

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 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information										
1a Name of plan <u>NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1994</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>91-1170040</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>206-431-2515</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>622000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1994</u>		2b Employer Identification Number (EIN) <u>91-1170040</u>		2c Sponsor's telephone number <u>206-431-2515</u>		2d Business code (see instructions) <u>622000</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>01/01/1994</u>											
2b Employer Identification Number (EIN) <u>91-1170040</u>											
2c Sponsor's telephone number <u>206-431-2515</u>											
2d Business code (see instructions) <u>622000</u>											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>NORTHWEST REGIONAL HOSPITAL</u> <u>12844 MILITARY RD S</u> <u>SEATTLE, WA 98168</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	07/29/2014 Date	VALERIE ALBANO 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
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
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		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	151
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	113
b Retired or separated participants receiving benefits		6b	0
c Other retired or separated participants entitled to future benefits.....		6c	44
d Subtotal. Add lines 6a , 6b , and 6c		6d	157
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	0
f Total. Add lines 6d and 6e		6f	157
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	88
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 2F 2G 2L 2M 2T			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Insurance Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning **01/01/2013** and ending **12/31/2013**

A Name of plan NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHWEST REGIONAL HOSPITAL	D Employer Identification Number (EIN) 91-1170040

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

VALIC RETIREMENT SERVICE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
51-0396365	70238	52783	119	01/01/2013	12/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end **4** 3747800**5** Current value of plan's interest under this contract in separate accounts at year end **5****6** Contracts With Allocated Funds:**a** State the basis of premium rates ▶**b** Premiums paid to carrier **6b****c** Premiums due but unpaid at the end of the year **6c****d** If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. **6d**

Specify nature of costs ▶

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity(3) ☐ other (specify) ▶**f** If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7** Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**a** Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee(3) ☐ guaranteed investment (4) ☐ other ▶**b** Balance at the end of the previous year **7b** 3549509**c** Additions: (1) Contributions deposited during the year **7c(1)** 450068(2) Dividends and credits **7c(2)**(3) Interest credited during the year **7c(3)** 79933(4) Transferred from separate account **7c(4)** 33318(5) Other (specify below) **7c(5)**(6) Total additions **7c(6)** 563319**d** Total of balance and additions (add lines **7b** and **7c(6)**) **7d** 4112828**e** Deductions:(1) Disbursed from fund to pay benefits or purchase annuities during year **7e(1)** 167307(2) Administration charge made by carrier **7e(2)**(3) Transferred to separate account **7e(3)** 191627(4) Other (specify below) **7e(4)** 6094▶ **CONTRACT SURRENDER CHARGES**(5) Total deductions **7e(5)** 365028**f** Balance at the end of the current year (subtract line **7e(5)** from line **7d**) **7f** 3747800

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

<div><div><div>SCHEDULE A</div><div>(Form 5500)</div><div>Department of the Treasury Internal Revenue Service</div></div><div><div>Department of Labor Employee Benefits Security Administration</div><div>Pension Benefit Guaranty Corporation</div></div></div>	<div>Insurance Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div> <div>▶ Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).</div>	<div>OMB No. 1210-0110</div> <div>2013</div> <div>This Form is Open to Public Inspection</div>
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHWEST REGIONAL HOSPITAL	D Employer Identification Number (EIN) 91-1170040	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions	Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

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

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	52783	17	01/01/2013	12/31/2013

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.
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(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	49830
5 Current value of plan's interest under this contract in separate accounts at year end	5	149611

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☒ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	46465
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c Additions: (1) Contributions deposited during the year	7c(1)		
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	1440	
(4) Transferred from separate account	7c(4)	1931	
(5) Other (specify below)	7c(5)		

(6) Total additions

7c(6)

3371

d Total of balance and additions (add lines 7b and 7c(6))	7d	49836
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)		
(2) Administration charge made by carrier	7e(2)		
(3) Transferred to separate account	7e(3)		
(4) Other (specify below)	7e(4)	6	

▶ **CONTRACT SURRENDER CHARGES**

(5) Total deductions

7e(5)

6

f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	49830
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2)).....		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).).....		9e	

10 Nonexperience-rated contracts:

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

Specify nature of costs ▶

Part IV Provision of Information

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2013
		This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHWEST REGIONAL HOSPITAL	D Employer Identification Number (EIN) 91-1170040

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

VARIABLE ANNUITY LIFE INSURANCE CO

74-1625348

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 37 66 28 52 19 29 33 49 59 64 72 99 60 63	NO RELATIONSHIP	114	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

VALIC RETIREMENT SERVICES COMPANY

51-0396365

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
26 37 19 28 29 33 49 52 59 60 61 63 64 72 99	NO RELATIONSHIP	16241	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

LINCOLN NATIONAL CORPORATION

35-1140070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
13	SERVICE PROVIDER	75	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

<p style="text-align: center;">SCHEDULE D (Form 5500)</p> <p style="text-align: center; font-size: small;">Department of the Treasury Internal Revenue Service</p> <hr/> <p style="text-align: center; font-size: small;">Department of Labor Employee Benefits Security Administration</p>	<p style="text-align: center;">DFE/Participating Plan Information</p> <p style="text-align: center; font-size: small;">This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</p> <p style="text-align: center;">▶ File as an attachment to Form 5500.</p>	<p style="text-align: center; font-size: small;">OMB No. 1210-0110</p> <hr/> <p style="text-align: center; font-size: large;">2013</p> <hr/> <p style="text-align: center; font-size: small;">This Form is Open to Public Inspection.</p>
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

<p>A Name of plan <u>NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN</u></p>	<p>B Three-digit plan number (PN) ▶</p>	<p><u>001</u></p>
<p>C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>NORTHWEST REGIONAL HOSPITAL</u></p>	<p>D Employer Identification Number (EIN) <u>91-1170040</u></p>	

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)
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<p>a Name of MTIA, CCT, PSA, or 103-12 IE: <u>LINCOLN NATIONAL LIFE INSURANCE CO.</u></p>		
<p>b Name of sponsor of entity listed in (a): <u>REGIONAL HOSPITAL FOR RESPIRATORY AND COMPLEX CARE</u></p>		
<p>c EIN-PN <u>35-0472300-005</u></p>	<p>d Entity code <u>P</u></p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>268125</u></p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>
<p>a Name of MTIA, CCT, PSA, or 103-12 IE:</p>		
<p>b Name of sponsor of entity listed in (a):</p>		
<p>c EIN-PN</p>	<p>d Entity code</p>	<p>e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)</p>

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

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	<small>OMB No. 1210-0110</small> 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHWEST REGIONAL HOSPITAL	D Employer Identification Number (EIN) 91-1170040	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets	(a) Beginning of Year	(b) End of Year
a	Total noninterest-bearing cash	1a	
b	Receivables (less allowance for doubtful accounts):		
	(1) Employer contributions	1b(1)	12747
	(2) Participant contributions	1b(2)	17370
	(3) Other	1b(3)	
c	General investments:		
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	
	(2) U.S. Government securities	1c(2)	
	(3) Corporate debt instruments (other than employer securities):		
	(A) Preferred	1c(3)(A)	
	(B) All other	1c(3)(B)	
	(4) Corporate stocks (other than employer securities):		
	(A) Preferred	1c(4)(A)	
	(B) Common	1c(4)(B)	
	(5) Partnership/joint venture interests	1c(5)	
	(6) Real estate (other than employer real property)	1c(6)	
	(7) Loans (other than to participants)	1c(7)	
	(8) Participant loans	1c(8)	164328
	(9) Value of interest in common/collective trusts	1c(9)	
	(10) Value of interest in pooled separate accounts	1c(10)	208681
	(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)	5841932
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)	3595974
	(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	9841032	11223629

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	9841032	11223629
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	343489	
(B) Participants	2a(1)(B)	483966	
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		827455
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	81373	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		81373
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	303521	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		303521
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		61043
(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)		985779
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		2259171

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	855225	
(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)		855225
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)	21349	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)		
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		21349
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		876574

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1382597
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: CLARK NUBER PS

(2) EIN: 91-1194016

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 lines 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete lines 4j and 4l. MTIAs also do not complete line 4l.

During the plan year:

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.).....

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.).....

	Yes	No	Amount
4a	X		234
4b		X	

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

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

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

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

5c If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? ☐ Yes ☐ No ☐ Not determined

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>		<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2013</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013					
A Name of plan NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 NORTHWEST REGIONAL HOSPITAL				D Employer Identification Number (EIN) 91-1170040	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): 76-0519990					
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.					
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....				3	
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☐ No ☒ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____					
If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☒ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2013 v. 130118	

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 lines 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 lines 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 lines 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 lines 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 lines 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 lines 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 line 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 lines (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 line 19(b)?
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): _____

***NORTHWEST REGIONAL HOSPITAL
TAX SHELTERED ANNUITY PLAN***

Financial Statements

For the Year Ended December 31, 2013

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Certified Public

Accountants
and Consultants***Independent Auditor's Report******To the Board of Directors******Northwest Regional Hospital Tax Sheltered Annuity Plan
Tukwila, Washington***

We were engaged to audit the accompanying financial statements of the Northwest Regional Hospital Tax Sheltered Annuity Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by Variable Annuity Life Insurance Company and Lincoln National Life Insurance Company, the custodians of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The plan administrator has obtained a certification from the custodians as of December 31, 2013 and 2012, and for the year ended December 31, 2013, that the information provided to the plan administrator by the custodians is complete and accurate.

Disclaimer of Opinion

Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

CLARK NUBER

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplementary information, as listed in the accompanying table of contents, is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. The supplementary information is the responsibility of management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplementary information.

REPORT ON FORM AND CONTENT IN COMPLIANCE WITH DOL RULES AND REGULATIONS

The form and content of the information included in the financial statements and supplementary information, other than that derived from the information certified by the custodians, 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.



Certified Public Accountants

July 16, 2014

Certified Public
Accountants
and Consultants

NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN

***Statements of Net Assets Available for Benefits
December 31, 2013 and 2012***

	<u>2013</u>	<u>2012</u>
Assets:		
Investments, at fair value-		
Mutual funds	\$ 6,894,506	\$ 5,841,932
Pooled separate accounts	268,125	208,681
Guaranteed interest accounts	<u>3,797,630</u>	<u>3,595,974</u>
Total investments, at fair value	10,960,261	9,646,587
Receivables-		
Notes receivable from participants	263,368	164,328
Employee contributions	-	17,370
Employer contributions	<u>-</u>	<u>12,747</u>
Total receivables	<u>263,368</u>	<u>194,445</u>
Net Assets Available for Benefits	<u><u>\$ 11,223,629</u></u>	<u><u>\$ 9,841,032</u></u>

See accompanying notes.

NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN

Statement of Changes in Net Assets Available for Benefits For the Year Ended December 31, 2013

Additions to Net Assets:

Contributions-

Employee	\$ 483,966
Employer	343,489

Total contributions	827,455
---------------------	---------

Investment income-

Net appreciation in fair value of investments:

Mutual funds	985,779
Pooled separate accounts	61,043
Guaranteed interest accounts	81,373
Interest and dividends	303,521

Net investment income	1,431,716
-----------------------	-----------

Total Additions to Net Assets	2,259,171
--------------------------------------	------------------

Deductions from Net Assets:

Benefits paid to participants	855,225
Administrative expenses	21,349

Total Deductions from Net Assets	876,574
---	----------------

Net Increase in Net Assets Available for Benefits	1,382,597
--	------------------

Net Assets Available for Benefits:

Beginning of period	9,841,032
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End of Period	\$ 11,223,629
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See accompanying notes.

NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN

Notes to Financial Statements

For the Year Ended December 31, 2013

Note 1 - Plan Description

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

General - The Plan is a defined contribution plan that was established effective January 1, 1994, for the benefit of employees of the Regional Hospital for Respiratory and Complex Care (Plan Sponsor). The Plan is intended to be a plan that meets the requirements under Section 403(b) of the Internal Revenue Code (IRC). All employees are eligible to participate in the Plan immediately upon employment, with plan entry dates restricted to the earlier of (i) the first day of the plan year, or (ii) the first day of the seventh month of the plan year. Employees that otherwise would be eligible to participate in the plan and/or receive certain employer contributed benefits can elect to receive additional per diem compensation in lieu of certain other benefits, including participation in this retirement plan.

Contributions - Participants may contribute to the Plan through pre-tax voluntary deferrals or Roth deferrals of earned compensation. Eligible employees may contribute from 1% to 100% of their compensation to the Plan, not to exceed annual limitations prescribed by the Internal Revenue Service (IRS). All Roth contributions and earnings thereon will be separately identified in the participant account balance records to facilitate compliance with the regulations prescribed for the tax treatment of distributions. Participants are eligible for employer matching and discretionary contributions after reaching the age of 18 and service of at least 1,000 hours per year over the first 24 consecutive months of employment. The Plan Sponsor makes discretionary matching contributions equal to 100% of the voluntary deferrals of each employee who is eligible for employer contributions up to 2% of compensation. The Plan Sponsor further contributes a discretionary contribution equal to 5% of compensation for each employee who is eligible for the discretionary contributions.

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

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

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

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

NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN

Notes to Financial Statements For the Year Ended December 31, 2013

Note 2 - Summary of Accounting Policies

Notes Receivable from Participants - The Plan allows participants to borrow from their accounts using their employee deferral balance as collateral for the loans. The maximum amount that a participant may borrow is equal to the lesser of 50% of their entire vested account balance or \$50,000. The minimum amount required to be borrowed is \$1,000. Loan terms range from one to five years unless it is used to acquire a principal residence, in which case the term is up to 10 years.

Basis of Accounting - The financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of Estimates - The preparation of financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

Investment Valuation - The Plan's investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 3 for discussion of fair value measurements.

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

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. If a participant ceases to make loan repayments and the plan administrator deems the participant loan to be in default, the participant loan balance is reduced and a benefit payment is recorded.

Benefits Paid to Participants - Benefits paid to participants are recognized when they are paid. No amounts had been allocated to accounts of participants who had elected to withdraw from the Plan but had not yet been paid as of December 31, 2013 and 2012.

Administrative Expenses - The Plan's investment options are subject to investment and administrative fees based on a percentage of invested assets. All such fees are charged directly against investment performance and are not separately disclosed in the accompanying financial statements. Certain fees and expenses of the Plan for legal, accounting, and other administrative services are paid directly by the Plan Sponsor on behalf of the Plan.

Subsequent Events - The Plan has evaluated subsequent events through July 16, 2014, which is the date the financial statements are available to be issued.

Note 3 - Fair Value Measurements

U.S. GAAP establishes a framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN

Notes to Financial Statements For the Year Ended December 31, 2013

Note 3 - Continued

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

Level 1 - Unadjusted quoted prices available in active markets for identical assets or liabilities;

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

Level 3 - Unobservable inputs that are significant to the fair value measurement.

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

Following is a description of the valuation methodologies used for assets measured at fair value. There were no changes in the methodologies used at December 31, 2013 and 2012. Following is a description of the valuation methodologies used for assets measured at fair value.

Mutual Funds - Valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

Pooled Separate Accounts - Participation units in the pooled separate accounts are valued using the NAV as determined by VALIC and Lincoln based on the valuation of the underlying investments at the end of the year by reference to quoted market prices. If the underlying investments have no readily available market, then the fair value is determined using methodologies allowed by U.S. GAAP.

Guaranteed Interest Accounts - Valued at contract value which is the aggregation of contributions, plus interest, less any withdrawals. Contract value approximates a discounted cash flow value calculated using an appropriate risk-adjusted market discount rate which correlates closely with the Plan's guaranteed investment contracts historical crediting rates. Fair value is determined annually for financial statement reporting purposes since participants normally transact at contract value. In determining the reasonableness of the methodology, the Plan's management evaluates a variety of factors including review of historical returns, market conditions, and overall credit ratings. Certain unobservable inputs are determined through review of contract terms (e.g. historical crediting rates) while others are substantiated utilizing available market data (e.g. treasury yields).

NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN

Notes to Financial Statements

For the Year Ended December 31, 2013

Note 3 - Continued

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

Fair values of the Plan's pooled separate accounts are estimated using their net asset value per unit. Participants may transfer all or a portion of their account value among the Plan's pooled separate accounts. Participants eligible to receive benefit payments may withdraw the value of their pooled separate accounts, in whole or in part, at any time without penalty.

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31:

<i>Investment Assets at Fair Value as of December 31, 2013</i>				
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Balanced	\$ 132,769	\$ -	\$ -	\$ 132,769
Domestic equity - blend	2,771,458	85,139	-	2,856,597
Domestic equity - growth	534,062	98,052	-	632,114
Domestic equity - value	601,565	16,671	-	618,236
Fixed income and money markets	1,062,655	839	-	1,063,494
International equity	1,278,548	16,464	-	1,295,012
Specialty funds	309,185	50,106	-	359,291
Real estate funds	204,264	854	-	205,118
Guaranteed interest accounts	-	-	3,797,630	3,797,630
Total Investments	\$ 6,894,506	\$ 268,125	\$ 3,797,630	\$ 10,960,261

<i>Investment Assets at Fair Value as of December 31, 2012</i>				
	<i>Level 1</i>	<i>Level 2</i>	<i>Level 3</i>	<i>Total</i>
Balanced	\$ 240,337	\$ -	\$ -	\$ 240,337
Domestic equity - blend	2,069,115	65,025	-	2,134,140
Domestic equity - growth	379,133	77,115	-	456,248
Domestic equity - value	578,619	13,664	-	592,283
Fixed income and money markets	1,073,778	-	-	1,073,778
International equity	965,848	14,231	-	980,079
Specialty funds	193,507	37,685	-	231,192
Real estate funds	341,595	961	-	342,556
Guaranteed interest accounts	-	-	3,595,974	3,595,974
Total Investments	\$ 5,841,932	\$ 208,681	\$ 3,595,974	\$ 9,646,587

NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN

Notes to Financial Statements

For the Year Ended December 31, 2013

Note 3 - Continued

A reconciliation of the beginning and ending balances for fair value measurements made using significant unobservable inputs (Level 3) is as follows for the years ended December 31, 2013 and 2012:

Balance as of January 1, 2013	\$ 3,595,974
Interest income	81,373
Purchases and other additions	293,690
Sales and other deductions	<u>(173,407)</u>
Balance as of December 31, 2013	<u>\$ 3,797,630</u>

The following table presents the Plan's Level 3 financial instruments, the valuation techniques used to measure the fair value of those financial instruments, and the significant unobservable inputs and ranges of values for those inputs at December 31, 2013 and 2012:

	<u>2013</u> <u>Fair Value</u>	<u>2012</u> <u>Fair Value</u>	<u>Valuation</u> <u>Technique</u>	<u>Unobservable</u> <u>Inputs</u>	<u>Range</u> <u>(Average)</u>
Fixed Interest Fund	\$ 3,747,800	\$ 3,549,509	Discounted cash flow	Risk-adjusted discount rate applied	2.61% to 5.38% (3.54%)
Fixed Account Plus Fund	42,572	39,418	Discounted cash flow	Risk-adjusted discount rate applied	1.49% to 3.13% (2.66%)
Short-Term Fixed Account	7,258	7,047	Discounted cash flow	Risk-adjusted discount rate applied	1.0% to 3.0% (2.14%)

NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN

Notes to Financial Statements

For the Year Ended December 31, 2013

Note 4 - Investments

Investments held by the Plan as of December 31, 2013 and 2012, that represent 5% or more of the total plan net assets available for benefits, are separately identified in the following table:

	<u>2013</u>	<u>2012</u>
VALIC Fixed Interest Fund	\$ 3,747,800	\$ 3,549,509
Dreyfus Midcap Index	874,450	684,518
Dreyfus S&P 500 Index	847,888	708,420
Legg Mason Clearbridge Appreciation A	629,462	*
American Funds Cap World G/I	618,321	*
Dreyfus International Stock Index	565,052	588,073
Dreyfus Bond Market Index	*	522,246

* Did not represent greater than 5% of total plan assets as of December 31.

The following sets forth additional disclosures of the Plan's investments, whose fair value is estimated using net asset value per share (or its equivalent), as of December 31:

	<u>2013</u>	<u>2012</u>	<u>Redemption</u>	<u>Redemption</u>
	<u>Fair Value</u>	<u>Fair Value</u>	<u>Frequency</u>	<u>Notice Period</u>
Pooled separate accounts-				
VALIC	\$ 116,663	\$ 90,744	Daily	None
Lincoln	151,462	117,937	Daily	None

There were no unfunded commitments as of December 31, 2013 and 2012.

Note 5 - Guaranteed Interest Accounts

The Plan's guaranteed interest accounts with VALIC are fully benefit-responsive. Because the guaranteed investment account is fully benefit-responsive, contract value is the relevant measurement attribute for that portion of the net assets available for benefits attributable to the guaranteed investment contract. Contract value, as reported to the Plan by VALIC, represents contributions made under the contract, plus earnings, less participant withdrawals and administrative expenses. Participants may ordinarily direct the withdrawal or transfer of all or a portion of their investment at contract value.

There are no reserves against contract value for credit risk of the contract issuer or otherwise. Crediting rates on the investment contracts are based on a formula agreed upon with the issuer. Interest rates are reviewed on a monthly basis for resetting. The average yield for guaranteed interest accounts was 1.00% - 2.61% for the year ended December 31, 2013.

Crediting interest rates vary over time and are announced by VALIC for each year in advance. Rates in effect at December 31, 2013 and 2012, were 2.0%. The annual effective yield and crediting interest rate was 2.0% for the year ended December 31, 2013.

NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN

Notes to Financial Statements

For the Year Ended December 31, 2013

Note 6 - Information Certified by the Custodians

The Plan's management has elected the method of compliance permitted by Section 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Under this provision of ERISA, certain information certified by qualified asset custodians need not be subjected to independent audits. The Plan's management has obtained certifications from certain custodians, VALIC and Lincoln, that the following information provided by the custodians and included in the Plan's financial statements and supplementary information is complete and accurate. One of the Plan's asset custodians, American Century (American), provided asset trust reporting for the periods noted, but was unable or unwilling to provide a certification that would allow the Plan administrator to direct the Plan's independent auditors to perform limited scope audits with respect to such information.

	<i>Investment and Notes Receivable from Participants</i>			
	<u>VALIC</u>	<u>Lincoln</u>	<u>American</u>	
	<u>(Certified)</u>	<u>(Certified)</u>	<u>(Not Certified)</u>	<u>Total</u>
2013	\$ 10,871,059	\$ 216,302	\$ 136,268	\$ 11,223,629
2012	9,539,159	166,522	105,234	9,810,915

Investment and other income earned, including investment transactions and interest on notes receivable from participants, for the year ended December 31, 2013:

	<u>VALIC</u>	<u>Lincoln</u>	<u>American</u>	
	<u>(Certified)</u>	<u>(Certified)</u>	<u>(Not Certified)</u>	<u>Total</u>
2013	\$ 1,350,797	\$ 49,855	\$ 31,064	\$ 1,431,716

Note 7- Plan Termination

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

Note 8 - Federal Income Taxes

The Plan has been designed to qualify under Section 403(b) of the Internal Revenue Code (IRC). The Plan is required to operate in conformity with the IRC to maintain the tax-exempt status for plan participants under Section 403(b). Management believes it has operated the Plan in a manner that did not jeopardize the tax benefits associated with these arrangements.

The Plan is subject to audits by the IRS; however, there are currently no audits for any tax periods in progress. The Plan's management believes it is no longer subject to income tax examinations for years prior to 2010.

NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN

Notes to Financial Statements

For the Year Ended December 31, 2013

Note 9 - Party-In-Interest Transactions

VALIC, Lincoln, and American served as the custodians and record-keepers for the Plan. As a result, transactions involving these service providers qualify as party-in-interest transactions. Fees paid by the Plan for the year ended December 31, 2013, consisted of \$20,667 paid to VALIC, \$75 paid to Lincoln, and \$30 paid to American.

Note 10 - Delinquent Participant Contributions and Loan Repayments

The Plan Sponsor determined that there was an instance during 2011 in which participant deferral contributions and loan repayments were not deposited by the Plan Sponsor as plan assets within the time limitation stipulated under the Department of Labor's regulations. These delinquent deposits are considered nonexempt prohibited transactions. The Plan Sponsor determined that \$234 in participant contributions and loan remittances were delinquent for the 2011 plan year. The Plan Sponsor plans to restore lost earnings in 2014.

SUPPLEMENTARY INFORMATION

NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN

Attachment to Form 5500, Schedule H, Line 4(a)

Schedule of Delinquent Participant Contributions and Loan Repayments

Employer: Northwest Regional Hospital

EIN: 91-1170040

Plan No.: 001

Plan Year	Participant Contributions Transferred Late to Plan	Total that Constitutes Nonexempt Prohibited Transactions			Total Fully Corrected Under VFCP and PTE 2002-51
	Check Here if Late Participant Loan Repayments are Included: ☐	Contributions not Corrected	Contributions Corrected Outside VFCP	Contributions Pending Correction in VFCP	
2011	\$ 234	\$ 234	\$ -	\$ -	\$ -

See independent auditor's report.

NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN

Attachment to Form 5500, Schedule H, Line 4(i) Schedule of Assets Held as of December 31, 2013

Employer: Northwest Regional Hospital
EIN: 91-1170040
Plan No.: 001

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Mutual Funds-				
	Dreyfus Investments	Dreyfus Midcap Index	**	\$ 874,450
	Dreyfus Investments	Dreyfus S&P 500 Index	**	847,888
	Legg Mason	Legg Mason Clearbridge Appreciation A	**	629,462
*	American Century Investments	American Funds Cap World G/I	**	618,321
	Dreyfus Investments	Dreyfus International Stock Index	**	565,052
	Dreyfus Investments	Dreyfus Bond Market Index Inv	**	437,796
	Dreyfus Investments	Dreyfus Sm Cap Stk Index	**	354,817
	JP Morgan	JP Morgan Small Cap Gr A	**	265,366
*	American Century Investments	Amer Funds Amer Mut R3	**	263,344
	PIMCO	PIMCO Total Ret A	**	241,397
*	American Century Investments	Am Cent Inf-Adj Bond Inv	**	186,673
	Invesco	Invesco High Yield Instl	**	185,679
	Columbia	Columbia Balanced A	**	132,769
	BlackRock	BlackRock Health Sci Ops Inv	**	132,201
*	American Century Investments	Growth	**	130,847
	T. Rowe Price	T. Rowe Retirement 2015 Adv	**	129,818
	Neuberg	Neuberg Ner Real Estate Trust	**	128,863
	Heartland	Heartland Value Plus	**	120,428
	The Royce Funds	Royce Low-Priced Stock	**	110,382
	Victory	Victory Established Value A	**	107,411
*	American Century Investments	Amer Funds Euro Pac R3	**	95,175
*	American Century Investments	Am Cent Real Estate Inv	**	75,401
*	American Century Investments	Amer Funds Amcap R3	**	66,466
	Prudential	Prudential Jen Mid Cp Growth	**	65,962
*	Lincoln National Life Insurance Co.	LVIP SSGA S&P 500	**	34,590
*	Lincoln National Life Insurance Co.	LVIP SSGA SM Cap	**	30,251
	T. Rowe Price	T. Rowe Retirement Income	**	29,098
	Dreyfus Investments	Dreyfus Tech Gr A	**	18,068
	PIMCO	PIMCO High-Yield A	**	8,848
*	American Century Investments	Heritage	**	4,162
*	American Century Investments	Premium money market	**	2,262
*	American Century Investments	Ultra	**	1,259

See independent auditor's report.

NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN

Attachment to Form 5500, Schedule H, Line 4(i) (Continued) **Schedule of Assets Held as of December 31, 2013**

(a)	(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value	(d) Cost	(e) Current Value
Pooled Separate Accounts-				
*	Variable Annuity Life Insurance Co.	Stock Index Fund	**	\$ 53,044
*	Lincoln National Life Insurance Co.	LVIP Jan CA	**	49,254
*	Lincoln National Life Insurance Co.	LVIP Del SO	**	44,006
*	Lincoln National Life Insurance Co.	LVIP Del G& I	**	33,806
*	Variable Annuity Life Insurance Co.	Small Cap Fund	**	26,771
*	Lincoln National Life Insurance Co.	LVIP WF Value	**	12,807
*	Lincoln National Life Insurance Co.	LVIP Trp MC	**	11,589
*	Variable Annuity Life Insurance Co.	Intl Growth I Fund	**	8,331
*	Variable Annuity Life Insurance Co.	Science & Technology Fund	**	6,100
*	Variable Annuity Life Insurance Co.	Mid Cap Index Fund	**	2,754
*	Variable Annuity Life Insurance Co.	Intl Equities Fund	**	2,710
*	Variable Annuity Life Insurance Co.	Socially Responsible Fund	**	2,101
*	Variable Annuity Life Insurance Co.	Mid Cap Strategic Growth	**	2,072
*	Variable Annuity Life Insurance Co.	International Opportunities	**	1,574
*	Variable Annuity Life Insurance Co.	Emerging Economies	**	1,526
*	Variable Annuity Life Insurance Co.	Mid Cap Value Fund	**	1,163
*	Variable Annuity Life Insurance Co.	Small Cap Value Fund	**	1,153
*	Variable Annuity Life Insurance Co.	Foreign Value	**	1,147
*	Variable Annuity Life Insurance Co.	Global Social Aware Fund	**	1,026
*	Variable Annuity Life Insurance Co.	Vanguard Windsor II	**	911
*	Variable Annuity Life Insurance Co.	Global Real Estate Fund	**	853
*	Variable Annuity Life Insurance Co.	Core Bond Fund	**	839
*	Variable Annuity Life Insurance Co.	Blue Chip Growth Fund	**	733
*	Variable Annuity Life Insurance Co.	Growth & Income Fund	**	598
*	Variable Annuity Life Insurance Co.	Small Cap Index Fund	**	470
*	Variable Annuity Life Insurance Co.	Inflation Protected Fund	**	411
*	Variable Annuity Life Insurance Co.	Dividend Value	**	226
*	Variable Annuity Life Insurance Co.	Global Strategy	**	150
Guaranteed Interest Accounts-				
*	Variable Annuity Life Insurance Co.	VALIC Fixed-Interest Fund	**	3,747,800
*	Variable Annuity Life Insurance Co.	Fixed Account Plus Fund	**	42,572
*	Variable Annuity Life Insurance Co.	Short-Term Fixed Account	**	7,258
*	Participant Loans	4.25% - 9.25% maturing through October 2022	- 0 -	263,368
Total Investments				<u>\$ 11,223,629</u>

* Party-in-interest as defined by ERISA.

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

See independent auditor's report.

Form 5500 - 2013

Attachment

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

Name of plan NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN			Three-digit ERISA plan number 001	
Name of plan sponsor as shown on line 2a of Form 5500 REGIONAL HOSPITAL FOR RESPIRATORY AND COMPLEX CARE			Employer Identification Number 91-1170040	
Contract Number: 52783 Plan Number: 001				
(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(d) Cost	(e) Current value
	VALIC GENERAL ACCOUNT	FIXED ACCOUNT PLUS		42,572
	VALIC GENERAL ACCOUNT	SHORT TERM FIXED ACCOUNT		7,258
	VALIC SEPARATE ACCOUNT A	BLUE CHIP GROWTH FUND		733
	VALIC SEPARATE ACCOUNT A	CORE BOND FUND		839
	VALIC SEPARATE ACCOUNT A	DIVIDEND VALUE		226
	VALIC SEPARATE ACCOUNT A	EMERGING ECONOMIES		1,526
	VALIC SEPARATE ACCOUNT A	FOREIGN VALUE		1,147
	VALIC SEPARATE ACCOUNT A	GLOBAL REAL ESTATE FUND		853
	VALIC SEPARATE ACCOUNT A	GLOBAL SOCIAL AWARENESS FUND		1,026
	VALIC SEPARATE ACCOUNT A	GLOBAL STRATEGY		150
	VALIC SEPARATE ACCOUNT A	GROWTH & INCOME FUND		598
	VALIC SEPARATE ACCOUNT A	INFLATION PROTECTED FUND		413
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL EQUITIES FUND		2,710
	VALIC SEPARATE ACCOUNT A	INTERNATIONAL GROWTH FUND		8,331
	VALIC SEPARATE ACCOUNT A	INTL OPPORTUNITIES		1,574
	VALIC SEPARATE ACCOUNT A	MID CAP INDEX FUND		2,754
	VALIC SEPARATE ACCOUNT A	MID CAP STRATEGIC GWTH		2,072
	VALIC SEPARATE ACCOUNT A	MID CAP VALUE FUND		1,163
	VALIC SEPARATE ACCOUNT A	SCIENCE & TECHNOLOGY FUND		6,100
	VALIC SEPARATE ACCOUNT A	SMALL CAP FUND		26,771
	VALIC SEPARATE ACCOUNT A	SMALL CAP INDEX FUND		470
	VALIC SEPARATE ACCOUNT A	SMALL CAP VALUE FUND		1,153
	VALIC SEPARATE ACCOUNT A	SOCIALLY RESPONSIBLE FUND		2,101
	VALIC SEPARATE ACCOUNT A	STOCK INDEX FUND		53,044
	VALIC SEPARATE ACCOUNT A	VANGUARD WINDSOR II		911
	FIXED INTEREST OPTION	FIXED INTEREST OPTION		3,747,800
	AMCENT INF-ADJ BOND INV	MUTUAL FUND - AMCENT INF-ADJ BOND INV		186,673
	AMCENT REAL ESTATE INV	MUTUAL FUND - AMCENT REAL ESTATE INV		75,401
	AMER CENT PREMIUM MM INV	MUTUAL FUND - AMER CENT PREMIUM MM INV		2,262
	AMER FUNDS AMER MUT R3	MUTUAL FUND - AMER FUNDS AMER MUT R3		263,344
	AMER FUNDS EUROPAC R3	MUTUAL FUND - AMER FUNDS EUROPAC R3		95,175
	AMERICAN AMCAP R3	MUTUAL FUND - AMERICAN AMCAP R3		66,466
	AMERICAN FNDS CP WRLD G/I	MUTUAL FUND - AMERICAN FNDS CP WRLD G/I		618,321
	BLACKROCK HEALTH SCI OPS INV	MUTUAL FUND - BLACKROCK HEALTH SCI OPS INV		132,201
	COLUMBIA BALANCED A	MUTUAL FUND - COLUMBIA BALANCED A		132,769
	DREYFUS BOND MKT IDX INV	MUTUAL FUND - DREYFUS BOND MKT IDX INV		437,796
	DREYFUS INTL STOCK INDEX	MUTUAL FUND - DREYFUS INTL STOCK INDEX		565,052
	DREYFUS MIDCAP INDEX	MUTUAL FUND - DREYFUS MIDCAP INDEX		874,450
	DREYFUS S&P 500 INDEX	MUTUAL FUND - DREYFUS S&P 500 INDEX		847,888
	DREYFUS SM CAP STK INDX	MUTUAL FUND - DREYFUS SM CAP STK INDX		354,817
	DREYFUS TECH GR A	MUTUAL FUND - DREYFUS TECH GR A		18,068
	HEARTLAND VALUE PLUS	MUTUAL FUND - HEARTLAND VALUE PLUS		120,428
	INVESCO HIGH YIELD R5	MUTUAL FUND - INVESCO HIGH YIELD R5		185,679
	JP MORGAN SMALL CAP GR A	MUTUAL FUND - JP MORGAN SMALL CAP GR A		265,366
	LEGG MASON CLRBRIDGE APPR A	MUTUAL FUND - LEGG MASON CLRBRIDGE APPR A		629,462
	NEUBERG BER REAL ESTATE TRUST	MUTUAL FUND - NEUBERG BER REAL ESTATE TRUST		128,863
	PIMCO HIGH-YIELD A	MUTUAL FUND - PIMCO HIGH-YIELD A		8,848
	PIMCO TOTAL RET A	MUTUAL FUND - PIMCO TOTAL RET A		241,397
	PRUDENTIAL JEN MID CP GROWTH A	MUTUAL FUND - PRUDENTIAL JEN MID CP GROWTH A		65,962
	ROYCE LOW-PRICED STOCK	MUTUAL FUND - ROYCE LOW-PRICED STOCK		110,382
	T. ROWE RETIREMENT 2015 ADV	MUTUAL FUND - T. ROWE RETIREMENT 2015 ADV		129,818
	T. ROWE RETIREMENT 2025 ADV	MUTUAL FUND - T. ROWE RETIREMENT 2025 ADV		29,098
	VICTORY ESTABLISHED VALUE A	MUTUAL FUND - VICTORY ESTABLISHED VALUE A		107,411

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Attachment

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

Name of plan NORTHWEST REGIONAL HOSPITAL TAX SHELTERED ANNUITY PLAN		Three-digit ERISA plan number 001	
Name of plan sponsor as shown on line 2a of Form 5500 REGIONAL HOSPITAL FOR RESPIRATORY AND COMPLEX CARE		Employer Identification Number 91-1170040	
Contract Number: 52783 Plan Number: 001			
(a)	(b) Identity of Issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value	(e) Current value
		(d) Cost	
	PARTICIPANT LOANS	(4.25% - 9.25%)	263,368
	AMER CENTURY INVESTMENTS	GROWTH	130,847
	LINCOLN NATIONAL LIFE INSURANCE COMPANY	DWS EQ500 I	34,590
	LINCOLN NATIONAL LIFE INSURANCE COMPANY	DWS SM CAP I	30,251
	AMERICAN CENTURY INVESTMENTS	HERITAGE	4,162
	AMERICAN CENTURY INVESTMENTS	ULTRA	1,259
	LINCOLN NATIONAL LIFE INSURANCE COMPANY	LVIP JAN CA	49,254
	LINCOLN NATIONAL LIFE INSURANCE COMPANY	LVIP DEL SO	44,006
	LINCOLN NATIONAL LIFE INSURANCE COMPANY	LVIP DEL G & I	33,806
	LINCOLN NATIONAL LIFE INSURANCE COMPANY	LVIP WF VALUE	12,807
	LINCOLN NATIONAL LIFE INSURANCE COMPANY	LVIP TRP MC	11,589