

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2011</div> This Form is Open to Public Inspection
---	---	--

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</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>THE YAVAPAI REGIONAL MEDICAL CENTER TAX SHELTERED</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>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1986</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>01/01/1986</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>01/01/1986</u>					
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>YAVAPAI REGIONAL MEDICAL CENTER</u> <u>1003 WILLOW CREEK ROAD</u> <u>PRESCOTT, AZ 86301</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>86-0098923</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>928-771-5243</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>86-0098923</u>	2c Sponsor's telephone number <u>928-771-5243</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>86-0098923</u>					
2c Sponsor's telephone number <u>928-771-5243</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.	10/22/2012	BRIAN DEVRIES
	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 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") YAVAPAI REGIONAL MEDICAL CENTER 1003 WILLOW CREEK ROAD PRESCOTT, AZ 86301	3b Administrator's EIN 86-0098923 3c Administrator's telephone number 928-771-5243
--	---

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	1248
---	----------	------

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	909
b Retired or separated participants receiving benefits.....	6b	7
c Other retired or separated participants entitled to future benefits.....	6c	336
d Subtotal. Add lines 6a , 6b , and 6c	6d	1252
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	0
f Total. Add lines 6d and 6e	6f	1252
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....	6g	1222
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h	29

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:
 2L

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)	9b Plan benefit arrangement (check all that apply)
(1) ☒ Insurance	(1) ☒ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(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) ☒ **2** **A** (Insurance Information)
(4) ☒ **C** (Service Provider Information)
(5) ☒ **D** (DFE/Participating Plan Information)
(6) ☐ **G** (Financial Transaction Schedules)

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2011 <hr/> 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 <u>THE YAVAPAI REGIONAL MEDICAL CENTER TAX SHELTERED</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>YAVAPAI REGIONAL MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>86-0098923</u>	

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

ING LIFE INSURANCE & ANNUITY COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
<u>71-0294708</u>	<u>86509</u>	<u>VFZ274</u>	<u>1252</u>	<u>01/01/2011</u>	<u>12/31/2011</u>

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 <u>45356</u>	(b) Total amount of fees paid <u>0</u>
---	--

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

HELFINSTINE NANCY J
1003 WILLOW CREEK RD
PRESCOTT, AZ 86301

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
<u>45356</u>	<u>0</u>		<u>3</u>

(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** 33549032**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 ▶ ANNUITY CONTRACT**b** Balance at the end of the previous year **7b** 30662110**c** Additions: (1) Contributions deposited during the year **7c(1)** 3029320(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 964434(4) Transferred from separate account **7c(4)**(5) Other (specify below) **7c(5)** 1812462

▶ *

(6) Total additions **7c(6)** 5806216**d** Total of balance and additions (add **b** and **c(6)**) **7d** 36468326**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 2911259(2) Administration charge made by carrier **7e(2)** 3265(3) Transferred to separate account **7e(3)**(4) Other (specify below) **7e(4)** 4770

▶ *

(5) Total deductions **7e(5)** 2919294**f** Balance at the end of the current year (subtract **e(5)** from **d**) **7f** 33549032

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 organizations(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 A (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500. ▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 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 THE YAVAPAI REGIONAL MEDICAL CENTER TAX SHELTERED	B Three-digit plan number (PN) ▶ 002
C Plan sponsor's name as shown on line 2a of Form 5500 YAVAPAI REGIONAL MEDICAL CENTER	D Employer Identification Number (EIN) 86-0098923

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 ING LIFE INSURANCE & ANNUITY 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
71-0294708		VF6024	148	01/01/2011	12/31/2011

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	98288
5 Current value of plan's interest under this contract in separate accounts at year end	5	955763

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 ▶ **UNALLOCATED VARIABLE ANNUITY**

b Balance at the end of the previous year	7b	30662110
--	-----------	----------

c Additions: (1) Contributions deposited during the year	7c(1)	3029320	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	932103	
(4) Transferred from separate account	7c(4)		
(5) Other (specify below)	7c(5)	1870069	
▶			

(6) Total additions	7c(6)	5831492
---------------------------	--------------	---------

d Total of balance and additions (add b and c(6))	7d	36493602
---	-----------	----------

e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	2911259	
(2) Administration charge made by carrier	7e(2)	3265	
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)	30046	
▶			

(5) Total deductions	7e(5)	2944570
----------------------------	--------------	---------

f Balance at the end of the current year (subtract e(5) from d)	7f	33549032
---	-----------	----------

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 organizations(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
		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 <u>THE YAVAPAI REGIONAL MEDICAL CENTER TAX SHELTERED</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>YAVAPAI REGIONAL MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>86-0098923</u>

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

(b) Enter name and EIN or address of person who provided you disclosure 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

(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)

AMERICAN FUNDS

95-1411037

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 63	INVESTMENT PRODUCT PROVID		Yes ☒ No ☐	Yes ☐ No ☒	36633	Yes ☐ No ☒

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

FIDELITY FUNDS

06-1194217

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	INVESTMENT PRODUCT PROVID		Yes ☒ No ☐	Yes ☐ No ☒	88485	Yes ☐ No ☒

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

ING LIFE INSURANCE AND ANNUITY COMP

71-0294708

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 60 64 65 72	SERVICE PROVIDER	0	Yes ☒ No ☐	Yes ☒ No ☐	262378	Yes ☐ No ☒

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

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

ING FINANCIAL ADVISERS

06-1375177

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
63	BROKER/DEALER	0	Yes ☒ No ☐	Yes ☐ No ☒	39886	Yes ☐ No ☒

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

ING MUTUAL FUNDS

95-4516049

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 63	INVESTMENT PRODUCT PROVID	0	Yes ☒ No ☐	Yes ☐ No ☒	44238	Yes ☐ No ☒

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

BLACKROCK FUNDS

04-6171663

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 63	INVESTMENT PRODUCT PROVID	0	Yes ☒ No ☐	Yes ☐ No ☒	21074	Yes ☐ No ☒

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

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

OPPENHEIMERFUNDS

13-2527171

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 63	INVESTMENT PRODUCT PROVID	0	Yes ☒ No ☐	Yes ☐ No ☒	58257	Yes ☐ No ☒

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

PARNASSUS FUNDS

94-6579180

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	INVESTMENT PRODUCT PROVID	0	Yes ☒ No ☐	Yes ☐ No ☒	43339	Yes ☐ No ☒

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

TEMPLETON FUNDS

13-2670991

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 63	INVESTMENT PRODUCT PROVID	0	Yes ☒ No ☐	Yes ☐ No ☒	11893	Yes ☐ No ☒

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

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

COLUMBIA WANGER ASSET MANAGEMENT

93-0577450

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52 63	INVESTMENT PRODUCT PROVID	0	Yes ☒ No ☐	Yes ☐ No ☒	11013	Yes ☐ No ☒

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

JANUS FUNDS

43-1804048

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	INVESTMENT PRODUCT PROVID	0	Yes ☒ No ☐	Yes ☐ No ☒	7519	Yes ☐ No ☒

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

BROWN ADVISORY FUNDS

52-1952888

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 52	INVESTMENT PRODUCT PROVID	0	Yes ☒ No ☐	Yes ☐ No ☒	6479	Yes ☐ No ☒

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	28 52 63	4823

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS FDMNTL INV R3 22-1557722	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
AMERICAN FUNDS	28 52 63	30016

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS EUROPACIFIC R3 95-1411037	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BLACKROCK FUNDS	28 52 63	18593

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
BLACKROCK EQUITY DIVIDEND FUND INV 22-6437098	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES

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
BLACKROCK FUNDS	28 52 63	2480

(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.
CKROCK NATURAL RSRCES TRUST INV A 13-6857277	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
BROWN ADVISORY FUNDS	28 52	6479

(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.
BROWN ADVISORY GRWTH EQUITY FND INS 01-0516963	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
COLUMBIA WANGER ASSET MANAGEMENT	28 52 63	6972

(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.
COLUMBIA ACORN USA A 36-4090834	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES

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
COLUMBIA WANGER ASSET MANAGEMENT	28 52 63	3806

(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.
COLUMBIA MID CAP INDEX FUND A 13-4115744	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FIDELITY FUNDS	28 52	87015

(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.
FIDELITY ADV NEW INSIGHTS FUND INST 45-0515059	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING FINANCIAL ADVISERS	63	2483

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
AMERICAN FUNDS FDMNTL INV R3 22-1557722	12B-1 DISTRIBUTION FEES

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
ING FINANCIAL ADVISERS	63	13133
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>AMERICAN FUNDS EUROPACIFIC R3</p> <p>95-1411037</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>12B-1 DISTRIBUTION FEES</p> </div> </div>		
ING FINANCIAL ADVISERS	63	4332
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>BLACKROCK EQUITY DIVIDEND FUND INV</p> <p>22-6437098</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>12B-1 DISTRIBUTION FEES</p> </div> </div>		
ING FINANCIAL ADVISERS	63	1327
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>(d) Enter name and EIN (address) of source of indirect compensation</p> <p>COLUMBIA ACORN USA A</p> <p>36-4090834</p> </div> <div style="width: 40%;"> <p>(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.</p> <p>12B-1 DISTRIBUTION FEES</p> </div> </div>		

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
ING FINANCIAL ADVISERS	63	1981
(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.	
COLUMBIA MID CAP INDEX FUND A 13-4115744	12B-1 DISTRIBUTION FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING FINANCIAL ADVISERS	63	10735
(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.	
OPPENHEIMER DEVELOPING MARKETS FND 93-6305075	12B-1 DISTRIBUTION FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING FINANCIAL ADVISERS	63	3228
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TEMPLETON GLOBAL BOND FUND A 59-6865210	12B-1 DISTRIBUTION FEES	

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
ING LIFE INSURANCE AND ANNUITY COMP	60	1053
(d) Enter name and EIN (address) of source of indirect compensation AMER CENT LIVESTRONG 2025 PORT INV 20-1256021		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. SUB-TRANSFER/REIMBURSEMENT FEES		
ING LIFE INSURANCE AND ANNUITY COMP	60	2617
(d) Enter name and EIN (address) of source of indirect compensation BROWN ADVISORY GRWTH EQUITY FND INS 01-0516963		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. SUB-TRANSFER/REIMBURSEMENT FEES		
ING LIFE INSURANCE AND ANNUITY COMP	60	3940
(d) Enter name and EIN (address) of source of indirect compensation AMERICAN FUNDS EUROPACIFIC R3 95-1411037		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. SUB-TRANSFER/REIMBURSEMENT FEES		

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
ING LIFE INSURANCE AND ANNUITY COMP	60	4332
(d) Enter name and EIN (address) of source of indirect compensation BLACKROCK EQUITY DIVIDEND FUND INV 22-6437098		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. SUB-TRANSFER/REIMBURSEMENT FEES		
ING LIFE INSURANCE AND ANNUITY COMP	60	1327
(d) Enter name and EIN (address) of source of indirect compensation COLUMBIA ACORN USA A 36-4090834		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. SUB-TRANSFER/REIMBURSEMENT FEES		
ING LIFE INSURANCE AND ANNUITY COMP	60 66	1157
(d) Enter name and EIN (address) of source of indirect compensation FIDELITY VIP CONTRAFUND PORT 1 04-3247643		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. SUB-TRANSFER/REIMBURSEMENT FEES INSURANCE MORTALITY AND EXPENSE CHARGE		

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
ING LIFE INSURANCE AND ANNUITY COMP	60	23782
(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.	
FIDELITY ADV NEW INSIGHTS FUND INST 45-0515059	SUB-TRANSFER/REIMBURSEMENT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY COMP	60 65	1857
(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.	
ING FMR DIVERSIFIED MD CP PORT SRV 25-6725709	SUB-TRANSFER/REIMBURSEMENT FEES ACCOUNT MAINTENANCE FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY COMP	64	163960
(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.	
ING FIXED ACCOUNT 71-0294708	RECORD-KEEPING FEES	

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
ING LIFE INSURANCE AND ANNUITY COMP	60	1937
(d) Enter name and EIN (address) of source of indirect compensation TEMPLETON GLOBAL BOND FUND A 59-6865210		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. SUB-TRANSFER/REIMBURSEMENT FEES		
ING LIFE INSURANCE AND ANNUITY COMP	60 65	25249
(d) Enter name and EIN (address) of source of indirect compensation ING PIMCO TOTAL RETURN PORTFOLIO SR 75-3023517		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. SUB-TRANSFER/REIMBURSEMENT FEES ACCOUNT MAINTENANCE FEES		
ING LIFE INSURANCE AND ANNUITY COMP	66 72	8257
(d) Enter name and EIN (address) of source of indirect compensation OPPENHEIMER DEVELOPING MARKETS FND 93-6305075		
(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. OTHER INVESTMENT FEES AND EXPENSES OTHER INVESTMENT FEES AND EXPENSES		

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
ING LIFE INSURANCE AND ANNUITY COMP	60	11495

(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.
PARNASSUS EQUITY INCOME FUND INV 94-6633178	SUB-TRANSFER/REIMBURSEMENT FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING LIFE INSURANCE AND ANNUITY COMP	60	1566

(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.
TROWEPRC EQUITY INDEX 500 FUND 52-1674104	SUB-TRANSFER/REIMBURSEMENT FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ING MUTUAL FUNDS	28 52 63	3171

(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.
ING FMR DIVERSIFIED MD CP PORT SRV 25-6725709	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES

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
ING MUTUAL FUNDS	28 52 63	38774
(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.	
ING PIMCO TOTAL RETURN PORTFOLIO SR 75-3023517	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JANUS FUNDS	28 52	5731
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JANUS BALANCED FUND T 84-1202874	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JANUS FUNDS	28 52	1437
(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.	
PERKINS SMALL CAP VALUE FUND 36-3344166	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES	

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
OPPENHEIMERFUNDS	28 52 63	58257
(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.	
OPPENHEIMER DEVELOPING MARKETS FUND 93-6305075	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
PARNASSUS FUNDS	28 52	43339
(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.	
PARNASSUS EQUITY INCOME FUND INV 94-6633178	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
TEMPLETON FUNDS	28 52 63	11893
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
TEMPLETON GLOBAL BOND FUND A 59-6865210	INVESTMENT MANAGEMENT INVESTMENT MANAGEMENT FEES 12B-1 DISTRIBUTION FEES	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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 THE YAVAPAI REGIONAL MEDICAL CENTER TAX SHELTERED	B Three-digit plan number (PN) ▶ 002
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 YAVAPAI REGIONAL MEDICAL CENTER	D Employer Identification Number (EIN) 86-0098923

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: VARIABLE ANNUITY ACCOUNT C

b Name of sponsor of entity listed in (a): ING LIFE INSURANCE & ANNUITY COMPANY

c EIN-PN 71-0294708-000	d Entity code P	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 955763
--------------------------------	------------------------	--

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2011 This Form is Open to Public Inspection
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>		
A Name of plan <u>THE YAVAPAI REGIONAL MEDICAL CENTER TAX SHELTERED</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>YAVAPAI REGIONAL MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>86-0098923</u>	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.				
	Assets			
a	Total noninterest-bearing cash	1a		
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)		
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)		
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)	1516911	1741323
	(9) Value of interest in common/collective trusts.....	1c(9)		
	(10) Value of interest in pooled separate accounts.....	1c(10)	795097	0
	(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)	33653319	33548609
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	31102190	33647320
	(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	67067517	68937252

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	67067517	68937252
---	-----------	----------	----------

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)	2452565	
(B) Participants	2a(1)(B)	4472949	
(C) Others (including rollovers)	2a(1)(C)	1293908	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		8219422
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)	85443	
(F) Other	2b(1)(F)	964434	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1049877
(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)	826125	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		826125
(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)		-56767
(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)		-1855478
c Other income.....	2c		110966
d Total income. Add all income amounts in column (b) and enter total.....	2d		8294145

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	6249011	
(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)		6249011
f Corrective distributions (see instructions)	2f		2625
g Certain deemed distributions of participant loans (see instructions).....	2g		137312
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	35462	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		35462
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		6424410

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1869735
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: **BKD, LLP**

(2) EIN: **44-0160260**

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

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

Part IV Compliance Questions

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

During the plan year:

	Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....		X	
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		1500000
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.			
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 <u>THE YAVAPAI REGIONAL MEDICAL CENTER TAX SHELTERED</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>YAVAPAI REGIONAL MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>86-0098923</u>

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>71-0294708</u>	
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.	
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3

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

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): _____

**Yavapai Regional Medical Center
Tax-Sheltered Annuity Plan**

EIN 86-0098923 PN 002

Auditors' Report and Financial Statements

December 31, 2011 and 2010

Yavapai Regional Medical Center Tax-Sheltered Annuity Plan

December 31, 2011 and 2010

Contents

Independent Auditors' Report.....	1
--	----------

Financial Statements

Statements of Net Assets Available for Benefits.....	2
Statements of Changes in Net Assets Available for Benefits.....	3
Notes to Financial Statements	4

Supplemental Schedule

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	15
--	----

Independent Auditors' Report

Plan Administrator
Yavapai Regional Medical Center
Prescott, Arizona

We were engaged to audit the accompanying statements of net assets available for benefits of the Yavapai Regional Medical Center Tax-Sheltered Annuity Plan (the Plan) as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended and the accompanying supplemental schedule. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by Section 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, auditing procedures with respect to the information summarized in Note 3 and notes receivable from participants, which was certified by ING Life Insurance and Annuity Company (ING), the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

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

BKD, LLP

October 15, 2012

Federal Employer Identification Number: 44-0160260

Yavapai Regional Medical Center Tax-Sheltered Annuity Plan

Statements of Net Assets Available for Benefits

December 31, 2011 and 2010

Assets

	<u>2011</u>	<u>2010</u>
Investments, at Fair Value	<u>\$ 67,195,929</u>	<u>\$ 65,550,606</u>
Notes Receivable from Participants	<u>1,741,323</u>	<u>1,516,911</u>
Net Assets Available for Benefits	<u><u>\$ 68,937,252</u></u>	<u><u>\$ 67,067,517</u></u>

Yavapai Regional Medical Center Tax-Sheltered Annuity Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Investment Income		
Net appreciation (depreciation) in fair value of investments	\$ (1,801,279)	\$ 3,702,760
Interest and dividends	<u>1,790,559</u>	<u>1,201,608</u>
Net investment income (loss)	<u>(10,720)</u>	<u>4,904,368</u>
Interest Income on Notes Receivable from Participants	<u>85,443</u>	<u>76,033</u>
Contributions		
Employer	2,452,565	2,508,293
Participants	4,472,949	4,486,509
Rollovers	<u>1,293,908</u>	<u>1,087,931</u>
	<u>8,219,422</u>	<u>8,082,733</u>
Total additions	<u>8,294,145</u>	<u>13,063,134</u>
Deductions		
Benefits paid to participants	6,388,948	3,792,580
Administrative expense	<u>35,462</u>	<u>29,405</u>
Totals deductions	<u>6,424,410</u>	<u>3,821,985</u>
Net Increase	1,869,735	9,241,149
Net Assets Available for Benefits, Beginning of Year	<u>67,067,517</u>	<u>57,826,368</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 68,937,252</u></u>	<u><u>\$ 67,067,517</u></u>

Yavapai Regional Medical Center Tax-Sheltered Annuity Plan

Notes to Financial Statements

December 31, 2011 and 2010

Note 1: Description of the Plan

The following description of Yavapai Regional Medical Center Tax-Sheltered Annuity Plan (the Plan) provides only general information. Participants should refer to the Plan document and *Summary Plan Description*, which are available from the plan administrator, for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan sponsored by Yavapai Regional Medical Center (the Organization) for the benefit of its employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). ING Life Insurance and Annuity Company (ING) serves as the trustee and custodian of the Plan.

Contributions

The Plan permits eligible employees, through a salary deferral election, to have the Organization make annual contributions of up to 50% of eligible compensation. Employee rollover and catch-up contributions are permitted. The Plan allows for the Organization to make matching contributions for employees with a minimum of 1,000 hours of service in the calendar year. The Organization makes matching contributions to the eligible employees of 100% of employees' salary deferral amounts up to 5% of employees' compensation. Contributions are subject to certain limitations. Forfeitures are used to reduce Organization contributions.

Participant Investment Account Options

Investment account options available include various funds. Each participant has the option of directing his contributions into any of the separate investment accounts and may change the allocation daily.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Organization's contribution, plan earnings and forfeitures of terminated participants' nonvested accounts. Allocations are based on participant earnings or account balances, as defined. The benefits to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions, plus earnings thereon. Vesting in the Organization's matching contribution portion of their accounts, plus earnings thereon, is based on hours and years of service. A participant is fully vested after five years of service during which the hours of service requirement has been met. The nonvested balance is forfeited upon termination of service. Forfeitures are used to reduce Organization contributions.

Yavapai Regional Medical Center Tax-Sheltered Annuity Plan

Notes to Financial Statements

December 31, 2011 and 2010

Payment of Benefits

Upon termination of service, an employee may elect to receive either a lump-sum payment, partial distributions, installment payments (joint and survivor annuity), or purchase of an annuity contract equal to the value of his or her account.

Participants may withdraw amounts from their accounts subject to certain limitations imposed by the Plan. Such withdrawals are also subject to certain taxes and penalties as assessed by the Internal Revenue Service.

Notes Receivable from Participants

The Plan document includes provisions authorizing loans from the Plan to active eligible participants and in accordance with the Organization's established loan procedures. The minimum amount of a loan shall be \$1,000. The maximum amount of a participant's loan is determined by the available loan balance restricted to the lesser of \$50,000 or 50% of the participant's vested account balance. All loans are secured by the participant's vested interest in the Plan and are repayable over a period not to exceed 57 months (except for loans used to acquire or construct a principal residence). Payments are automatically deducted from payroll. Interest on the loans is based on the prime rate as published in the Wall Street Journal.

Plan Termination

Although it has not expressed an intention to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of plan termination in accordance with the Internal Revenue Code, participants will become 100% vested in their accounts.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Yavapai Regional Medical Center Tax-Sheltered Annuity Plan

Notes to Financial Statements

December 31, 2011 and 2010

Valuation of Investments and Income Recognition

Quoted market prices, if available, are used to value investments. The separate accounts are individually-controlled variable annuities and are valued at the unit value of the accumulation units held by the Plan, as provided by ING. The accumulation unit value is determined daily by ING based on the net asset value of shares of the underlying fund, the fund's dividends and the contract's separate account charges. Mutual funds are valued at the net asset value (NAV) of shares held by the plan at year-end. The money market account is valued at cost, which approximates fair value.

The investment contracts with the insurance company are valued at contract value, which approximates fair value as estimated by ING. Contract value represents contributions made under the contract, plus interest at the contract rate, less funds used to pay retirement benefits and administrative expenses. The investment contracts with ING are not considered fully benefit-responsive investment contracts and have minimum guaranteed interest rates. The ING Fixed Plus Account, ING Fixed Plus II Account, ING Fixed Plus III Account and ING General Accumulation Account have minimum guaranteed interest rates of 3.0%. The ING Fixed Account has a minimum guaranteed interest rate of 4.0%. The investment contracts with ING contain liquidity restrictions and certain surrender charges.

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

Notes Receivable from Participants

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

Plan Tax Status

As the Internal Revenue Service (IRS) does not currently have procedures in place for a 403(b) plan to apply for an individual determination letter, the Plan has not requested or obtained a determination letter on the document that was in place during 2009. However, the plan administrator believes that the Plan was designed and operated in compliance with the applicable requirements of the Internal Revenue Code and therefore not subject to tax.

Yavapai Regional Medical Center Tax-Sheltered Annuity Plan

Notes to Financial Statements

December 31, 2011 and 2010

Effective January 1, 2010, the Plan operates under an ERISA Specimen 403(b) Plan adoption agreement in connection with a prototype 403(b) plan and trust sponsored by ING Life Insurance and Annuity Company. This prototype plan document has not been filed with the appropriate agency, as the IRS does not currently have an approval program for 403(b) prototype documents. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore not subject to tax.

With a few exceptions, the Plan is no longer subject to U.S. federal, state and local or non-U.S. income tax examinations by tax authorities for years before 2007.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

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

Transfers between Fair Value Hierarchy Levels

Transfers in and out of Level 1 (quoted market prices), Level 2 (other significant observable inputs) and Level 3 (significant unobservable inputs) are recognized on the last day of the Plan year.

Reclassifications

Certain reclassifications have been made to the 2010 financial statements to conform to the 2011 financial statement presentation. These reclassifications had no effect on changes in net assets available for benefits.

Subsequent Events

Subsequent events have been evaluated through the date of the Independent Auditors' Report, which is the date the financial statements were available to be issued.

Yavapai Regional Medical Center Tax-Sheltered Annuity Plan

Notes to Financial Statements

December 31, 2011 and 2010

Note 3: Investments

The Plan's investments are held by the trustee. The following table presents the fair value of the Plan's investments. Investments that represent 5% or more of net assets available for benefits are separately identified.

	2011	2010
Mutual Funds		
Fidelity Advisor New Insights Inst Class	\$ 8,619,733	\$ 9,813,114
Parnassus Investments Equity Income	4,344,856	3,817,849
ING PIMCO Total Return Port Svc Class	3,867,021	5,063,369
Oppenheimer Developing Markets Fund	3,602,354	4,400,229
Others	12,158,878	10,558,758
Total mutual funds	32,592,842	33,653,319
ING Fixed Plus Account III	33,549,032	30,662,110
Pooled Separate Accounts	677,521	773,572
Other Fixed Accounts	374,700	440,080
Money Market Fund	1,834	21,525
Total investments	\$ 67,195,929	\$ 65,550,606

During the years ended December 31, 2011 and 2010, the Plan's investments (including investments, bought, sold and held during the year, as well as dividends reinvested) appreciated (depreciated) in fair value by \$(1,801,279) and \$3,702,760, respectively.

	2011	2010
Mutual Funds	\$ (2,787,580)	\$ 3,537,191
Fixed Accounts	944,114	860,523
Pooled Separate Accounts	42,261	(694,100)
Money Market Fund	(74)	(854)
	\$ (1,801,279)	\$ 3,702,760

Interest realized on the Plan's investment contracts with the insurance company for the years ended December 31, 2011 and 2010 was \$1,790,559 and \$1,201,608, respectively.

Yavapai Regional Medical Center Tax-Sheltered Annuity Plan

Notes to Financial Statements

December 31, 2011 and 2010

Note 4: Party-in-Interest Transactions

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

The Plan invests in several funds managed by ING Life Insurance and Annuity Organization, which is the trustee of the Plan.

The Plan incurs expenses related to general administration and record keeping. The Organization pays these expenses and certain accounting and auditing fees relating to the Plan and provides administrative services at no cost to the Plan.

Note 5: Plan Amendment

Effective June 29, 2010, the Plan was amended and restated. The Plan was amended in the following ways:

- The Plan switched from an insurance based platform to a mutual fund platform with ING
- Participants may direct their contributions to a Roth 403(b) option
- Notes receivable from participant repayments are automatically deducted from payroll and interest is based on the prime rate as published in the Wall Street Journal
- A self-directed brokerage account (SDBA) from TD Ameritrade is available as an investment option

Effective October 26, 2011, the Plan was amended and restated. The Plan was amended in the following way:

- The maximum duration for general purpose use notes receivable from participants was reduced from 60 months to 57 months

Yavapai Regional Medical Center Tax-Sheltered Annuity Plan

Notes to Financial Statements

December 31, 2011 and 2010

Note 6: Fair Value of Plan Assets and Liabilities

Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurements*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Topic 820 also specifies a fair value hierarchy which requires a plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, 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

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

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. Level 1 securities include mutual funds. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. Level 2 securities include separate accounts, mutual funds and the money market account. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy and include the fixed accounts (see Note 2 for valuation techniques and inputs).

Yavapai Regional Medical Center Tax-Sheltered Annuity Plan

Notes to Financial Statements

December 31, 2011 and 2010

The following table presents the fair value measurements of assets and liabilities recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2011 and 2010:

		2011			
		Fair Value Measurements Using			
			Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
		Fair Value			
Mutual Funds					
Large Cap Growth	\$	9,267,728	\$	9,267,728	\$ -
Large Cap Value		7,659,091		7,659,091	-
Global/International		5,907,752		5,907,752	-
Bonds		5,845,877		5,845,877	-
Small/Mid/Specialty		2,646,923		2,646,923	-
Balanced		762,747		762,747	-
Asset Allocation		502,724		502,724	-
Total mutual funds		32,592,842		32,592,842	-
Separate Accounts					
Global/International		219,889	-	219,889	-
Large Cap Value		211,907	-	211,907	-
Large Cap Growth		147,860	-	147,860	-
Balanced		55,488	-	55,488	-
Bonds		24,105	-	24,105	-
Small/Mid/Specialty		18,272	-	18,272	-
Total separate accounts		677,521	-	677,521	-
Fixed Accounts		33,923,732	-	-	33,923,732
Money Market Account		1,834	-	1,834	-
	\$	67,195,929	\$	32,592,842	\$ 679,355
					\$ 33,923,732

Yavapai Regional Medical Center Tax-Sheltered Annuity Plan

Notes to Financial Statements

December 31, 2011 and 2010

2010				
	Fair Value	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds				
Large Cap Growth	\$ 10,499,783	\$ 10,499,783	\$ -	\$ -
Global/International	7,268,534	7,268,534	-	-
Large Cap Value	7,053,560	7,053,560	-	-
Bonds	6,070,813	6,070,813	-	-
Small/Mid/Specialty	2,016,025	2,016,025	-	-
Asset Allocation	448,266	448,266	-	-
Balanced	296,338	296,338	-	-
Total mutual funds	33,653,319	33,653,319	-	-
Separate Accounts				
Global/International	278,925	-	278,925	-
Large Cap Value	223,914	-	223,914	-
Large Cap Growth	159,038	-	159,038	-
Balanced	63,923	-	63,923	-
Bonds	30,835	-	30,835	-
Small/Mid/Specialty	16,937	-	16,937	-
Total separate accounts	773,572	-	773,572	-
Fixed Accounts	31,102,190	-	-	31,102,190
Money Market Account	21,525	-	21,525	-
	<u>\$ 65,550,606</u>	<u>\$ 33,653,319</u>	<u>\$ 795,097</u>	<u>\$ 31,102,190</u>

Yavapai Regional Medical Center Tax-Sheltered Annuity Plan

Notes to Financial Statements

December 31, 2011 and 2010

The following is a reconciliation of the beginning and ending balances of recurring fair value measurements recognized in the accompanying statements of net assets available for benefits using significant unobservable (Level 3) inputs for the year ended December 31, 2011:

	Fixed Account
Balance, January 1, 2010	\$ 26,952,136
Total realized and unrealized gains and losses included in net increase (decrease) in net assets available for benefits	-
Purchases, including investment income	34,906,475
Sales	(30,756,421)
Settlements	-
Transfers in and/or out of Level 3	-
Balance, December 31, 2010	31,102,190
Total realized and unrealized gains and losses included in net increase (decrease) in net assets available for benefits	-
Purchases, including investment income	5,982,659
Sales	(3,161,117)
Settlements	-
Transfers in and/or out of Level 3	-
Balance, December 31, 2011	<u><u>\$ 33,923,732</u></u>
Total gains or losses for the period included in net increase (decrease) in net assets available for benefits attributable to the change in unrealized gains or losses related to assets still held at the reporting date	<u><u>\$ -</u></u>

For the years ended December 31, 2011 and 2010, realized and unrealized gains and losses included in net increase in net assets available for benefits for the period from January 1, 2010 through December 31, 2011, are reported in net appreciation (depreciation) in fair value of investments in the statements of changes in net assets available for benefits.

As the fixed accounts are valued at contract value, which approximates fair value, there are no realized or unrealized gains or losses for this investment included in the net increase in net assets available for benefits.

Yavapai Regional Medical Center Tax-Sheltered Annuity Plan

Notes to Financial Statements

December 31, 2011 and 2010

Note 7: Significant Estimates and Concentration

Current Economic Conditions

The current protracted economic decline continues to present employee benefit plans with difficult circumstances and challenges, which in some cases have resulted in large and unanticipated declines in the fair value of investments. The financial statements have been prepared using values and information currently available to the Plan.

Given the volatility of current economic conditions, the values of assets recorded in the financial statements could change rapidly, resulting in material future adjustments in investment values that could negatively impact the Plan.

Note 8: Risks and Uncertainties

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

Supplemental Schedule

Yavapai Regional Medical Center Tax-Sheltered Annuity Plan

EIN 86-0098923 PN 002

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

Year Ended December 31, 2011

Identity of Issuer	Description of Investment	Cost	Current Value
* ING Fixed Plus Account III	Guaranteed Investment Contract	**	\$ 33,549,032
* ING Fixed Plus Account II	Guaranteed Investment Contract	**	353,529
* ING Fixed Account	Guaranteed Investment Contract	**	16,715
* ING Fixed Plus Account	Guaranteed Investment Contract	**	4,456
Fidelity Advisor New Insights Inst Class	Mutual Fund	**	8,619,733
Parnassus Investments Equity Income	Mutual Fund	**	4,344,856
ING PIMCO Total Return Port Svc Class	Mutual Fund	**	3,867,021
Oppenheimer Developing Markets Fund	Mutual Fund	**	3,602,354
American Funds EuroPacific R3	Mutual Fund	**	2,211,703
Blackrock Equity Dividend	Mutual Fund	**	1,932,844
Templeton Global Bond Fund	Mutual Fund	**	1,395,337
T. Rowe Price Equity Index 500	Mutual Fund	**	950,555
Columbia Mid Cap Index	Mutual Fund	**	806,035
Janus Balncd Fund Class T Sh	Mutual Fund	**	762,747
Brown Advisory Growth Equity	Mutual Fund	**	647,995
PIMCO Real Return	Mutual Fund	**	583,519
Neuberger Berman Genesis Fund	Mutual Fund	**	478,357
American Funds Fdmntl Inv R3	Mutual Fund	**	430,836
ColumbiaSM Acorn USA	Mutual Fund	**	429,061
ING FMR SM Diversified Mid Cap Portfolio	Mutual Fund	**	339,677
American Century LIVESTRONG 2025 Portfolio	Mutual Fund	**	306,589
BlackRock Natural Resources	Mutual Fund	**	194,648
Perkins Small Cap Value Fund	Mutual Fund	**	176,955
* Oppenheimer Developing Markets Fund A	Separate Account	**	153,444
Perkins Mid Cap Value Fund	Mutual Fund	**	119,620
* Fidelity VIP Contrafund Port - Init	Separate Account	**	119,307
ING Templeton Foreign Equity Portfolio	Mutual Fund	**	78,014
* American Funds Growth Fnd R4	Separate Account	**	77,764
American Century LIVESTRONG 2015 Portfolio	Mutual Fund	**	77,731
* Fidelity VIP Growth Portfolio - Init	Separate Account	**	68,731
* American Funds EuroPacific R4	Separate Account	**	65,580
* ING Index Plus LargeCap Port - I	Separate Account	**	60,436
American Century LIVESTRONG 2035 Portfolio	Mutual Fund	**	55,995
American Century LIVESTRONG Inc Portfolio	Mutual Fund	**	55,111
* Columbia Small Cap Index	Mutual Fund	**	54,720

Yavapai Regional Medical Center Tax-Sheltered Annuity Plan

EIN 86-0098923 PN 002

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

Year Ended December 31, 2011

Identity of Issuer	Description of Investment	Cost	Current Value
* Pax World Balanced Fd Indiv Inv	Separate Account	**	42,794
ING Global Real Estate Fund	Mutual Fund	**	36,168
* ING Intermediate Bond Portfolio - I	Separate Account	**	24,105
* Fidelity VIP Equity-Inc Port - Init	Separate Account	**	19,946
American Funds Capital World Growth & Income R3	Mutual Fund	**	15,681
AIM Mid Cap Core Equity Fund	Mutual Fund	**	11,682
* ING Growth and Income Port - I	Separate Account	**	10,365
* ING Balanced Portfolio, Inc. - I	Separate Account	**	9,973
* ING BlackRock Sci & Tech Opp - I	Separate Account	**	7,376
American Century LIVESTRONG 2045 Portfolio	Mutual Fund	**	7,298
* ING Index Plus MidCap Port - I	Separate Account	**	6,634
Wanger USA	Separate Account	**	4,262
* Calvert VP SRI Balanced Portfolio	Separate Account	**	2,721
* ING Money Market Portfolio - I	Money Market Fund	**	1,834
* ING Large Cap Growth Port - I	Separate Account	**	1,365
* ING TRowePrice Grwth Eqty Port I	Separate Account	**	829
* ING Oppenhmrl Gbl Strat Inc Prt I	Separate Account	**	752
* ING Van Kampen Comstock Port Srv	Separate Account	**	684
* ING Thornburg Value Portfolio I	Separate Account	**	204
* ING UBS U.S. Lrg Cap Eqty Port I	Separate Account	**	136
* ING Templeton Foreign Equity Portfolio I	Separate Account	**	113
			<hr/>
			67,195,929
* Participant loans	Various maturity dates through 2031; interest rates ranging from 3.25% - 6.85%	**	
			<hr/>
			1,741,323
			<hr/>
			\$ 68,937,252

* Party-in-interest as defined by ERISA

** Not required as investments are participant-directed

Attachment to 2011 Form 5500
Schedule H, line 4i - Schedule of Assets
(Held at End of Year)
Yavapai Regional Medical Center 403(b) Retirement
Plan
EIN 86-0098923
Plan# 002
As Of December 31, 2011

(a) (b) Identity of issue, borrower, lessor or similar party	(c) Description of investments including maturity date rate of interest, collateral, par, or maturity date	(d) Cost	(e) Current Value
American Century Investments	AmCen LIVESTRONG 2015 Port Inv		\$77,731
Allianz Global Investors	PIMCO REAL RTRN ADMIN CLS		\$583,519
American Century Investments	AmCen LIVESTRONG 2025 Port Inv		\$306,589
American Century Investments	AmCen LIVESTRONG 2035 Port Inv		\$55,995
American Century Investments	AmCen LIVESTRONG 2045 Port Inv		\$7,298
American Century Investments	AmCen LIVESTRONG Inc Port Inv		\$55,111
American Funds	AMERICAN FUNDS CAP WLD G&I R3		\$15,681
American Funds	AMERICAN FUNDS EUROPACIFIC R3		\$2,211,703
American Funds	American Funds Fdmntl Inv R3		\$430,836
American Funds	American Funds Growth Fnd		\$77,764
American Funds	American Funds EuroPacific		\$65,580
BlackRock Funds	BlkRck Equity Dividend Fnd IA		\$1,932,844
BlackRock Funds	BlkRck Natural Rsrces Trst IA		\$194,648
Brown Advisory Funds	Brown Advry Grwth Eqty Fnd Ins		\$647,995
Calvert Funds	Calvert VP SRI Balanced Po		\$2,721
Columbia Wagner Asset Management	COLUMBIA ACORN USA-A		\$429,061
Columbia Wagner Asset Management	COLUMBIA MID CAP IND FD-A		\$806,035
Columbia Wagner Asset Management	Columbia Small Cap Index Fnd A		\$54,720
Columbia Wagner Asset Management	Wanger USA		\$4,262
Fidelity Funds	Fidelity Adv Nw Insight Fd Ins		\$8,619,734
Fidelity Funds	Fidelity VIP Eqty-Income P		\$19,946
Fidelity Funds	Fidelity VIP Growth Portfo		\$68,731
Fidelity Funds	Fidelity VIP Contrafund Po		\$119,306
FRANKLIN/TEMPLETON FUNDS	TEMPLETON GLOBAL BOND FUND		\$1,395,337
* ING Life Insurance And Annuity Company	ING Fixed Plus Account III		\$33,549,031
* ING Life Insurance And Annuity Company	ING FMR Divr MdCp Port Srv		\$339,677
* ING Life Insurance And Annuity Company	ING GLOBAL REAL ESTATE FD-A		\$36,168
* ING Life Insurance And Annuity Company	ING PIMCO Tot Return Pt Srv		\$3,867,021
* ING Life Insurance And Annuity Company	ING Templeton Frg Eqty Pt Srv		\$78,014
* ING Life Insurance And Annuity Company	ING Growth and Income Port I		\$10,365
* ING Life Insurance And Annuity Company	ING Fixed Account		\$16,715
* ING Life Insurance And Annuity Company	ING Money Market Portfolio		\$1,834
* ING Life Insurance And Annuity Company	ING Intermediate Bond Port		\$24,105
* ING Life Insurance And Annuity Company	ING Balanced Portfolio I		\$9,973
* ING Life Insurance And Annuity Company	ING Fixed Plus Account		\$4,456
* ING Life Insurance And Annuity Company	ING Index Plus LargeCap Po		\$60,436
* ING Life Insurance And Annuity Company	ING Fixed Plus Account II		\$353,529
* ING Life Insurance And Annuity Company	ING BlackRock Sci & Tech O		\$7,376
* ING Life Insurance And Annuity Company	ING Index Plus MidCap Port		\$6,634
* ING Life Insurance And Annuity Company	ING Thornburg Value Portfo		\$204
* ING Life Insurance And Annuity Company	ING UBS U.S. Lrg Cap Eqty		\$136
* ING Life Insurance And Annuity Company	ING TRowePrice Grwth Eqty		\$829
* ING Life Insurance And Annuity Company	ING Loan Collateral Fund		\$924,031
* ING Life Insurance And Annuity Company	ING Global Bond Port		\$752
* ING Life Insurance And Annuity Company	ING InvVanKpn Comstock Por		\$684
* ING Life Insurance And Annuity Company	ING Large Cap Growth Portf		\$1,365
* ING Life Insurance And Annuity Company	ING Templeton Foreign Eqty		\$110
Invesco Funds	Invesco MdCp Core Eqty Fnd A		\$11,682
Janus Funds	Janus Balncd Fund - Class T Sh		\$762,747
Janus Funds	PERKINS MID CAP VALUE FUND-J		\$119,620
Janus Funds	PERKINS SMCP VL F - J SH		\$176,955
NEUBERGER BERMAN FUNDS	Neuberg Berm Genesis Fund Trs		\$478,357
Oppenheimer Funds	Oppenheimer Developing Mar		\$153,444
OPPENHEIMER FUNDS	Oppenhr Developing Mkts Fnd A		\$3,602,354
Parnassus Funds	Parnassus Eqty Income Fnd Inv		\$4,344,856
Pax Funds	Pax World Balanced Fund In		\$42,794
T.Rowe Price Funds	TRwPr Equity Index 500 Fund		\$950,555
	Participant Loans - Rates 3.25% to 6.85%		\$1,741,323
	TOTAL		\$69,861,282

* denotes party-in-interest

Column (d) is not required as the Plan's investments are totally participant directed.

**Yavapai Regional Medical Center
Tax-Sheltered Annuity Plan**

EIN 86-0098923 PN 002

Auditors' Report and Financial Statements

December 31, 2011 and 2010

Yavapai Regional Medical Center Tax-Sheltered Annuity Plan

December 31, 2011 and 2010

Contents

Independent Auditors' Report.....	1
--	----------

Financial Statements

Statements of Net Assets Available for Benefits.....	2
Statements of Changes in Net Assets Available for Benefits.....	3
Notes to Financial Statements	4

Supplemental Schedule

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	15
--	----

Independent Auditors' Report

Plan Administrator
Yavapai Regional Medical Center
Prescott, Arizona

We were engaged to audit the accompanying statements of net assets available for benefits of the Yavapai Regional Medical Center Tax-Sheltered Annuity Plan (the Plan) as of December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the years then ended and the accompanying supplemental schedule. These financial statements and schedule are the responsibility of the Plan's management.

As permitted by Section 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, auditing procedures with respect to the information summarized in Note 3 and notes receivable from participants, which was certified by ING Life Insurance and Annuity Company (ING), the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of and for the years ended December 31, 2011 and 2010, that the information provided to the plan administrator by the trustee is complete and accurate.

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

BKD, LLP

October 15, 2012

Federal Employer Identification Number: 44-0160260

Yavapai Regional Medical Center Tax-Sheltered Annuity Plan

Statements of Net Assets Available for Benefits

December 31, 2011 and 2010

Assets

	<u>2011</u>	<u>2010</u>
Investments, at Fair Value	<u>\$ 67,195,929</u>	<u>\$ 65,550,606</u>
Notes Receivable from Participants	<u>1,741,323</u>	<u>1,516,911</u>
Net Assets Available for Benefits	<u><u>\$ 68,937,252</u></u>	<u><u>\$ 67,067,517</u></u>

Yavapai Regional Medical Center Tax-Sheltered Annuity Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Investment Income		
Net appreciation (depreciation) in fair value of investments	\$ (1,801,279)	\$ 3,702,760
Interest and dividends	<u>1,790,559</u>	<u>1,201,608</u>
Net investment income (loss)	<u>(10,720)</u>	<u>4,904,368</u>
Interest Income on Notes Receivable from Participants	<u>85,443</u>	<u>76,033</u>
Contributions		
Employer	2,452,565	2,508,293
Participants	4,472,949	4,486,509
Rollovers	<u>1,293,908</u>	<u>1,087,931</u>
	<u>8,219,422</u>	<u>8,082,733</u>
Total additions	<u>8,294,145</u>	<u>13,063,134</u>
Deductions		
Benefits paid to participants	6,388,948	3,792,580
Administrative expense	<u>35,462</u>	<u>29,405</u>
Totals deductions	<u>6,424,410</u>	<u>3,821,985</u>
Net Increase	1,869,735	9,241,149
Net Assets Available for Benefits, Beginning of Year	<u>67,067,517</u>	<u>57,826,368</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 68,937,252</u></u>	<u><u>\$ 67,067,517</u></u>

Yavapai Regional Medical Center Tax-Sheltered Annuity Plan

Notes to Financial Statements

December 31, 2011 and 2010

Note 1: Description of the Plan

The following description of Yavapai Regional Medical Center Tax-Sheltered Annuity Plan (the Plan) provides only general information. Participants should refer to the Plan document and *Summary Plan Description*, which are available from the plan administrator, for a more complete description of the Plan's provisions.

General

The Plan is a defined contribution plan sponsored by Yavapai Regional Medical Center (the Organization) for the benefit of its employees. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). ING Life Insurance and Annuity Company (ING) serves as the trustee and custodian of the Plan.

Contributions

The Plan permits eligible employees, through a salary deferral election, to have the Organization make annual contributions of up to 50% of eligible compensation. Employee rollover and catch-up contributions are permitted. The Plan allows for the Organization to make matching contributions for employees with a minimum of 1,000 hours of service in the calendar year. The Organization makes matching contributions to the eligible employees of 100% of employees' salary deferral amounts up to 5% of employees' compensation. Contributions are subject to certain limitations. Forfeitures are used to reduce Organization contributions.

Participant Investment Account Options

Investment account options available include various funds. Each participant has the option of directing his contributions into any of the separate investment accounts and may change the allocation daily.

Participant Accounts

Each participant's account is credited with the participant's contribution, the Organization's contribution, plan earnings and forfeitures of terminated participants' nonvested accounts. Allocations are based on participant earnings or account balances, as defined. The benefits to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Vesting

Participants are immediately vested in their voluntary contributions, plus earnings thereon. Vesting in the Organization's matching contribution portion of their accounts, plus earnings thereon, is based on hours and years of service. A participant is fully vested after five years of service during which the hours of service requirement has been met. The nonvested balance is forfeited upon termination of service. Forfeitures are used to reduce Organization contributions.

Yavapai Regional Medical Center Tax-Sheltered Annuity Plan

Notes to Financial Statements

December 31, 2011 and 2010

Payment of Benefits

Upon termination of service, an employee may elect to receive either a lump-sum payment, partial distributions, installment payments (joint and survivor annuity), or purchase of an annuity contract equal to the value of his or her account.

Participants may withdraw amounts from their accounts subject to certain limitations imposed by the Plan. Such withdrawals are also subject to certain taxes and penalties as assessed by the Internal Revenue Service.

Notes Receivable from Participants

The Plan document includes provisions authorizing loans from the Plan to active eligible participants and in accordance with the Organization's established loan procedures. The minimum amount of a loan shall be \$1,000. The maximum amount of a participant's loan is determined by the available loan balance restricted to the lesser of \$50,000 or 50% of the participant's vested account balance. All loans are secured by the participant's vested interest in the Plan and are repayable over a period not to exceed 57 months (except for loans used to acquire or construct a principal residence). Payments are automatically deducted from payroll. Interest on the loans is based on the prime rate as published in the Wall Street Journal.

Plan Termination

Although it has not expressed an intention to do so, the Organization has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of plan termination in accordance with the Internal Revenue Code, participants will become 100% vested in their accounts.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

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

Yavapai Regional Medical Center Tax-Sheltered Annuity Plan

Notes to Financial Statements

December 31, 2011 and 2010

Valuation of Investments and Income Recognition

Quoted market prices, if available, are used to value investments. The separate accounts are individually-controlled variable annuities and are valued at the unit value of the accumulation units held by the Plan, as provided by ING. The accumulation unit value is determined daily by ING based on the net asset value of shares of the underlying fund, the fund's dividends and the contract's separate account charges. Mutual funds are valued at the net asset value (NAV) of shares held by the plan at year-end. The money market account is valued at cost, which approximates fair value.

The investment contracts with the insurance company are valued at contract value, which approximates fair value as estimated by ING. Contract value represents contributions made under the contract, plus interest at the contract rate, less funds used to pay retirement benefits and administrative expenses. The investment contracts with ING are not considered fully benefit-responsive investment contracts and have minimum guaranteed interest rates. The ING Fixed Plus Account, ING Fixed Plus II Account, ING Fixed Plus III Account and ING General Accumulation Account have minimum guaranteed interest rates of 3.0%. The ING Fixed Account has a minimum guaranteed interest rate of 4.0%. The investment contracts with ING contain liquidity restrictions and certain surrender charges.

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

Notes Receivable from Participants

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

Plan Tax Status

As the Internal Revenue Service (IRS) does not currently have procedures in place for a 403(b) plan to apply for an individual determination letter, the Plan has not requested or obtained a determination letter on the document that was in place during 2009. However, the plan administrator believes that the Plan was designed and operated in compliance with the applicable requirements of the Internal Revenue Code and therefore not subject to tax.

Yavapai Regional Medical Center Tax-Sheltered Annuity Plan

Notes to Financial Statements

December 31, 2011 and 2010

Effective January 1, 2010, the Plan operates under an ERISA Specimen 403(b) Plan adoption agreement in connection with a prototype 403(b) plan and trust sponsored by ING Life Insurance and Annuity Company. This prototype plan document has not been filed with the appropriate agency, as the IRS does not currently have an approval program for 403(b) prototype documents. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore not subject to tax.

With a few exceptions, the Plan is no longer subject to U.S. federal, state and local or non-U.S. income tax examinations by tax authorities for years before 2007.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

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

Transfers between Fair Value Hierarchy Levels

Transfers in and out of Level 1 (quoted market prices), Level 2 (other significant observable inputs) and Level 3 (significant unobservable inputs) are recognized on the last day of the Plan year.

Reclassifications

Certain reclassifications have been made to the 2010 financial statements to conform to the 2011 financial statement presentation. These reclassifications had no effect on changes in net assets available for benefits.

Subsequent Events

Subsequent events have been evaluated through the date of the Independent Auditors' Report, which is the date the financial statements were available to be issued.

Yavapai Regional Medical Center Tax-Sheltered Annuity Plan

Notes to Financial Statements

December 31, 2011 and 2010

Note 3: Investments

The Plan's investments are held by the trustee. The following table presents the fair value of the Plan's investments. Investments that represent 5% or more of net assets available for benefits are separately identified.

	2011	2010
Mutual Funds		
Fidelity Advisor New Insights Inst Class	\$ 8,619,733	\$ 9,813,114
Parnassus Investments Equity Income	4,344,856	3,817,849
ING PIMCO Total Return Port Svc Class	3,867,021	5,063,369
Oppenheimer Developing Markets Fund	3,602,354	4,400,229
Others	12,158,878	10,558,758
Total mutual funds	32,592,842	33,653,319
ING Fixed Plus Account III	33,549,032	30,662,110
Pooled Separate Accounts	677,521	773,572
Other Fixed Accounts	374,700	440,080
Money Market Fund	1,834	21,525
Total investments	\$ 67,195,929	\$ 65,550,606

During the years ended December 31, 2011 and 2010, the Plan's investments (including investments, bought, sold and held during the year, as well as dividends reinvested) appreciated (depreciated) in fair value by \$(1,801,279) and \$3,702,760, respectively.

	2011	2010
Mutual Funds	\$ (2,787,580)	\$ 3,537,191
Fixed Accounts	944,114	860,523
Pooled Separate Accounts	42,261	(694,100)
Money Market Fund	(74)	(854)
	\$ (1,801,279)	\$ 3,702,760

Interest realized on the Plan's investment contracts with the insurance company for the years ended December 31, 2011 and 2010 was \$1,790,559 and \$1,201,608, respectively.

Yavapai Regional Medical Center Tax-Sheltered Annuity Plan

Notes to Financial Statements

December 31, 2011 and 2010

Note 4: Party-in-Interest Transactions

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

The Plan invests in several funds managed by ING Life Insurance and Annuity Organization, which is the trustee of the Plan.

The Plan incurs expenses related to general administration and record keeping. The Organization pays these expenses and certain accounting and auditing fees relating to the Plan and provides administrative services at no cost to the Plan.

Note 5: Plan Amendment

Effective June 29, 2010, the Plan was amended and restated. The Plan was amended in the following ways:

- The Plan switched from an insurance based platform to a mutual fund platform with ING
- Participants may direct their contributions to a Roth 403(b) option
- Notes receivable from participant repayments are automatically deducted from payroll and interest is based on the prime rate as published in the Wall Street Journal
- A self-directed brokerage account (SDBA) from TD Ameritrade is available as an investment option

Effective October 26, 2011, the Plan was amended and restated. The Plan was amended in the following way:

- The maximum duration for general purpose use notes receivable from participants was reduced from 60 months to 57 months

Yavapai Regional Medical Center Tax-Sheltered Annuity Plan

Notes to Financial Statements

December 31, 2011 and 2010

Note 6: Fair Value of Plan Assets and Liabilities

Accounting Standards Codification (ASC) Topic 820, *Fair Value Measurements*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Topic 820 also specifies a fair value hierarchy which requires a plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

- Level 1** Quoted prices in active markets for identical assets or liabilities
- Level 2** Observable inputs other than Level 1 prices, 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

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

Investments

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. Level 1 securities include mutual funds. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. Level 2 securities include separate accounts, mutual funds and the money market account. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy and include the fixed accounts (see Note 2 for valuation techniques and inputs).

Yavapai Regional Medical Center Tax-Sheltered Annuity Plan

Notes to Financial Statements

December 31, 2011 and 2010

The following table presents the fair value measurements of assets and liabilities recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2011 and 2010:

	2011			
	Fair Value Measurements Using			
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds				
Large Cap Growth	\$ 9,267,728	\$ 9,267,728	\$ -	\$ -
Large Cap Value	7,659,091	7,659,091	-	-
Global/International	5,907,752	5,907,752	-	-
Bonds	5,845,877	5,845,877	-	-
Small/Mid/Specialty	2,646,923	2,646,923	-	-
Balanced	762,747	762,747	-	-
Asset Allocation	502,724	502,724	-	-
Total mutual funds	32,592,842	32,592,842	-	-
Separate Accounts				
Global/International	219,889	-	219,889	-
Large Cap Value	211,907	-	211,907	-
Large Cap Growth	147,860	-	147,860	-
Balanced	55,488	-	55,488	-
Bonds	24,105	-	24,105	-
Small/Mid/Specialty	18,272	-	18,272	-
Total separate accounts	677,521	-	677,521	-
Fixed Accounts	33,923,732	-	-	33,923,732
Money Market Account	1,834	-	1,834	-
	<u>\$ 67,195,929</u>	<u>\$ 32,592,842</u>	<u>\$ 679,355</u>	<u>\$ 33,923,732</u>

Yavapai Regional Medical Center Tax-Sheltered Annuity Plan

Notes to Financial Statements

December 31, 2011 and 2010

2010				
	Fair Value	Fair Value Measurements Using		
		Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Mutual Funds				
Large Cap Growth	\$ 10,499,783	\$ 10,499,783	\$ -	\$ -
Global/International	7,268,534	7,268,534	-	-
Large Cap Value	7,053,560	7,053,560	-	-
Bonds	6,070,813	6,070,813	-	-
Small/Mid/Specialty	2,016,025	2,016,025	-	-
Asset Allocation	448,266	448,266	-	-
Balanced	296,338	296,338	-	-
Total mutual funds	33,653,319	33,653,319	-	-
Separate Accounts				
Global/International	278,925	-	278,925	-
Large Cap Value	223,914	-	223,914	-
Large Cap Growth	159,038	-	159,038	-
Balanced	63,923	-	63,923	-
Bonds	30,835	-	30,835	-
Small/Mid/Specialty	16,937	-	16,937	-
Total separate accounts	773,572	-	773,572	-
Fixed Accounts	31,102,190	-	-	31,102,190
Money Market Account	21,525	-	21,525	-
	<u>\$ 65,550,606</u>	<u>\$ 33,653,319</u>	<u>\$ 795,097</u>	<u>\$ 31,102,190</u>

Yavapai Regional Medical Center Tax-Sheltered Annuity Plan

Notes to Financial Statements

December 31, 2011 and 2010

The following is a reconciliation of the beginning and ending balances of recurring fair value measurements recognized in the accompanying statements of net assets available for benefits using significant unobservable (Level 3) inputs for the year ended December 31, 2011:

	Fixed Account
Balance, January 1, 2010	\$ 26,952,136
Total realized and unrealized gains and losses included in net increase (decrease) in net assets available for benefits	-
Purchases, including investment income	34,906,475
Sales	(30,756,421)
Settlements	-
Transfers in and/or out of Level 3	-
Balance, December 31, 2010	31,102,190
Total realized and unrealized gains and losses included in net increase (decrease) in net assets available for benefits	-
Purchases, including investment income	5,982,659
Sales	(3,161,117)
Settlements	-
Transfers in and/or out of Level 3	-
Balance, December 31, 2011	<u><u>\$ 33,923,732</u></u>
Total gains or losses for the period included in net increase (decrease) in net assets available for benefits attributable to the change in unrealized gains or losses related to assets still held at the reporting date	<u><u>\$ -</u></u>

For the years ended December 31, 2011 and 2010, realized and unrealized gains and losses included in net increase in net assets available for benefits for the period from January 1, 2010 through December 31, 2011, are reported in net appreciation (depreciation) in fair value of investments in the statements of changes in net assets available for benefits.

As the fixed accounts are valued at contract value, which approximates fair value, there are no realized or unrealized gains or losses for this investment included in the net increase in net assets available for benefits.

Yavapai Regional Medical Center Tax-Sheltered Annuity Plan

Notes to Financial Statements

December 31, 2011 and 2010

Note 7: Significant Estimates and Concentration

Current Economic Conditions

The current protracted economic decline continues to present employee benefit plans with difficult circumstances and challenges, which in some cases have resulted in large and unanticipated declines in the fair value of investments. The financial statements have been prepared using values and information currently available to the Plan.

Given the volatility of current economic conditions, the values of assets recorded in the financial statements could change rapidly, resulting in material future adjustments in investment values that could negatively impact the Plan.

Note 8: Risks and Uncertainties

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

Supplemental Schedule

Yavapai Regional Medical Center Tax-Sheltered Annuity Plan

EIN 86-0098923 PN 002

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

Year Ended December 31, 2011

Identity of Issuer	Description of Investment	Cost	Current Value
* ING Fixed Plus Account III	Guaranteed Investment Contract	**	\$ 33,549,032
* ING Fixed Plus Account II	Guaranteed Investment Contract	**	353,529
* ING Fixed Account	Guaranteed Investment Contract	**	16,715
* ING Fixed Plus Account	Guaranteed Investment Contract	**	4,456
Fidelity Advisor New Insights Inst Class	Mutual Fund	**	8,619,733
Parnassus Investments Equity Income	Mutual Fund	**	4,344,856
ING PIMCO Total Return Port Svc Class	Mutual Fund	**	3,867,021
Oppenheimer Developing Markets Fund	Mutual Fund	**	3,602,354
American Funds EuroPacific R3	Mutual Fund	**	2,211,703
Blackrock Equity Dividend	Mutual Fund	**	1,932,844
Templeton Global Bond Fund	Mutual Fund	**	1,395,337
T. Rowe Price Equity Index 500	Mutual Fund	**	950,555
Columbia Mid Cap Index	Mutual Fund	**	806,035
Janus Balncd Fund Class T Sh	Mutual Fund	**	762,747
Brown Advisory Growth Equity	Mutual Fund	**	647,995
PIMCO Real Return	Mutual Fund	**	583,519
Neuberger Berman Genesis Fund	Mutual Fund	**	478,357
American Funds Fdmntl Inv R3	Mutual Fund	**	430,836
ColumbiaSM Acorn USA	Mutual Fund	**	429,061
ING FMR SM Diversified Mid Cap Portfolio	Mutual Fund	**	339,677
American Century LIVESTRONG 2025 Portfolio	Mutual Fund	**	306,589
BlackRock Natural Resources	Mutual Fund	**	194,648
Perkins Small Cap Value Fund	Mutual Fund	**	176,955
* Oppenheimer Developing Markets Fund A	Separate Account	**	153,444
Perkins Mid Cap Value Fund	Mutual Fund	**	119,620
* Fidelity VIP Contrafund Port - Init	Separate Account	**	119,307
ING Templeton Foreign Equity Portfolio	Mutual Fund	**	78,014
* American Funds Growth Fnd R4	Separate Account	**	77,764
American Century LIVESTRONG 2015 Portfolio	Mutual Fund	**	77,731
* Fidelity VIP Growth Portfolio - Init	Separate Account	**	68,731
* American Funds EuroPacific R4	Separate Account	**	65,580
* ING Index Plus LargeCap Port - I	Separate Account	**	60,436
American Century LIVESTRONG 2035 Portfolio	Mutual Fund	**	55,995
American Century LIVESTRONG Inc Portfolio	Mutual Fund	**	55,111
* Columbia Small Cap Index	Mutual Fund	**	54,720

Yavapai Regional Medical Center Tax-Sheltered Annuity Plan

EIN 86-0098923 PN 002

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

Year Ended December 31, 2011

Identity of Issuer	Description of Investment	Cost	Current Value
* Pax World Balanced Fd Indiv Inv	Separate Account	**	42,794
ING Global Real Estate Fund	Mutual Fund	**	36,168
* ING Intermediate Bond Portfolio - I	Separate Account	**	24,105
* Fidelity VIP Equity-Inc Port - Init	Separate Account	**	19,946
American Funds Capital World Growth & Income R3	Mutual Fund	**	15,681
AIM Mid Cap Core Equity Fund	Mutual Fund	**	11,682
* ING Growth and Income Port - I	Separate Account	**	10,365
* ING Balanced Portfolio, Inc. - I	Separate Account	**	9,973
* ING BlackRock Sci & Tech Opp - I	Separate Account	**	7,376
American Century LIVESTRONG 2045 Portfolio	Mutual Fund	**	7,298
* ING Index Plus MidCap Port - I	Separate Account	**	6,634
Wanger USA	Separate Account	**	4,262
* Calvert VP SRI Balanced Portfolio	Separate Account	**	2,721
* ING Money Market Portfolio - I	Money Market Fund	**	1,834
* ING Large Cap Growth Port - I	Separate Account	**	1,365
* ING TRowePrice Grwth Eqty Port I	Separate Account	**	829
* ING Oppenhmrl Gbl Strat Inc Prt I	Separate Account	**	752
* ING Van Kampen Comstock Port Srv	Separate Account	**	684
* ING Thornburg Value Portfolio I	Separate Account	**	204
* ING UBS U.S. Lrg Cap Eqty Port I	Separate Account	**	136
* ING Templeton Foreign Equity Portfolio I	Separate Account	**	113
			<hr/>
			67,195,929
* Participant loans	Various maturity dates through 2031; interest rates ranging from 3.25% - 6.85%	**	
			<hr/>
			1,741,323
			<hr/>
			\$ 68,937,252

* Party-in-interest as defined by ERISA

** Not required as investments are participant-directed