Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
AVAILITY 401(K) PROFIT SHARING PLAN

1b Three-digit plan number (PN) ▶ 001

1c Effective date of plan 01/01/2002

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

AVAILITY, L.L.C.

10752 DEERWOOD PARK BLVD S STE 110
JACKSONVILLE, FL 32256

2b Employer Identification Number (EIN) 59-3715944

2c Sponsor's telephone number 904-470-4900

2d Business code (see instructions) 519100

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.	10/11/2012	KELLY PARSONS
	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

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
AVAILITY, L.L.C.

10752 DEERWOOD PARK BLVD S STE 110
JACKSONVILLE, FL 32256

3b Administrator's EIN
59-3715944

3c Administrator's telephone number
904-470-4900

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**	531
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**	551
b	Retired or separated participants receiving benefits	**6b**	34
c	Other retired or separated participants entitled to future benefits	**6c**	45
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	630
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	0
f	Total. Add lines **6d** and **6e**	**6f**	630
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	518
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
2E 2F 2G 2J 2K 2R 2T 3D

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

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

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
AVAILITY 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AVAILITY, L.L.C.

D Employer Identification Number (EIN)
59-3715944

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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(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)

CAPITAL RETIREMENT PLAN SERVICES

59-3092339

(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 15 19 25 37 38 50	NONE	30949	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

CAPITAL INVESTMENT ADVISORY, INC.

20-3000000

(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?
27 50	NONE	10152	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

MIDATLANTIC TRUST COMPANY

26-0010549

(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?
19 50	NONE	944	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
AVAILITY 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
AVAILITY, L.L.C.

D Employer Identification Number (EIN)
59-3715944

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: ABN AMRO INCOME PLUS

b Name of sponsor of entity listed in (a): ABN AMRO INVESTMENT TRUST COMPANY

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)
03-0373646-007	C	0

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)

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

2011

This Form is Open to Public Inspection

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
AVAILITY 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AVAILITY, L.L.C.

D Employer Identification Number (EIN)
59-3715944

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	109401	1943
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	62008	99746
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	81	
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	260192	1247836
(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)	358510	526371
(9) Value of interest in common/collective trusts	1c(9)	164440	
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	10696778	17241169
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	11651410	19117065
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	400	779
k	Total liabilities (add all amounts in lines 1g through1j)	1k	400	779
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	11651010	19116286

Part II Income and Expense Statement

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

	Income		(a) Amount	(b) Total
a	**Contributions:**			
	(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	1133248	
	(B) Participants	2a(1)(B)	2154200	
	(C) Others (including rollovers)	2a(1)(C)	296023	
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		3583471
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)	13756	
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		13756
	(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)	381666	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		381666
	(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)		-903663
c	Other income	2c		19973
d	Total income. Add all **income** amounts in column (b) and enter total	2d		3095203
	Expenses			
e	Benefit payment and payments to provide benefits:			
	(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	817117	
	(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)		817117
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)	31269	
	(3) Investment advisory and management fees	2i(3)	10151	
	(4) Other	2i(4)	1013	
	(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		42433
j	Total expenses. Add all **expense** amounts in column (b) and enter total	2j		859550
	Net Income and Reconciliation			
k	Net income (loss). Subtract line **2j** from line **2d**	2k		2235653
l	Transfers of assets:			
	(1) To this plan	2l(1)		5229624
	(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: PRICEWATERHOUSECOOPERS, LLP **(2)** EIN: 13-4008324

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2011

This Form is Open to Public Inspection.

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan
AVAILITY 401(K) PROFIT SHARING PLAN

B Three-digit plan number (PN) ▶ 001

C Plan sponsor's name as shown on line 2a of Form 5500
AVAILITY, L.L.C.

D Employer Identification Number (EIN)
59-3715944

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): 26-0010549 27-3169253

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 of 412 of the Internal Revenue Code or ERISA section 302, skip this Part)

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: _____% 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):

Availity 401(k)
Profit Sharing Plan

Financial Statements and Supplemental Schedules
December 31, 2011 and 2010

Availity 401(k) Profit Sharing Plan
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* Other schedules required by 29 CFR 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA have been omitted because they are not applicable, or are not required for participant directed investment transactions.

Report of Independent Certified Public Accountants

To the Participants and Administrator of
Availity 401(k) Profit Sharing Plan

We were engaged to audit the financial statements and supplemental schedule of Availity 401 (k) Profit Sharing Plan (the "Plan") at December 31, 2011 and 2010 and for the year ended December 31, 2011, as listed in the accompanying index. These financial statements and schedules 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 4, which was certified by TD Ameritrade Trust Company, the custodian of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the custodians as of December 31, 2011 and 2010 and for the year ended December 31, 2011, 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 schedules taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

PricewaterhouseCoopers LLP

October 10, 2012

Availity 401(k) Profit Sharing Plan
Statements of Net Assets Available for Benefits
December 31, 2011 and 2010

	2011	2010
Assets		
Noninterest bearing cash	$ 1,943	$ 109,401
Investments, at fair value		
Cash and equivalents		
Money market funds	1,231,481	260,192
Equity mutual funds	12,921,621	8,286,832
Fixed income funds	4,335,903	2,409,945
Pooled funds	-	165,083
Total investments	18,489,005	11,122,052
Receivables		
Participant loans	526,371	358,510
Employer contributions	99,746	62,008
Total receivables	626,117	420,518
Total assets	19,117,065	11,651,971
Liabilities		
Accrued expenses	779	400
Total liabilities	779	400
Net assets available for benefits at fair value	19,116,286	11,651,571
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	-	(643)
Net assets available for benefits	$ 19,116,286	$ 11,650,928

The accompanying notes are an integral part of these financial statements.

Availity 401(k) Profit Sharing Plan
Statement of Changes in Net Assets Available for Benefits
Year Ended December 31, 2011

Additions to net assets attributed to	
Investment income (loss)	
Interest and dividends	$ 395,422
Net depreciation in fair value of investments	(883,690)
Total investment loss	(488,268)
Contributions	
Participant	2,450,223
Employer	1,133,248
Total contributions	3,583,471
Total additions before transfer	3,095,203
Transfer of assets to the Plan	5,229,624
Total additions	8,324,827
Deductions from net assets attributed to	
Benefits paid to participants	817,117
Administrative expenses	42,352
Total deductions	859,469
Net increase	7,465,358
Net assets available for benefits	
Beginning of year	11,650,928
End of year	$ 19,116,286

The accompanying notes are an integral part of these financial statements.

1. Description of the Plan

The following description of the Availity 401 (k) Profit Sharing Plan (the "Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan, established on January 1, 2002, is a defined contribution plan covering all employees of Availity, LLC (the "Sponsor" or "Employer"), who choose to enroll in the Plan. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). TD Ameritrade Trust Company (the "Custodian") holds the Plan's assets. Capital Services Group is the Plan Recordkeeper.

Plan Mergers

In August 2010, Availity acquired 100% of the outstanding shares of RealMed Corporation ("RealMed"), who sponsored a separate profit sharing plan for the benefit of its employees, (the "RealMed Plan"). Effective December 1, 2011 the RealMed Plan merged with and into the Plan, which resulted in assets being transferred to the Plan in the amount of $5,229,624. Prior to the transfer, participants entered a blackout period beginning on November 30, 2011, whereby accounts were frozen in accordance with the participants' investment elections as of the date of the blackout. Participants were able to direct their investment allocation beginning the week of December 12, 2011. In addition, participants who were actively employed on December 1, 2011 were fully vested in all matching contributions that were transferred into the Plan from the RealMed Plan.

Contributions

The Plan allows participating employees to contribute between 1 % to 100% of their eligible annual compensation, as defined in the Plan and subject to certain Internal Revenue Code ("IRC") limitations, up to a maximum of $16,500 in 2011. Participants direct the investment of their contributions into various investment options offered by the Plan. As of December 31, 2011, the Plan offered 59 mutual funds as investment options for participants. The Sponsor, in accordance with "safe harbor" provisions, contributes a matching contribution equal to the sum of 100% of the employee's contributions that are not in excess of 3% of the employee's compensation, plus 50% of the employee's contributions that exceed 3% of but are not in excess of 5% of the employee's compensation. Additional profit sharing and other discretionary amounts may be contributed at the Sponsor's option. The Sponsor contributed $1,133,248 toward the employer match and zero additional discretionary amounts in the year ended December 31, 2011.

Participant Accounts

Each participant's account is credited with the participant's contributions, the Sponsor's contributions and allocations of investment earnings or losses, and charged with an allocation of administrative expenses. Allocations are based on participant account balances, as defined in the Plan document. Transfers between funds and changes in contribution allocations are made based on participant instructions, subject to Plan provisions.

Vesting

Participants are immediately vested in all contributions plus actual earnings thereon.

Participant Loans
At the discretion of the Sponsor, participants are permitted to borrow from the Plan. If a loan is approved, it must bear a reasonable interest rate that does not exceed the maximum rate allowed by applicable state law, be adequately collateralized, and be repaid within five years by equal payments made at least quarterly, except that a loan used to acquire a principal residence may be repaid over more than five years. The minimum loan permitted under the terms of the Plan is $1,000, and subject to the Plan's rules. The maximum amount of a participant's account balance that can be on loan at any given time is the lesser of $50,000 or 50% of a participant's vested interest. Only one loan per participant is permitted at any time. Principal and interest are paid ratably through payroll deductions. An allowance for uncollectible loans receivable has not been established, based on the collateralized nature of the receivables and historical collectability.

Payment of Benefits
On termination of service, death, disability or retirement, a participant may elect to receive a lump sum amount equal to the value of the participant's vested interest in their account. Benefit payments will be made based on Plan provisions and participant elections.

Inactive Accounts
At December 31, 2011 and 2010, there were no participants who had elected to withdraw from the Plan, who had not yet been paid.

2. Summary of Accounting Policies

Basis for Accounting
The financial statements of the Plan are prepared under the accrual basis of accounting.

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

Investment Valuation and Income Recognition
All investments are recorded at fair value in these financial statements. ASC 820, *Fair Value Measurements and Disclosures* ("ASC 820"), provides the framework for measuring fair value and expands disclosures about assets and liabilities measured at fair value. For information related to the Plan's valuation methodologies under ASC 820, see Note 3 of the financial statements.

The Plan presents in the Statement of Changes in Net Assets Available for Benefits the net depreciation in fair value of investments, which consists of the realized gains or losses and the net unrealized appreciation or depreciation on those investments.

Purchases and sales of investments are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. Interest income is recorded on an accrual basis of accounting.

The Plan has adopted the provisions of the Financial Accounting Standards Board Staff Position ("FSP") AAG INV-1 and SOP 94-4-1, *Reporting of Fully Benefit-Responsive Investment Contracts Held by Certain Investment Companies Subject to the AICPA Investment Company Guide and Defined-Contribution Health and Welfare and Pension Plans*, which are effective for financial statements issued for annual periods ended after December 15, 2006.

As described in the FSP, fully benefit-responsive 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 Plan invested in investment contracts through participation in the ABN Amro Income Plus Fund, a pooled fund. As required by the FSP, investments in the accompanying statements of net assets available for benefits presents the fair value of the ABN Amro Income Plus Fund as well as the adjustment of the portion of the ABN Amro Income Plus Fund related to fully benefit-responsive investment contracts from fair value to contract value.

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

Risks and Uncertainties
The Plan provides for investment options that are comprised of various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities and the level of uncertainly related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would materially affect participants' account balances and the amounts reported in the Statement of Net Assets Available for Benefits.

Administrative Expenses
Fees paid by the Plan for administrative expenses were $42,352 for the year ended December 31, 2011.

3. Fair Value Measurements

Fair value is defined under ASC 820 as the exchange price that would be received for an asset or paid to transfer a liability (an exit price) in the principal or most advantageous market for the asset or liability in an orderly transaction between market participants on the measurement date. Valuation techniques used to measure fair value under ASC 820 must maximize the use of observable inputs and minimize the use of unobservable inputs. The standard describes a fair value hierarchy based on three levels of inputs, of which the first two are considered observable and the last is considered unobservable, that may be used to measure fair value:

Level 1 Quoted prices in active markets for identical assets or liabilities.

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

Level 3 Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities.

A financial instrument's categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement.

Following is a description of the Plan's valuation methodologies for assets and liabilities measured at fair value. Such valuation methodologies were applied to all of the assets and liabilities carried at fair value. The Plan has an established and well-documented process for determining fair values. Fair value is based upon quoted market prices, where available. If listed prices or quotes are not available, fair value is based upon models that primarily use, as inputs, market-based or independently-sourced market parameters, including yield curves, interest rates, volatilities, equity or debt prices and credit curves. In addition to market information, models also incorporate transaction details such as maturity. Valuation adjustments, such as liquidity valuation adjustments, may be necessary when the Plan is unable to observe a recent market price for a financial instrument that trades in inactive (or less active) markets. Liquidity adjustments are not taken for positions classified within Level 1, as defined above in the fair value hierarchy.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while 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 estimate of fair value at the reporting date.

Money market funds are valued at amortized cost plus accrued interest, which approximates fair value. Investments in money market funds are classified within Level 1 of the valuation hierarchy.

Shares of mutual funds are valued at the net asset value of shares held by the Plan at year end. Units of pooled funds are valued at the net asset value of units held by the Plan at year end. Net asset value 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. Investments in mutual funds are classified within Level 1 of the valuation hierarchy.

The following table presents the financial instruments carried at fair value as of December 31, 2011:

	Fair Value	Markets for Identical Assets (Level 1)	Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Money market funds	$ 1,231,481	$ 1,231,481	$ -	$ -
Mutual funds				
Equity funds				
Domestic equity	10,920,674	10,920,674	-	-
International equity	2,000,947	2,000,947	-	-
Fixed income funds	4,335,903	4,335,903	-	-
	$ 18,489,005	$ 18,489,005	$ -	$ -

The following table presents the financial instruments carried at fair value as of December 31, 2010:

	Fair Value	Markets for Identical Assets (Level 1)	Observable Inputs (Level 2)	Unobservable Inputs (Level 3)
Money market funds	$ 260,192	$ 260,192	$ -	$ -
Mutual funds				
Equity funds				
Domestic equity	6,959,196	6,959,196	-	-
International equity	1,327,636	1,327,636	-	-
Fixed income funds	2,409,945	2,409,945	-	-
Pooled funds	165,083	-	165,083	-
	$ 11,122,052	$ 10,956,969	$ 165,083	$ -

4. Information Certified by the Plan's Custodian

The following is a summary of the Plan's financial information and data included in the Plan's financial statements, notes to financial statements, and supplemental schedule which was certified by the Custodian as of December 31, 2011 and 2010 and for the year ended December 31, 2011 to be complete and accurate. In accordance with 29 CFR 2520.103-8 of the Department of Labor's ("DOL's") Rules and Regulations for Reporting and Disclosure under ERISA.

	2011	2010
Investments, at fair value (contract value for pooled funds held in 2010)	$ 18,489,005	$ 11,230,810
Participant loans	526,371	358,510
Investments, as certified	$ 19,015,376	$ 11,589,320
Investment (loss) income		
Interest and dividend income		$ 395,422
Net depreciation in fair value of investments		(883,690)
Investment loss as certified		$ (488,268)

In addition, the information in the supplemental schedule of assets (held at end of year) was certified by the Custodian at fair value, with the exception of the pooled funds held in 2010, which were certified at contract value.

5. Investment Information Provided by Custodian

The following items denoted with an asterisk are the fair value of investments which represent 5% or more of the Plan's net assets at December 31:

	2011		2010
Fidelity Retirement Money Market Fund; 1,231,481 and 260,192 shares, respectively	$ 1,231,481	*	$ 260,192
Gabelli Asset Fund Class AAA; 23,494 and 1,644 shares, respectively	1,118,316	*	80,440
Fidelity Contrafund Fund; 17,700 and 7,402 shares, respectively	1,194,041	*	501,334

During 2011, the Plan's investments, including gains and losses on investments bought and sold, as well as held during the year, depreciated in value by $488,268.

6. Related Party Transactions

At December 31, 2011 and 2010, there were outstanding loans of $526,371 and $358,510, respectively, due from Plan participants. All of these loans were made in accordance with the Plan agreement which permits loans to be made with prescribed terms, amounts and collateral. None of these loans were determined to be a prohibited transaction as defined by ERISA.

Certain Plan investments are managed by the Custodian and, therefore, these transactions qualify as party-in-interest transactions.

7. Plan Termination

Although it has not expressed any intent to do so, the Sponsor has the right under the Plan to discontinue its contributions and to terminate the Plan, subject to the provisions set forth in ERISA and the IRC. In the event of Plan termination, participants will be paid the balance of their accounts.

8. Tax Status

The Plan follows a "prototype" plan instrument which is covered by an Internal Revenue Service ("IRS") opinion letter dated March 31, 2008. The IRS opinion letter demonstrates that the plan instrument, as originally written, was subjected to IRS review. The Plan's administrator believes that the Plan continues to be designed and operated in compliance with the applicable requirements of the IRC, and, as such, has not recorded a reserve for uncertain tax positions.

9. Reconciliation to Form 5500

The following is a reconciliation of net assets available for benefits per the financial statements at December 31, 2010 to Form 5500:

	2010
Net assets available for benefits per the financial statements	$ 11,650,928
Adjustment from fair value to contract value for fully benefit-responsive investment contracts	643
Net assets available for benefits per Form 5500	$ 11,651,571

There were no differences from Form 5500 at December 31, 2011.

10. Subsequent Event

Management has evaluated the events and transactions that have occurred through October 10, 2012, the date the financial statements were available for issuance.

Availity 401(k) Profit Sharing Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2011

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Number of Shares, Collateral, Par, or Maturity Value	(d) Cost**	(e) Current Value
	Noninterest bearing cash			
	Mid Atlantic Master Cash Account			$ 1,943
	Money market funds			
	Fidelity Retirement Money Market Fund			1,231,481
	Mutual funds			
	American Capital World Growth and Income	6,962 shares		223,610
	American Century One Choice Portfolio AG	44,190 shares		515,255
	American Century One Choice Portfolio CO	1,869 shares		20,861
	American Century One Choice Portfolio MO	40,193 shares		460,607
	American Century One Choice Very Aggress	30.239 shares		349,566
	American Century One Choice Very Conserv	5,664 shares		61,903
	American Europacific Growth Fund Class R	20,287 shares		712,669
	BlackRock Mid-Cap Value Equity Fund Inst	21,605 shares		238,954
	Columbia Acorn Fund Class Z	13,937 shares		384,096
	Columbia Acorn International Fund Class Z	4,246 shares		145,697
	Columbia Acorn USA Fund Class Z	16,803 shares		453,351
	Columbia Mid Cap Value Fund Class Z	3,994 shares		51,159
	Columbia Small Cap Value I Fund Class Z	769 shares		31,652
	Columbia Energy and Natural Resources Fund Class Z	37,173 shares		649,573
	Columbia Seligman Communications & Information Fund Class A	1,854 shares		75,655
	Davis Financial Fund Class A	1,798 shares		47,396
	Dodge & Cox International Stock Fund	1550 shares		45,312
	Fidelity Contrafund Fund	17,700 shares		1,194,041
	Fidelity Growth Company Fund	6,889 shares		557,247
	Franklin/Templeton Foreign' Advisor Class	11,822 shares		69,159
	Gabelli Asset Fund Class AAA	23,494 shares		1,118,316
	Hartford Capital Appreciation Fund Class A	2,654 shares		82,650
	Invesco Van Kampen Small Cap Growth Fund Class A	2,989 shares		29,288
	Invesco Van Kampen Growth and Income Fund Class A	15,219 shares		282,608
	Invesco Van Kampen Real Estate Securities Fund Class A	5,976 shares		136,798
	JP Morgan Diversified Mid Cap Growth Fund	5,193 shares		101,687
	Lazard Emerging Markets Equity Fund Class Open	19,210 shares		330,414
	Oppenheimer Global Fund Class A	11,393 shares		615,675
	Oppenheimer Gold & Spcl Minerals Fnd	5,533 shares		191,899
	Prudential Jennison Utility Fund Class Z	1,970 shares		21,299
	Royce Pennsylvania Mutual Fund Invstmt C	10,100 shares		108,674
	T. Rowe Price Media & Telecommunications Fund	2,876 shares		134,913
	T. Rowe Price Health Sciences Fund	17,302 shares		564,056
	T. Rowe Price Value Fund	395 shares		8,914
*	TD Ameritrade SDBA	705,487 shares		705,487
*	TD Bank USA MMDA	16,355 shares		16,355
	Vanguard Total International Stock Index	3,131 shares		82,021

Availity 401(k) Profit Sharing Plan
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)
December 31, 2011

(a)	(b) Identity of Issue, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Number of Shares, Collateral, Par, or Maturity Value	(d) Cost**	(e) Current Value
	Vanguard GNMA Fund Admiral Shares	21,983 shares		243,353
	Vanguard Short-Term Federal-Admiral Sh	18,540 shares		200,978
	Vanguard Short-Term Corp Port	38,803 shares		412,861
	Vanguard 500 Index Fund Investor Class	4,786 shares		457,828
	Vanguard Target Retirement Income Fund	3,594 shares		41,436
	Vanguard Total Stock Market IndexSignal	4,026 shares		121,628
	Vanguard Value Index Fund Signal Shares	8,091 shares		172,328
	Vanguard Growth Index Fund Investor Shares	3,147 shares		92,635
	Vanguard Small Capitalization Value Index	3,202 shares		48,161
	Vanguard Small Capitalization Growth Index Fund	5,125 shares		110,140
	Vanguard Mid Capitalization Index Fund Signal Shares	4,009 shares		112,781
	Victory Special Value Fund Class A	6,094 shares		88,675
	Total equity mutual funds			12,921,621
	Fixed income funds			
	American the Capital World Bond Fund Cla	3,685 shares		75,441
	JP Morgan Core Bond Fund Class R5	48,668 shares		574,005
	Pioneer High Yield Fund CL A	18,076 shares		169,535
	Vanguard Total Bond Market Index Signal	35,054 shares		385,590
	Vanguard Target Retirement 2015 Fund	10,104 shares		124,283
	Vanguard Target Retirement 2035 Fund	56,706 shares		709,393
	Vanguard Target Retirement 2045 Fund	17,932 shares		230,779
	Vanguard Target Retirement 2050 Fund	5,209 shares		106,322
	Vanguard Target Retirement 2025 Fund	37,105 shares		455,289
	Vanguard Target Retirement 2010 Fund	2,529 shares		56,730
	Vanguard Target Retirement 2020 Fund	18,535 shares		402,022
	Vanguard Target Retirement 2030 Fund	27,435 shares		573,942
	Vanguard Target Retirement 2040 Fund	23,052 shares		472,572
	Total fixed income			4,335,903
*	**Participant Loans**			
		Maturity dates ranging from 2010 to 2025; interest rates ranging from 4.25% to 9.25%.		526,371
	Total investments			$ 19,017,319

* Party-in-interest as defined by ERISA

** Cost not required for participant-directed accounts

The information in this Schedule has been certified as to its completeness and accuracy by TD Ameritrade Trust Company, the Custodian.

Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2011

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan Availity 401(k) Profit Sharing Plan

1b Three-digit plan number (PN) ▶ 001

01/01/2002

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

Availity, L.L.C.

10752 Deerwood Park Blvd S Ste 110

Jacksonville FL 32256

2b Employer Identification Number (EIN) 59-3715944

2c Sponsor's telephone number (904) 470-4900

2d Business code (see instructions) 519100

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	Signature of plan administrator	9/28/12 Date	Kelly Parsons Enter name of individual signing as plan administrator
SIGN HERE	Signature of employer/plan sponsor	9/28/12 Date	Kelly Parsons Enter name of individual signing as employer or plan sponsor
SIGN HERE	Signature of DFE	Date	Enter name of individual signing as DFE

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Availity 401(k) Profit Sharing Plan **EIN:** 59-3715944
Plan Sponsor's Name Availity, L.L.C. **PN:** 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
	TDAmeritrade Trust Co	American Capital World Growth & Income Class R-6		223,610
	TDAmeritrade Trust Co	American Century One Choice Portfolio Agrsve Invtr		515,255
	TDAmeritrade Trust Co	American Century One Choice Portfolio Consrv Invtr		20,861
	TDAmeritrade Trust Co	American Century One Choice Mod Investor		460,607
	TDAmeritrade Trust Co	American Century One Choice Very Aggressive Inv		349,566
	TDAmeritrade Trust Co	American Century One Choice Very Conservative Inv		61,903
	TDAmeritrade Trust Co	American Europacific Growth Fund Class R-6		712,669

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Availity 401(k) Profit Sharing Plan **EIN:** 59-3715944
Plan Sponsor's Name Availity, L.L.C. **PN:** 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
	TDAmeritrade Trust Co	American The Capital Worold Bond Fund Class R-6		75,441
	TDAmeritrade Trust Co	Blackrock Mid Cap Value Equity Fund Institutional		238,954
	TDAmeritrade Trust Co	Columbia Acorn Fund Class Z		384,096
	TDAmeritrade Trust Co	Columbia Acorn International Fund Class Z		145,697
	TDAmeritrade Trust Co	Columbia Acorn USA Fund Class Z		453,351
	TDAmeritrade Trust Co	Columbia Energy and Natural Resources Class Z		649,573
	TDAmeritrade Trust Co	Columbia Mid Cap Value Class Z		51,159

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Availity 401(k) Profit Sharing Plan **EIN:** 59-3715944
Plan Sponsor's Name Availity, L.L.C. **PN:** 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
	TDAmeritrade Trust Co	Columbia Seligman Communications and Information A		75,655
	TDAmeritrade Trust Co	Columbia Small Cap Value I Fund Class Z		31,652
	TDAmeritrade Trust Co	Davis Financial Fund Class A		47,396
	TDAmeritrade Trust Co	Dodge & Cox International Stock Fund Class A		45,312
	TDAmeritrade Trust Co	Fidelity Contrafund		1,194,041
	TDAmeritrade Trust Co	Fidelity Growth Company Fd		557,247
	TDAmeritrade Trust Co	Fidelity Retirement Money Market Portfolio		1,231,481

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Availity 401(k) Profit Sharing Plan **EIN:** 59-3715944
Plan Sponsor's Name Availity, L.L.C. **PN:** 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
	TDAmeritrade Trust Co	Franklin/Templeton Foreign Advisor Class		69,159
	TDAmeritrade Trust Co	Gabelli Asset Class AAA		1,118,316
	TDAmeritrade Trust Co	Hartford Capital Appreciation Fund Class R5		82,650
	TDAmeritrade Trust Co	Invesco Real Estate Fund Class A		136,798
	TDAmeritrade Trust Co	Invesco Van Kampen Growth and Income Fund Class Y		282,608
	TDAmeritrade Trust Co	Invesco Van Kampen Small Cap Growth Fund Class Y		29,288
	TDAmeritrade Trust Co	JP Morgan Core Bond Fund Class R5		574,006

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Availity 401(k) Profit Sharing Plan **EIN:** 59-3715944
Plan Sponsor's Name Availity, L.L.C. **PN:** 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
	TDAmeritrade Trust Co	JP Morgan Diversified Mid Cap Growth FUnd Select		101,686
	TDAmeritrade Trust Co	Lazard Emerging Markets Equity Portfolio Open Shares		330,414
	TDAmeritrade Trust Co	Oppenheimer Global Fnd Class A		615,675
	TDAmeritrade Trust Co	Oppenheimer Gold & Spcl Minerals Fnd		191,899
	TDAmeritrade Trust Co	Pioneer High Yield Fund Cl A		169,535
	TDAmeritrade Trust Co	Prudential Jennison Utility Fund Class Z		21,299
	TDAmeritrade Trust Co	Royce Pennsylvania Mutual Fund Invstmt Class		108,674

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Availity 401(k) Profit Sharing Plan **EIN:** 59-3715944
Plan Sponsor's Name Availity, L.L.C. **PN:** 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
	TDAmeritrade Trust Co	T Rowe Price Health Sciences		564,056
	TDAmeritrade Trust Co	T Rowe Price Media & Telecommunications		134,913
	TDAmeritrade Trust Co	T Rowe Price Value Fund		8,914
	TDAmeritrade Trust Co	TD Ameritrade SDBA		705,487
	TDAmeritrade Trust Co	Vanguard 500 Index Signal Shares		457,828
	TDAmeritrade Trust Co	Vanguard GNMA Fund Admiral Shares		243,353
	TDAmeritrade Trust Co	Vanguard Growth Index Signare Shares		92,635

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Availity 401(k) Profit Sharing Plan **EIN:** 59-3715944
Plan Sponsor's Name Availity, L.L.C. **PN:** 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
	TDAmeritrade Trust Co	Vanguard Mid Cap Index Fund Signal Shares		112,781
	TDAmeritrade Trust Co	Vanguard Short Term Corp Port		412,861
	TDAmeritrade Trust Co	Vanguard Short Term Federal Admiral Shares		200,978
	TDAmeritrade Trust Co	Vanguard Small Cap Growth Index Fund		110,140
	TDAmeritrade Trust Co	Vanguard Small Cap Value Index		48,161
	TDAmeritrade Trust Co	Vanguard Target Retirement 2015		124,283
	TDAmeritrade Trust Co	Vanguard Target Retirement 2035		709,393

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Availity 401(k) Profit Sharing Plan **EIN:** 59-3715944
Plan Sponsor's Name Availity, L.L.C. **PN:** 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
	TDAmeritrade Trust Co	Vanguard Target Retirement 2045		230,779
	TDAmeritrade Trust Co	Vanguard Target Retirement 2050		106,322
	TDAmeritrade Trust Co	Vanguard Target Retirement 2025		455,289
	TDAmeritrade Trust Co	Vanguard Target Retirement 2010		56,729
	TDAmeritrade Trust Co	Vanguard Target Retirement 2020		402,022
	TDAmeritrade Trust Co	Vanguard Target Retirement 2030		573,942
	TDAmeritrade Trust Co	Vanguard Target Retirement 2040		472,572

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

Plan Name Availity 401(k) Profit Sharing Plan **EIN:** 59-3715944
Plan Sponsor's Name Availity, L.L.C. **PN:** 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
	TDAmeritrade Trust Co	Vanguard Target Retirement Income Fund		41,436
	TDAmeritrade Trust Co	Vanguard Total Bond Market Index Signal Shares		385,590
	TDAmeritrade Trust Co	Vanguard Total International Stock Index Signal Shares		82,021
	TDAmeritrade Trust Co	VAnguard Total Stock Market Index Signal Shares		121,628
	TDAmeritrade Trust Co	Vanguard Value Index Fund Signal Shares		172,328
	TDAmeritrade Trust Co	Victory Special Value Class A		88,675
	TDAmeritrade Trust Co	TD Bank USA MMDA		16,355

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Availity 401(k) Profit Sharing Plan **EIN:** 59-3715944
Plan Sponsor's Name Availity, L.L.C. **PN:** 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
	Mid Atlantic Trust Company	Mid Atlantic Master Cash Acct		1,943
		Participant Loans Interest 4.25% - 9.25% Maturity 1/13/12 - 9/6/24		526,371