAL SOCIAL AWARENESS FUND		745
	VALIC SEPARATE ACCOUNT A	GLOBAL STRATEGY		111
	VALIC SEPARATE ACCOUNT A	GROWTH & INCOME FUND		428
	VALIC SEPARATE ACCOUNT A	HIGH YIELD BOND FUND		1,702
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL EQUITIES FUND		2,262
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL GROWTH I FUND		6,558
	VALIC SEPARATE ACCOUNT A	INTL SMALL CAP EQUITY		3,908
	VALIC SEPARATE ACCOUNT A	LARGE CAP CORE		167
	VALIC SEPARATE ACCOUNT A	LARGE CAP VALUE FUND		167
	VALIC SEPARATE ACCOUNT A	LARGE CAPITAL GROWTH		2,114
	VALIC SEPARATE ACCOUNT A	MID CAP GROWTH FUND		352
	VALIC SEPARATE ACCOUNT A	MID CAP INDEX FUND		3,088
	VALIC SEPARATE ACCOUNT A	MID CAP STRATEGIC GWTH		2,379
	VALIC SEPARATE ACCOUNT A	MID CAP VALUE FUND		304
	VALIC SEPARATE ACCOUNT A	SCIENCE & TECHNOLOGY FUND		4,184
	VALIC SEPARATE ACCOUNT A	SMALL CAP FUND		17,089
	VALIC SEPARATE ACCOUNT A	SMALL CAP GROWTH FUND		1,074
	VALIC SEPARATE ACCOUNT A	SMALL CAP INDEX FUND		680
	VALIC SEPARATE ACCOUNT A	SMALL CAP SPECIAL VALUE FUND		74
	VALIC SEPARATE ACCOUNT A	SMALL CAP VALUE FUND		2,012
	VALIC SEPARATE ACCOUNT A	SOCIALLY RESPONSIBLE FUND		2,838
	VALIC SEPARATE ACCOUNT A	STOCK INDEX FUND		35,176
	VALIC SEPARATE ACCOUNT A	VANGUARD WELLINGTON FUND, INC.		1,970
	VALIC SEPARATE ACCOUNT A	VANGUARD WINDSOR II		2,945
	VALIC FIXED-INTEREST	VALIC FIXED-INTEREST		2,179,205
	AM BEACON SMCAP VAL INST	MUTUAL FUND - AM BEACON SMCAP VAL INST		168,115
	AMCENT GOVT BD INV	MUTUAL FUND - AMCENT GOVT BD INV		119,980
	AMCENT REAL ESTATE INV	MUTUAL FUND - AMCENT REAL ESTATE INV		127,919
	AMER CEN EQUITY INCOME INST	MUTUAL FUND - AMER CEN EQUITY INCOME INST		67,859
	AMER CEN STRAT ALLOC MOD INST	MUTUAL FUND - AMER CEN STRAT ALLOC MOD INST		60,057
	AMER FUNDS AMCAP R4	MUTUAL FUND - AMER FUNDS AMCAP R4		64,817
	AMER FUNDS AMER BAL R4	MUTUAL FUND - AMER FUNDS AMER BAL R4		56,552
	AMER FUNDS AMER MUT R4	MUTUAL FUND - AMER FUNDS AMER MUT R4		237,037
	AMER FUNDS CAPWRLDGL R4	MUTUAL FUND - AMER FUNDS CAPWRLDGL R4		362,747
	AMER FUNDS EUROPAC R4	MUTUAL FUND - AMER FUNDS EUROPAC R4		101,881
	BLACKROCK HEALTHCRE INC A	MUTUAL FUND - BLACKROCK HEALTHCRE INC A		30,294
	DAVIS NY VENTURE Y	MUTUAL FUND - DAVIS NY VENTURE Y		215,663
	DREYFUS BOND MKT IDX INV	MUTUAL FUND - DREYFUS BOND MKT IDX INV		202,012
	DREYFUS INTL STOCK INDEX	MUTUAL FUND - DREYFUS INTL STOCK INDEX		319,181
	DREYFUS MIDCAP INDEX	MUTUAL FUND - DREYFUS MIDCAP INDEX		451,631
	DREYFUS S&P 500 INDEX	MUTUAL FUND - DREYFUS S&P 500 INDEX		269,250
	DREYFUS SM CAP STK INDX	MUTUAL FUND - DREYFUS SM CAP STK INDX		76,391
	DREYFUS TECH GR A	MUTUAL FUND - DREYFUS TECH GR A		45,342
	FRANKLIN GROWTH A	MUTUAL FUND - FRANKLIN GROWTH A		42,507
	FRANKLIN TEMP HIGH INCOME ADV	MUTUAL FUND - FRANKLIN TEMP HIGH INCOME ADV		2,802
	INVESCO REAL ESTATE INSTL	MUTUAL FUND - INVESCO REAL ESTATE INSTL		89,608
	JP MORGAN DIVER MID CAP GR SEL	MUTUAL FUND - JP MORGAN DIVER MID CAP GR SEL		41,395
	JP MORGAN MID CAP VAL I	MUTUAL FUND - JP MORGAN MID CAP VAL I		213,165
	JP MORGAN SM CAP EQ SEL	MUTUAL FUND - JP MORGAN SM CAP EQ SEL		72,964

Form 5500

Attachment

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

Name of plan NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN			Three-digit ERISA plan number 001	
Name of plan sponsor as shown on line 2a of Form 5500 REGIONAL HOSPITAL FOR RESPIRATORY AND COMPLEX CARE			Employer Identification Number 91-1170040	
Contract Number: 52783 Plan Number: 001				
(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	JPMORGAN EQUITY IDX SELEC	MUTUAL FUND - JPMORGAN EQUITY IDX SELEC		233,019
	OPPENHEIMER EQUITY A	MUTUAL FUND - OPPENHEIMER EQUITY A		33,757
	PIMCO HIGH-YIELD A	MUTUAL FUND - PIMCO HIGH-YIELD A		53,722
	PIMCO TOTAL RET INSTL	MUTUAL FUND - PIMCO TOTAL RET INSTL		223,050
	PIONEER Y	MUTUAL FUND - PIONEER Y		99,623
	ROYCE LOW-PRICED STOCK	MUTUAL FUND - ROYCE LOW-PRICED STOCK		147,122
	VANGUARD SMCP IDX	MUTUAL FUND - VANGUARD SMCP IDX		194,403
	VANGUARD TOTAL BD IDX	MUTUAL FUND - VANGUARD TOTAL BD IDX		187,475
	WELLS FAR ADV SM/MID CP COR A	MUTUAL FUND - WELLS FAR ADV SM/MID CP COR A		1,800
*	PARTICIPANT LOANS (ANNUITY)	3.00%		31,892
*	PARTICIPANT LOANS (MUTUAL FUND)	(4.25% - 9.25%)		82,751
	DWS EQUITY 500 INDEX VIP	LINCOLN - DWS EQUITY 500 INDEX VIP		22,951
	DWS SMALL CAP INDEX VIP	LINCOLN - DWS SMALL CAP INDEX VIP		20,323
	LVIP DELAWARE GROWTH & INCOME	LINCOLN - LVIP DELAWARE GROWTH & INCOME		29,182
	LVIP DELAWARE SOCIAL AWARENESS	LINCOLN - LVIP DELAWARE SOCIAL AWARENESS		32,266
	LVIP JANUS CAPITAL APPRECIATION	LINCOLN - LVIP JANUS CAPITAL APPRECIATION		9,618
	LVIP T. ROWE PRICE STRUCTURED	LINCOLN - LVIP T. ROWE PRICE STRUCTURED		7,956
	LVIP WELLS FARGO INTRINSIC VALUE	LINCOLN - LVIP WELLS FARGO INTRINSIC VALUE		25,876