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| 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: 24pt; font-weight: bold;">2011</div> This Form is Open to Public Inspection |
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| Part I | Annual Report Identification Information |
| For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>04/01/2012</u> | |
| A This return/report is for: | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or <input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____ |
| B This return/report is: | <input type="checkbox"/> the first return/report; <input checked="" type="checkbox"/> the final return/report; <input type="checkbox"/> an amended return/report; <input checked="" type="checkbox"/> a short plan year return/report (less than 12 months). |
| C If the plan is a collectively-bargained plan, check here. | <input checked="" type="checkbox"/> |
| D Check box if filing under: | <input type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program; <input type="checkbox"/> special extension (enter description) |

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| Part II | Basic Plan Information —enter all requested information | | | |
| 1a Name of plan <u>SWEDISH/EDMONDS 401(K) PLAN</u> 2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) <u>SWEDISH/EDMONDS</u> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <u>747 BROADWAY</u> <u>SEATTLE, WA 98122</u> </div> <div style="width: 45%;"> <u>747 BROADWAY</u> <u>SEATTLE, WA 98122</u> </div> </div> | 1b Three-digit plan number (PN) ▶ <u>001</u> | 1c Effective date of plan <u>06/01/1971</u> | | |
| | 2b Employer Identification Number (EIN) <u>27-2305304</u> | 2c Sponsor's telephone number <u>206-386-6000</u> | 2d Business code (see instructions) <u>622000</u> | |
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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.

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| SIGN HERE | Filed with authorized/valid electronic signature. | <u>10/31/2012</u> | <u>REBECCA BROWN</u> |
| | 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)
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| 3a Plan administrator's name and address (if same as plan sponsor, enter "Same") SWEDISH/EDMONDS 747 BROADWAY SEATTLE, WA 98122 | 3b Administrator's EIN 27-2305304 3c Administrator's telephone number 206-386-6000 |
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| 4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name | 4b EIN 4c PN |
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| | | |
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| 5 Total number of participants at the beginning of the plan year | 5 | 1871 |
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| 6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d). | | |
| a Active participants..... | 6a | 0 |
| b Retired or separated participants receiving benefits..... | 6b | 0 |
| c Other retired or separated participants entitled to future benefits..... | 6c | 0 |
| d Subtotal. Add lines 6a , 6b , and 6c | 6d | 0 |
| e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits..... | 6e | 0 |
| f Total. Add lines 6d and 6e | 6f | 0 |
| g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)..... | 6g | 0 |
| h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested..... | 6h | 11 |

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| 7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) | 7 | |
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8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2E 2F 2J 2K 2R 2S 2T 2R 3H

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

| | |
|---|---|
| 9a Plan funding arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor | 9b Plan benefit arrangement (check all that apply) (1) <input type="checkbox"/> Insurance (2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts (3) <input checked="" type="checkbox"/> Trust (4) <input type="checkbox"/> General assets of the sponsor |
|---|---|

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

a Pension Schedules

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

b General Schedules

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

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| SCHEDULE 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 **01/01/2012** and ending **04/01/2012**

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

Part I Service Provider Information (see instructions)

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
FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

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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)

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| (b) Service Code(s) | (c) Relationship to employer, employee organization, or person known to be a party-in-interest | (d) Enter direct compensation paid by the plan. If none, enter -0-. | (e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-. | (h) Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---|--|--|--|---|--|
| 64 37 65 71 60 | RECORDKEEPER | 2096 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | 0 | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

| (a) Enter service provider name as it appears on line 2 | (b) Service Codes (see instructions) | (c) Enter amount of indirect compensation |
|--|---|---|
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. </div> </div> | | |
| EV SMALL CAP FUND I - BNY MELLON IN P.O. BOX 9793 PROVIDENCE, RI 02940 | 0.15% | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) Enter service provider name as it appears on line 2 </div> <div style="width: 20%;"> (b) Service Codes (see instructions) </div> <div style="width: 20%;"> (c) Enter amount of indirect compensation </div> </div> | | |
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. </div> </div> | | |
| PIM TOTAL RT INST - BOSTON FINANCIA 330 W. 9TH STREET KANSAS CITY, MO 66160 | 0.02% | |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (a) Enter service provider name as it appears on line 2 </div> <div style="width: 20%;"> (b) Service Codes (see instructions) </div> <div style="width: 20%;"> (c) Enter amount of indirect compensation </div> </div> | | |
| FIDELITY INVESTMENTS INSTITUTIONAL | 60 | 0 |
| <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> (d) Enter name and EIN (address) of source of indirect compensation </div> <div style="width: 40%;"> (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. </div> </div> | | |
| SEI STABLE ASSET 06-1271230 | 0.10% | |

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:

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| SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> | DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. | OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.5em; font-weight: bold;">2011</div> This Form is Open to Public Inspection. |
|---|--|--|

For calendar plan year 2011 or fiscal plan year beginning 01/01/2012 and ending 04/01/2012

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

| | |
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| 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: SEI STABLE ASSET

b Name of sponsor of entity listed in (a): SEI TRUST COMPANY

| | | |
|---------------------------------------|-------------------------------|---|
| c EIN-PN <u>06-1271230-001</u> | d Entity code <u>C</u> | e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>0</u> |
|---------------------------------------|-------------------------------|---|

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):

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

| | | |
|--|--|---|
| SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small> | Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500. | OMB No. 1210-0110 <div style="font-size: 24pt; font-weight: bold;">2011</div> This Form is Open to Public Inspection |
|--|--|---|

| | | |
|--|---|---------------------------------------|
| For calendar plan year 2011 or fiscal plan year beginning 01/01/2012 and ending 04/01/2012 | | |
| A Name of plan SWEDISH/EDMONDS 401(K) PLAN | B Three-digit plan number (PN) ► | 001 |
| C Plan sponsor's name as shown on line 2a of Form 5500 SWEDISH/EDMONDS | D Employer Identification Number (EIN) 27-2305304 | |

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

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

| Assets | | (a) Beginning of Year | (b) End of Year |
|---|-----------------|-----------------------|-----------------|
| a Total noninterest-bearing cash | 1a | | |
| b Receivables (less allowance for doubtful accounts): | | | |
| (1) Employer contributions | 1b(1) | | |
| (2) Participant contributions | 1b(2) | | |
| (3) Other..... | 1b(3) | | |
| c General investments: | | | |
| (1) Interest-bearing cash (include money market accounts & certificates of deposit) | 1c(1) | 347060 | 0 |
| (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) | 92050 | 0 |
| (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) | 1813602 | 0 |
| (9) Value of interest in common/collective trusts..... | 1c(9) | 14823123 | 0 |
| (10) Value of interest in pooled separate accounts..... | 1c(10) | | |
| (11) Value of interest in master trust investment accounts | 1c(11) | | |
| (12) Value of interest in 103-12 investment entities | 1c(12) | | |
| (13) Value of interest in registered investment companies (e.g., mutual funds)..... | 1c(13) | 69983665 | 0 |
| (14) Value of funds held in insurance company general account (unallocated contracts)..... | 1c(14) | | |
| (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 | 87059500 | 0 |

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 | 87059500 | 0 |
|---|-----------|----------|---|

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) | 913721 | |
| (B) Participants | 2a(1)(B) | 1390596 | |
| (C) Others (including rollovers) | 2a(1)(C) | 84950 | |
| (2) Noncash contributions | 2a(2) | | |
| (3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2) | 2a(3) | | 2389267 |
| b Earnings on investments: | | | |
| (1) Interest: | | | |
| (A) Interest-bearing cash (including money market accounts and certificates of deposit) | 2b(1)(A) | 13733 | |
| (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) | 46253 | |
| (F) Other | 2b(1)(F) | | |
| (G) Total interest. Add lines 2b(1)(A) through (F) | 2b(1)(G) | | 59986 |
| (2) Dividends: (A) Preferred stock | 2b(2)(A) | | |
| (B) Common stock | 2b(2)(B) | 1220 | |
| (C) Registered investment company shares (e.g. mutual funds) | 2b(2)(C) | 191823 | |
| (D) Total dividends. Add lines 2b(2)(A) , (B) , and (C) | 2b(2)(D) | | 193043 |
| (3) Rents | 2b(3) | | |
| (4) Net gain (loss) on sale of assets: (A) Aggregate proceeds | 2b(4)(A) | 1120 | |
| (B) Aggregate carrying amount (see instructions) | 2b(4)(B) | 1134 | |
| (C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result | 2b(4)(C) | | -14 |

| | | (a) Amount | (b) Total |
|---|-----------------|------------|-----------|
| 2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate..... | 2b(5)(A) | | |
| (B) Other | 2b(5)(B) | 86051 | |
| (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) | 2b(5)(C) | | 86051 |
| (6) Net investment gain (loss) from common/collective trusts | 2b(6) | | |
| (7) Net investment gain (loss) from pooled separate accounts | 2b(7) | | |
| (8) Net investment gain (loss) from master trust investment accounts | 2b(8) | | |
| (9) Net investment gain (loss) from 103-12 investment entities | 2b(9) | | |
| (10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)..... | 2b(10) | | 6432274 |
| c Other income..... | 2c | | |
| d Total income. Add all income amounts in column (b) and enter total..... | 2d | | 9160607 |

Expenses

| | | | |
|--|--------------|---------|---------|
| e Benefit payment and payments to provide benefits: | | | |
| (1) Directly to participants or beneficiaries, including direct rollovers | 2e(1) | 1295351 | |
| (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) | | 1295351 |
| f Corrective distributions (see instructions) | 2f | | |
| g Certain deemed distributions of participant loans (see instructions)..... | 2g | | |
| h Interest expense..... | 2h | | |
| i Administrative expenses: (1) Professional fees | 2i(1) | | |
| (2) Contract administrator fees | 2i(2) | | |
| (3) Investment advisory and management fees | 2i(3) | | |
| (4) Other | 2i(4) | 2033 | |
| (5) Total administrative expenses. Add lines 2i(1) through (4) | 2i(5) | | 2033 |
| j Total expenses. Add all expense amounts in column (b) and enter total..... | 2j | | 1297384 |

Net Income and Reconciliation

| | | | |
|---|--------------|--|----------|
| k Net income (loss). Subtract line 2j from line 2d | 2k | | 7863223 |
| l Transfers of assets: | | | |
| (1) To this plan..... | 2l(1) | | |
| (2) From this plan | 2l(2) | | 94922723 |

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: KPMG, LLC

(2) EIN: 13-5565207

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

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

Part IV Compliance Questions

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

During the plan year:

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

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?

If "Yes," enter the amount of any plan assets that reverted to the employer this year..... ☐ Yes ☒ No Amount:

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

5b(1) Name of plan(s)

PROVIDENCE HEALTH & SERVICES 401(K) PLAN

| 5b(2) EIN(s) | 5b(3) PN(s) |
|--------------|-------------|
| 51-0216586 | 010 |
| | |
| | |
| | |
| | |

| | | |
|---|--|--|
| 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 01/01/2012 and ending 04/01/2012

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

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

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

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

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

| | | | |
|---|------------------------------|-----------------------------|------------------------------|
| 4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| If the plan is a defined benefit plan, go to line 8. | | | |
| 5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule. | | | |
| 6 a Enter the minimum required contribution for this plan year (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? | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| 8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure 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?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> 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?..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 11 a Does the ESOP hold any preferred stock? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 12 Does the ESOP hold any stock that is not readily tradable on an established securities market? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

(1) Contribution rate (in dollars and cents) _____

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

b Provide the average duration of the combined investment-grade and high-yield debt:
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

c What duration measure was used to calculate item 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____



SWEDISH/EDMONDS 401(k) PLAN

Financial Statements and Supplemental Schedule

April 1, 2012, December 31, 2011 and December 31, 2010

(With Independent Auditors' Report Thereon)

SWEDISH/EDMONDS 401(k) PLAN

Table of Contents

| | Page |
|---|-------------|
| Independent Auditors' Report | 1 |
| Financial Statements: | |
| Statements of Net Assets Available for Benefits as of April 1, 2012, December 31, 2011 and December 31, 2010 | 2 |
| Statements of Changes in Net Assets Available for Benefits for the Three-Month Period Ended April 1, 2012 and for the Years Ended December 31, 2011 and 2010 | 3 |
| Notes to Financial Statements | 4 |
| Supplemental Schedule | |
| Schedule H, Line 4i – Schedule of Assets (Held at End of Year) - December 31, 2011 | 13 |



KPMG LLP
Suite 2900
1918 Eighth Avenue
Seattle, WA 98101

Independent Auditors' Report

The Administrator
Swedish/Edmonds 401(k) Plan:

We were engaged to audit the accompanying statements of net assets available for benefits of the Swedish/Edmonds 401(k) Plan (the Plan) as of April 1, 2012, and December 31, 2011 and 2010, and the related statements of changes in net assets available for benefits for the three month period ended April 1, 2012 and the years ended December 31, 2011 and 2010, and the supplemental schedule of (1) Schedule H, line 4i-Schedule of Assets (Held At End of Year) as of December 31, 2011. These financial statements and supplemental schedule are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in note 6, which was certified by Fidelity Management Trust Company, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedule. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of April 1, 2012, and December 31, 2011, and 2010 and for the three month period ended April 1, 2012 and 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 and supplemental schedule taken as a whole. The supplemental schedule is presented for the purpose of additional analysis and is not a required part of the financial statements but is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The form and content of the information included in the financial statements and supplemental schedule, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As further discussed in note 1, effective April 1, 2012, the Plan was merged with and into the Providence Health & Services 401(k) Plan.

KPMG LLP

Seattle, Washington
October 30, 2012

SWEDISH/EDMONDS 401(k) PLAN
Statements of Net Assets Available for Benefits
April 1, 2012, December 31, 2011 and December 31, 2010

| | <u>April 1, 2012</u> | <u>December 31, 2011</u> | <u>December 31, 2010</u> |
|--|----------------------|-----------------------------|-----------------------------|
| Assets: | | | |
| Investments, at fair value: | | | |
| Registered investment company funds | \$ - | \$ 70,330,725 | \$ 68,597,935 |
| Common stocks | - | 92,050 | - |
| Investment contract with insurance company | - | - | 17,615,284 |
| Common collective trust fund | - | 14,823,123 | - |
| | <u>-</u> | <u>85,245,898</u> | <u>86,213,219</u> |
| Total investments | - | 85,245,898 | 86,213,219 |
| Receivables: | | | |
| Employer contribution | - | 127,596 | 121,208 |
| Employee contribution | - | 179,163 | 175,288 |
| Notes receivable from participants | - | 1,908,328 | 1,731,903 |
| | <u>-</u> | <u>2,215,087</u> | <u>2,028,399</u> |
| Total receivables | - | 2,215,087 | 2,028,399 |
| Total Assets | - | 87,460,985 | 88,241,618 |
| Excess contributions payable | - | 8,714 | - |
| Adjustment from fair value to contract value for common collective trust fund investing in fully benefit responsive investment contracts | - | 68,502 | - |
| | <u>-</u> | <u>68,502</u> | <u>-</u> |
| Net Assets Available for Benefits | <u>\$ -</u> | <u>\$ 87,520,773</u> | <u>\$ 88,241,618</u> |

See accompanying notes to financial statements.

SWEDISH/EDMONDS 401(k) PLAN
Statements of Changes in Net Assets Available for Benefits
For the Three-Month Period Ended April 1, 2012
and the Years Ended December 31, 2011, and 2010

| | Three-Month Period Ended April 1, 2012 | Year Ended December 31, 2011 | Year Ended December 31, 2010 |
|--|---|---|---|
| Additions to Net Assets: | | | |
| Contributions: | | | |
| Participant | \$ 1,211,433 | \$ 5,115,486 | \$ 4,749,292 |
| Participant rollover | 84,950 | 761,509 | 274,991 |
| Employer | 786,125 | 3,377,075 | 3,073,833 |
| Total contributions | <u>2,082,508</u> | <u>9,254,070</u> | <u>8,098,116</u> |
| Investment income (loss): | | | |
| Interest and dividends | 206,776 | 1,933,656 | 2,076,886 |
| Net appreciation (depreciation) in fair value of investments | 6,449,810 | (2,710,828) | 6,909,702 |
| Total investment income (loss) | <u>6,656,586</u> | <u>(777,172)</u> | <u>8,986,588</u> |
| Interest income on notes receivable from participants | <u>46,253</u> | <u>80,048</u> | <u>74,467</u> |
| Total Additions to Net Assets | <u>8,785,347</u> | <u>8,556,946</u> | <u>17,159,171</u> |
| Deductions from Net Assets: | | | |
| Distributions | 1,381,364 | 9,269,470 | 6,247,796 |
| Expenses | 2,033 | 8,321 | 8,876 |
| Total Deductions from Net Assets | <u>1,383,397</u> | <u>9,277,791</u> | <u>6,256,672</u> |
| Net increase (decrease) in net assets available for benefits | 7,401,950 | (720,845) | 10,902,499 |
| Transfer to Providence, Swedish, PAML | | | |
| Multiple Employer 401(k) Plan | (94,922,723) | - | - |
| Net assets available for benefits at beginning of year | <u>87,520,773</u> | <u>88,241,618</u> | <u>77,339,119</u> |
| Net Assets Available for Benefits at End of Year | <u>\$ -</u> | <u>\$ 87,520,773</u> | <u>\$ 88,241,618</u> |

SWEDISH/EDMONDS 401(k) PLAN

Notes to Financial Statements

April 1, 2012, December 31, 2011 and December 31, 2010

(1) Plan Description

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

(a) General

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

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

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

On February 1, 2012, Providence Health & Services (Providence) and Swedish affected an Affiliation Agreement, which integrated the operations of the two health systems. Providence and Swedish have affiliated to create a fully integrated, nonprofit, charitable healthcare system serving the communities throughout Western Washington.

Effective April 1, 2012, the Plan was merged with and into the Providence Health & Services 401(k) Plan (to be known as the Providence, Swedish, PAML Multiple Employer 401(k) Plan).

(b) Eligibility

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

(c) Plan Administration

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

(d) Contributions

Participants could elect to contribute between .05% and 90% in half-percent increments of pre-tax eligible compensation, as defined by the Plan, subject to certain limitations under the IRC.

SWEDISH/EDMONDS 401(k) PLAN

Notes to Financial Statements

April 1, 2012, December 31, 2011 and December 31, 2010

Eligible participants who had attained age fifty (50) could elect an additional catch-up contribution, subject to certain limitations under the IRC.

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

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

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

(e) Vesting

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

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

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

Forfeitures were used to reduce future employer contributions or to pay certain expenses incurred by the Employer related to the Plan, as stated in the plan document. During the three-month period ended April 1, 2012 forfeitures totaling approximately \$32,000 were used to offset employer contributions. During the years ended December 31, 2011 and 2010, forfeitures totaling approximately \$53,000 and \$38,000, respectively, were used to offset employer contributions. At April 1, 2012, December 31, 2011 and 2010, there were approximately \$42,000, \$37,000 and \$26,000, respectively, of unallocated forfeitures. Forfeitures were transferred to the Providence, Swedish, PAML Multiple Employer 401(k) Plan.

(f) Participant Accounts

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

SWEDISH/EDMONDS 401(k) PLAN

Notes to Financial Statements

April 1, 2012, December 31, 2011 and December 31, 2010

(g) Benefits

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

Effective September 1, 2010, upon death of the participant, in the event of the participant's death before distributions begin, a single lump sum payment of the participant's account vested balance would be made as soon as administratively feasible after the participant's death, unless the participant's spouse was the beneficiary, in which case a single lump sum payment would be made at the time requested by the spouse.

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

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

(h) Hardship Withdrawals

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

(i) Notes Receivable from Participants

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

The interest rate was determined based upon the rate a local commercial lender would charge for a similar type of loan. The interest rates on outstanding loans ranged from 4.25% to 9.25% at December 31, 2011 and the loans matured through October 2026. The loans were transferred to the Providence, Swedish, PAML Multiple Employer 401(k) Plan as of April 1, 2012 with no change in interest rates or maturity dates.

(j) Administrative Expenses

The Employer paid a majority of administrative expenses of the Plan for the three-month period ended April 1, 2012 and for the years ended December 31, 2011 and 2010. Loan origination and maintenance fees were paid by the participant.

SWEDISH/EDMONDS 401(k) PLAN

Notes to Financial Statements

April 1, 2012, December 31, 2011 and December 31, 2010

(k) Investment Options

Participants could direct their account balance into the investment options provided under the Plan in 1% increments, either in the Plan's core funds or through a self-directed brokerage account option which allowed access to other investment choices, including stocks, bonds and other mutual funds not available as a standard plan option. To be able to participate in the self-directed brokerage account option, participants had to meet the minimum initial investment requirement of \$2,500 and pay a \$100 annual maintenance fee. Participants could change their investment elections and make transfers between investment options daily.

Contributions were temporarily held in the LifeCycle investment option funds (Fidelity Freedom K Funds) as a default prior to an investment election made by the participant. During 2011, the EBAC reduced the number of funds provided under the Plan and aligned the investment options available to the investment policy of the Plan.

(l) Excess Contributions

Excess contributions represent amounts withheld from participants in excess of the IRC limitations that were refunded to participants subsequent to year-end.

(2) Summary of Significant Accounting Policies

(a) Basis of Accounting

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

(b) Income Recognition

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

(c) Investment Valuation

As of December 31, 2011, the Plan's investments consisted of investments in registered investment company funds, common stocks and a common collective trust fund (SEI Stable Asset fund). As of December 31, 2010, the Plan's investments consisted of investments in registered investment company funds and investment contracts with insurance companies. On April 15, 2011, the Plan's investment in the contracts with insurance companies were liquidated and transferred to the SEI Stable Asset fund.

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

The SEI Stable Asset Fund is a common collective trust fund that invests in guaranteed investment contracts (GICs). It is fully benefit responsive. A benefit-responsive investment contract is a contract between an insurance company, a bank, a financial institution, or any financially responsible entity and a plan that provides for a stated return on principal invested over a specified period and that permits withdrawals at contract value for benefit payments, loans, or transfers to other investment options offered to the participant by the Plan. For the year ended December 31, 2011, the average yield was 1.36%, while the crediting rate was 0.71%. Contract value is equal to principal balance plus accrued interest. The fair value of the

SWEDISH/EDMONDS 401(k) PLAN

Notes to Financial Statements

April 1, 2012, December 31, 2011 and December 31, 2010

GIC is calculated by discounting the related cash flows based on current yields of similar instruments with comparable durations.

Investment contracts held by a defined-contribution plan are required to be reported at fair value. However, contract value is a relevant measurement attribute for that portion of the net assets available for benefits of a defined-contribution plan attributable to fully benefit-responsive investment contracts because contract value is the amount participants would receive if they were to initiate permitted transactions under the terms of the plan. As of December 31, 2011, the Statement of Net Assets Available for Benefits presents the fair value of the investment contracts as well as the adjustment of the fully benefit responsive investment contracts from fair value to contract value. The Statement of Changes in Net Assets Available for Benefits for the year ended December 31, 2011 is prepared on a contract value basis.

There were no unfunded commitments or reserves against contract value for credit risk of the contract issuer or otherwise. The crediting interest rate was based on a formula agreed upon with the issuer, but may not be less than 0%. Such interest rates are reviewed on a quarterly basis for resetting.

The guaranteed investment contracts held within this fund did not permit the issuers to terminate the agreement prior to the scheduled maturity date.

As of December 31, 2010, the Plan's investment contracts with insurance companies are recorded at contract value. However, investment contracts held by a defined-contribution plan are required to be reported at fair value. Fair value is determined based on the present value of discounted cash flows. Contract value, which represents net contributions plus interest at the contract rate, equaled fair value as the crediting rate of the contracts reset to a market rate at each plan year end.

The Plan's investment contracts with insurance companies contained withdrawal restrictions and could be subject to charges against contract value upon withdrawal from the Plan, but as of December 31, 2010 there were no such restrictions. These investment contracts with insurance companies are considered fully benefit-responsive. The Plan's investment contracts with insurance companies were backed by Metropolitan Life Insurance Company and provide a guaranteed rate of return with set maturity dates. For the year ended December 31, 2010, the crediting rate and average yield of the contract were 3.55% and 3.35%, respectively.

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

Certain events limited the ability of the Plan to transact at contract value with the issuer. Such events included the following: (1) amendments to the loan documents (including complete or partial plan termination or merger with another plan), (2) changes to plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the plan sponsor or other plan sponsor events (for example, divestitures or spin-offs of a subsidiary) that cause a significant withdrawal from the plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under Employee Retirement Income Security Act of 1974. The Plan administrator did not believe that the occurrence of any such value event, which would limit the Plan's ability to transact at contract value with participants, was probable.

SWEDISH/EDMONDS 401(k) PLAN

Notes to Financial Statements

April 1, 2012, December 31, 2011 and December 31, 2010

(d) Notes Receivable from Participants

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

(e) Net Appreciation (Depreciation) in Fair Value of Investments

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

(3) Risk and Uncertainties

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

(4) Tax Status

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

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

Accounting principles generally accepted in the United States of America require plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of April 1, 2012 and December 31, 2011 and 2010, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan was subject to routine audit by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

(5) Plan Termination

The Employer had the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants would become fully vested in their account balances. Effective April 1, 2012, the Plan was merged with and into the Providence, Swedish, PAML Multiple Employer 401(k) Plan.

(6) Information Certified by Trustee

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

- Investments at fair value (except for the SEI Stable Asset Fund for which Fidelity certified contract value)

SWEDISH/EDMONDS 401(k) PLAN

Notes to Financial Statements

April 1, 2012, December 31, 2011 and December 31, 2010

- Notes receivable from participants
- Interest and dividends
- Net appreciation (depreciation) in fair value of investments
- Schedule of assets (Held at End of Year)
- Investment information included in note 8, excluding the fair value hierarchy

(7) Reconciliation of Financial Statements to Form 5500

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

| | April 1, 2012 | December 31, 2011 | December 31, 2010 |
|---|---|---|---|
| Net assets available for benefits per the financial statements | \$ - | \$ 87,520,773 | \$ 88,241,618 |
| Contributions receivable | - | (306,759) | (296,496) |
| Adjustment from fair value to contract value | - | (68,502) | - |
| Deemed distributions of participant loans | - | (94,727) | (97,154) |
| Excess contributions payable | - | 8,714 | - |
| Net assets available per the Form 5500 | <u>\$ -</u> | <u>\$ 87,059,499</u> | <u>\$ 87,847,968</u> |
| | <u>Three-Month Period Ended April 1, 2012</u> | <u>Year Ended December 31, 2011</u> | <u>Year Ended December 31, 2010</u> |
| Net increase (decrease) in net assets available for benefits per the financial statements | \$ 7,401,950 | \$ (720,845) | \$ 10,902,499 |
| Change in contributions receivable | 306,759 | (10,263) | (280,434) |
| Change in adjustment from fair value to contract value | 68,502 | (68,502) | - |
| Change in deemed distributions of participant loans | 94,727 | 2,427 | (17,617) |
| Change in excess contributions payable | <u>(8,714)</u> | <u>8,714</u> | <u>-</u> |
| Net income (loss) per the Form 5500 | <u>\$ 7,863,224</u> | <u>\$ (788,469)</u> | <u>\$ 10,604,448</u> |

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

(8) Investments

During the three-month period ended April 1, 2012 and the years ended December 31, 2011 and 2010, the Plan's investments appreciated (depreciated) as follows:

| | Three-Month Period Ended April 1, 2012 | Year Ended December 31, 2011 | Year Ended December 31, 2010 |
|-------------------------------------|---|------------------------------------|------------------------------------|
| Registered investment company funds | \$ 6,422,675 | \$ (2,701,226) | \$ 6,909,702 |
| Common stocks | <u>27,135</u> | <u>(9,602)</u> | <u>-</u> |
| | <u>\$ 6,449,810</u> | <u>\$ (2,710,828)</u> | <u>\$ 6,909,702</u> |

SWEDISH/EDMONDS 401(k) PLAN

Notes to Financial Statements

April 1, 2012, December 31, 2011 and December 31, 2010

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

| | | April 1, 2012 | December 31, 2011 | December 31, 2010 |
|--|--------|------------------|----------------------|----------------------|
| American Beacon Large Cap Value Fund | | | | |
| American Funds AMCAP Fund Class R4 | (1) \$ | - | \$ 4,933,042 | \$ - |
| Fidelity Freedom K 2015 Fund | (1) | - | 12,058,745 | - |
| Fidelity Freedom K 2020 Fund | (1) | - | 4,695,390 | - |
| PIMCO Total Return Institutional Class | (1) | - | 9,512,139 | - |
| SEI Stable Asset Fund | (1) | - | 8,469,934 | - |
| American Century Equity Growth Fund Investor Class | (1) | - | 14,891,625 | - |
| Fidelity Diversified International Fund | (2) | - | - | 8,918,418 |
| Fidelity Freedom 2010 Fund | (2) | - | - | 3,987,156 |
| Fidelity Freedom 2015 Fund | (2) | - | - | 5,094,916 |
| Fidelity Freedom 2020 Fund | (2) | - | - | 4,522,197 |
| Fidelity Growth Company Fund | (2) | - | - | 8,459,642 |
| Metlife Fixed Account | (2) | - | - | 4,511,602 |
| | (2) | - | - | 17,615,284 |

(1) The December 31, 2010, investment balance was less than 5% of the 2010 Plan's net assets.

(2) The December 31, 2011, investment balance was less than 5% of the 2011 Plan's net assets.

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

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

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

SWEDISH/EDMONDS 401(k) PLAN

Notes to Financial Statements

April 1, 2012, December 31, 2011 and December 31, 2010

The following table presents assets that are measured at fair value on a recurring basis at April 1, 2012, December 31, 2011 and 2010:

| | Fair Value Hierarchy Level | April 1, 2012 | December 31, 2011 | December 31, 2010 |
|--|----------------------------------|------------------|----------------------|----------------------|
| Registered investment company funds: | | | | |
| Balanced funds | Level 1 | \$ - | \$ 32,023,019 | \$ 40,944,525 |
| Growth funds | Level 1 | - | 15,838,593 | 11,160,161 |
| Income funds | Level 1 | - | 9,704,369 | 7,237,159 |
| Index funds | Level 1 | - | 3,858,105 | 2,376,429 |
| International funds | Level 1 | - | 3,566,058 | 4,650,855 |
| Money market funds | Level 1 | - | 347,060 | - |
| Sector funds | Level 1 | - | 55,408 | 616,078 |
| Value funds | Level 1 | - | 4,938,113 | 1,612,728 |
| | | - | 70,330,725 | 68,597,935 |
| Common stocks | Level 1 | - | 92,050 | - |
| Common collective trust fund | Level 2 | - | 14,823,123 | - |
| Investment contract with insurance company | Level 2 | - | - | 17,615,284 |
| Total investments at fair value | | <u>\$ -</u> | <u>\$ 85,245,898</u> | <u>\$ 86,213,219</u> |

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

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

(10) Voluntary Correction Program

On May 7, 2012, the Plan filed a submission under the Voluntary Correction Program (VCP) with the IRS in order to amend the plan document to conform to the operations of the Plan. Management believes that any impact of the VCP correction will not have a material impact on the Plan's financial statements.

(11) Subsequent Events

The Plan's management has evaluated subsequent events occurring through October 30, 2012, the date the financial statements were available to be issued.

Supplemental Schedule

SWEDISH/EDMONDS 401(k) PLAN
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2011

| (a) | (b) | (c) | (d) | (e) |
|--------------|---|---|------|-----------------------------|
| | Identity of issuer, borrower, lessor, or similar party | Description of investment | Cost | Current value |
| | | Registered Investment Company Funds: | | |
| | American Beacon Funds | American Beacon Large Cap Value Fund | ** | \$ 4,933,042 |
| | American Funds | American Fund Europacific Growth Fund Class R4 | ** | 3,566,058 |
| | American Funds | American Funds AMCAP Fund Class R4 | ** | 12,058,745 |
| | Eaton Vance Investment Managers | Eaton Vance Small-Cap I Fund | ** | 3,700,280 |
| * | Fidelity Investments | Fidelity Freedom K 2000 Fund | ** | 480,583 |
| * | Fidelity Investments | Fidelity Freedom K 2005 Fund | ** | 111,444 |
| * | Fidelity Investments | Fidelity Freedom K 2010 Fund | ** | 3,977,388 |
| * | Fidelity Investments | Fidelity Freedom K 2015 Fund | ** | 4,695,390 |
| * | Fidelity Investments | Fidelity Freedom K 2020 Fund | ** | 9,512,139 |
| * | Fidelity Investments | Fidelity Freedom K 2025 Fund | ** | 4,110,486 |
| * | Fidelity Investments | Fidelity Freedom K 2030 Fund | ** | 3,690,460 |
| * | Fidelity Investments | Fidelity Freedom K 2035 Fund | ** | 2,207,208 |
| * | Fidelity Investments | Fidelity Freedom K 2040 Fund | ** | 2,240,423 |
| * | Fidelity Investments | Fidelity Freedom K 2045 Fund | ** | 559,156 |
| * | Fidelity Investments | Fidelity Freedom K 2050 Fund | ** | 365,384 |
| * | Fidelity Investments | Fidelity Freedom K Income Fund | ** | 1,103,525 |
| * | Fidelity Investments | Fidelity Spartan 500 Index Fund Institutional Class | ** | 3,858,105 |
| | PIMCO Investments | Pimco Total Return Institutional Class | ** | 8,469,934 |
| | | Various Investments Including Registered Investment Company Funds and Common Stock: | | |
| * | Fidelity Investments | Brokerage Link Accounts | ** | 783,025 |
| | | Common and Collective Trust Fund: | | |
| | Dwight Asset Management Co. | SEI Stable Asset Fund | ** | 14,823,123 |
| * | Various Participants | Participant Loans (interest rates ranging from 4.25% to 9.25% and mature through October 2026) | | 1,908,328 |
| Total | | | | <u><u>\$ 87,154,226</u></u> |

* Indicates party-in-interest to the Plan.

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

See accompanying independent auditors' report.

SWEDISH/EDMONDS 401(k) PLAN
Schedule H, Line 4i - Schedule of Assets (Held at End of Year)
December 31, 2011

| (a) | (b) | (c) | (d) | (e) |
|--------------|---|---|------|-----------------------------|
| | Identity of issuer, borrower, lessor, or similar party | Description of investment | Cost | Current value |
| | | Registered Investment Company Funds: | | |
| | American Beacon Funds | American Beacon Large Cap Value Fund | ** | \$ 4,933,042 |
| | American Funds | American Fund Europacific Growth Fund Class R4 | ** | 3,566,058 |
| | American Funds | American Funds AMCAP Fund Class R4 | ** | 12,058,745 |
| | Eaton Vance Investment Managers | Eaton Vance Small-Cap I Fund | ** | 3,700,280 |
| * | Fidelity Investments | Fidelity Freedom K 2000 Fund | ** | 480,583 |
| * | Fidelity Investments | Fidelity Freedom K 2005 Fund | ** | 111,444 |
| * | Fidelity Investments | Fidelity Freedom K 2010 Fund | ** | 3,977,388 |
| * | Fidelity Investments | Fidelity Freedom K 2015 Fund | ** | 4,695,390 |
| * | Fidelity Investments | Fidelity Freedom K 2020 Fund | ** | 9,512,139 |
| * | Fidelity Investments | Fidelity Freedom K 2025 Fund | ** | 4,110,486 |
| * | Fidelity Investments | Fidelity Freedom K 2030 Fund | ** | 3,690,460 |
| * | Fidelity Investments | Fidelity Freedom K 2035 Fund | ** | 2,207,208 |
| * | Fidelity Investments | Fidelity Freedom K 2040 Fund | ** | 2,240,423 |
| * | Fidelity Investments | Fidelity Freedom K 2045 Fund | ** | 559,156 |
| * | Fidelity Investments | Fidelity Freedom K 2050 Fund | ** | 365,384 |
| * | Fidelity Investments | Fidelity Freedom K Income Fund | ** | 1,103,525 |
| * | Fidelity Investments | Fidelity Spartan 500 Index Fund Institutional Class | ** | 3,858,105 |
| | PIMCO Investments | Pimco Total Return Institutional Class | ** | 8,469,934 |
| | | Various Investments Including Registered Investment Company Funds and Common Stock: | | |
| * | Fidelity Investments | Brokerage Link Accounts | ** | 783,025 |
| | | Common and Collective Trust Fund: | | |
| | Dwight Asset Management Co. | SEI Stable Asset Fund | ** | 14,823,123 |
| * | Various Participants | Participant Loans (interest rates ranging from 4.25% to 9.25% and mature through October 2026) | | 1,908,328 |
| Total | | | | <u><u>\$ 87,154,226</u></u> |

* Indicates party-in-interest to the Plan.

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

See accompanying independent auditors' report.