Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2010

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
JEWISH HOSPITAL AND ST. MARYS HEALTHCARE PENSION PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1965

2a Plan sponsor's name and address (employer, if for a single-employer plan) (Address should include room or suite no.)
JEWISH HOSPITAL AND ST. MARYS HEALTHCARE PENSION PLAN

200 ABRAHAM FLEXNOR WAY
LOUISVILLE, KY 40202

200 ABRAHAM FLEXNOR WAY
LOUISVILLE, KY 40202

2b Employer Identification Number (EIN) 61-1029768

2c Sponsor's telephone number 502-562-7050

2d Business code (see instructions) 622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2011	JULIE MCGREGOR
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address (if same as plan sponsor, enter "Same")
JEWISH HOSPITAL AND ST. MARYS HEALTHCARE PENSION PLAN

200 ABRAHAM FLEXNOR WAY
LOUISVILLE, KY 40202

3b Administrator's EIN
61-1029768

3c Administrator's telephone number
502-562-7050

4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	9077
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**	5436
b	Retired or separated participants receiving benefits	**6b**	242
c	Other retired or separated participants entitled to future benefits	**6c**	2285
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	7963
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	**6e**	7
f	Total. Add lines **6d** and **6e**	**6f**	7970
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	449
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:
3C

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500 or 5500-SF.**

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan
JEWISH HOSPITAL AND ST. MARYS HEALTHCARE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
JEWISH HOSPITAL AND ST. MARYS HEALTHCARE PENSION PLAN

D Employer Identification Number (EIN)
61-1029768

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2010			
2	Assets:			
a	Market value	**2a**		143243259
b	Actuarial value	**2b**		150965753
3	Funding target/participant count breakdown		**(1)** Number of participants	**(2)** Funding Target
a	For retired participants and beneficiaries receiving payment	**3a**	217	8706674
b	For terminated vested participants	**3b**	1774	30607709
c	For active participants:			
	(1) Non-vested benefits	**3c(1)**		2985827
	(2) Vested benefits	**3c(2)**		130627306
	(3) Total active	**3c(3)**	7086	133613133
d	Total	**3d**	9077	172927516
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
a	Funding target disregarding prescribed at-risk assumptions	**4a**		
b	Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor	**4b**		
5	Effective interest rate	**5**		6.64 %
6	Target normal cost	**6**		1490000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Signature of actuary	10/07/2011 Date
REBECCA PICOTTE Type or print name of actuary	11-07136 Most recent enrollment number
BUCK CONSULTANTS, LLC Firm name	713-655-0227 Telephone number (including area code)
1201 LOUISIANA, SUITE 750 HOUSTON, TX 77002 Address of the firm	

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of 16.55 %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		7005975
b	Interest on (a) using prior year's effective rate of 8.31 %		582197
c	Total available at beginning of current plan year to add to prefunding balance		7588172
d	Portion of (c) to be added to prefunding balance		
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d – item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	87.30 %
15	Adjusted funding target attainment percentage	15	87.30 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	87.30 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2010	1030000	0			
07/01/2010	864943	0			
08/02/2010	1030000	0			
01/15/2011	4350000	0			
03/31/2011	4350000	0			
			Totals ► 18(b)	11624943	18(c)

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	10934588

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.03 %	6.73 %	3.82 %	☐ N/A, full yield curve used

b Applicable month (enter code) **21b** 4

22 Weighted average retirement age **22** 62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☒ Yes ☐ No

25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment. ..... ☒ Yes ☐ No

26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment ..... ☒ Yes ☐ No

27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment **27**

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years **28** 0

29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a) **29** 0

30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29) **30** 0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions) **31** 1490000

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	15044662	2703286
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount **33**

34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b – item 33) **34** 4193286

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35) **36** 4193286

37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c) **37** 10934588

38 Interest-adjusted excess contributions for current year (see instructions) **38** 6741302

39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37) **39** 0

40 Unpaid minimum required contribution for all years **40** 0

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

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan	**B** Three-digit plan number (PN) ▶	
JEWISH HOSPITAL AND ST. MARYS HEALTHCARE PENSION PLAN		003

C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)
JEWISH HOSPITAL AND ST. MARYS HEALTHCARE PENSION PLAN	61-1029768

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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)

BUCK CONSULTANTS
1000 LOUISIANA STREET
SUITE 4900
HOUSTON, TX 77002

13-3954297

(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?
11	PLAN ACTUARY	293133	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

MARISCO
1200 17TH STREET
SUITE 1600
DENVER, CO 80202

84-1434992

(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?
20	INVESTMENT ADVISOR	44235	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

EVALUATION ASSOCIATES
200 CONNECTICUT AVENUE
SUITE 700
NORWALK, CT 06854

91-0675641

(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?
20	INVESTMENT ADVISOR	42759	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

FRANKLIN PORTFOLIO ASSOCIATES

ONE BOSTON PLACE
BOSTON, MA 02108

04-3359469

(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?
20	INVESTMENT ADVISOR	6970	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

FIFTH THIRD BANK

5001 KINGSLEY DRIVE
CINCINNATI, OH 45227

38-0892650

(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	TRUSTEE	54099	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

TYGH CAPITOL MANAGEMENT

1211 SW FIFTH AVENUE
PORTLAND, OR 97204

41-2139219

(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?
20	INVESTMENT ADVISOR	37520	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

CS MCKEE ADVISORY

ONE GATEWAY CENTER
PITTSBURGH, PA 15222

25-1900687

(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?
20	INVESTMENT ADVISOR	93043	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

WELLINGTON TRUST MANAGEMENT

280 CONGRESS STREEET
BOSTON, MA 02210

38-3766431

(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?
20	INVESTMENT ADVISOR	1271	Yes [ ] No [X]	Yes [ ] No [X]	0	Yes [ ] No [X]

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
JEWISH HOSPITAL AND ST. MARYS HEALTHCARE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
JEWISH HOSPITAL AND ST. MARYS HEALTHCARE PENSION PLAN

D Employer Identification Number (EIN)
61-1029768

Part I **Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)**
(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: EATON VANCE COLLECTIVE TRUST FUND

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
59-7258965-001	C	11559503

a Name of MTIA, CCT, PSA, or 103-12 IE: WELLINGTON MANAGEMENT TRUST

b Name of sponsor of entity listed in (a): WELLINGTON MANAGEMENT TRUST

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)
38-3766431-001	C	5198134

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
JEWISH HOSPITAL AND ST. MARYS HEALTHCARE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
JEWISH HOSPITAL AND ST. MARYS HEALTHCARE PENSION PLAN

D Employer Identification Number (EIN)
61-1029768

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	559459	141108
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	13075057	8700000
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	237908	246815
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	7348054	2543497
(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)	48188	
(B) Common	1c(4)(B)	37028502	19837597
(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)		
(9) Value of interest in common/collective trusts	1c(9)	10471054	16757637
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	65442825	87586696
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	9650502	10205182

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	143861549	146018532
	Liabilities			
g	Benefit claims payable	1g	152797	40912
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	152797	40912
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	143708752	145977620

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)	11624943	
	(B) Participants	2a(1)(B)		
	(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)		11624943
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2390647	
	(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)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		2390647
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)	354095	
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	2043758	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		2397853
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	72767757	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	73077674	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		-309917

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	7680917	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		7680917
(6) Net investment gain (loss) from common/collective trusts	2b(6)		4214683
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		1306
d Total income. Add all **income** amounts in column (b) and enter total	2d		28000432
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	24600056	
(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)		24600056
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)	347232	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	225798	
(4) Other	2i(4)	558478	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		1131508
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		25731564
Net Income and Reconciliation			
k Net income (loss). Subtract line 2j from line 2d	2k		2268868
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) [X] Disclaimer (4) [ ] Adverse

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

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

(1) Name: BKD LLP (2) EIN: 44-0160260

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

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

Part IV Compliance Questions

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

During the plan year:

		Yes	No	Amount
a	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	**4a**		X	
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	**4b**		X	
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	**4c**		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	**4d**		X	
e	Was this plan covered by a fidelity bond?	**4e**	X		10000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	**4f**		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4g**		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	**4h**		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	**4i**	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	**4j**	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	**4k**		X	
l	Has the plan failed to provide any benefit when due under the plan?	**4l**		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	**4m**			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	**4n**			

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

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2010

This Form is Open to Public Inspection.

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

A Name of plan
JEWISH HOSPITAL AND ST. MARYS HEALTHCARE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
JEWISH HOSPITAL AND ST. MARYS HEALTHCARE PENSION PLAN

D Employer Identification Number (EIN)
61-1029768

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 | 0

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): _____ _____

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 | 868

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

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

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

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

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

6 **a** Enter the minimum required contribution for this plan year ..... 6a |

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Jewish Hospital & St. Mary's HealthCare Pension Plan

EIN 61-1029768 PN 003

Accountants' Report and Financial Statements

December 31, 2010 and 2009

BKD LLP

CPAs & Advisors

Jewish Hospital & St. Mary's HealthCare Pension Plan

December 31, 2010 and 2009

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Independent Accountants' Report

Plan Administrator
Jewish Hospital & St. Mary's HealthCare Pension Plan
Louisville, Kentucky

We were engaged to audit the accompanying statements of net assets available for benefits of the Jewish Hospital & St. Mary's HealthCare Pension Plan (Plan) as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits for the years then ended and the accompanying supplemental schedules. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974* (ERISA), the Plan administrator instructed us not to perform, and we did not perform, auditing procedures with respect to the information summarized in Note 3, which was certified by Fifth Third Bank, the trustee of the Plan, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2010 and 2009, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the DOL's Rules and Regulations for Reporting and Disclosure under ERISA.

BKD, LLP

Louisville, Kentucky
October 10, 2011
Federal Employer Identification Number: 44-0160260

experienceBKD

Praxity MEMBER GLOBAL ALLIANCE OF INDEPENDENT FIRMS

Jewish Hospital & St. Mary's HealthCare Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2010 and 2009

Assets

	2010	2009
Investments, At Fair Value	$ 136,930,609	$ 129,989,125
Receivables		
Employer's contribution	8,700,000	13,075,057
Accrued interest and dividends	199,673	237,908
Other	47,142	-
	8,946,815	13,312,965
Cash	141,108	559,459
Total assets	146,018,532	143,861,549

Liabilities

Administrative expenses payable	40,912	152,797
Net Assets Available for Benefits	$ 145,977,620	$ 143,708,752

Jewish Hospital & St. Mary's HealthCare Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2010 and 2009

	2010	2009
Investment Income		
Net appreciation in fair value of investments	$ 11,586,971	$ 14,484,099
Interest and dividends	4,788,518	4,368,792
	16,375,489	18,852,891
Less investment expense	225,798	304,311
	16,149,691	18,548,580
Employer Contributions	11,624,943	22,209,322
Total additions	27,774,634	40,757,902
Deductions		
Benefits paid to participants	24,600,056	8,655,125
Administrative expenses	905,710	1,180,428
Total deductions	25,505,766	9,835,553
Net Increase	2,268,868	30,922,349
Net Assets Available for Benefits, Beginning of Year	143,708,752	112,786,403
Net Assets Available for Benefits, End of Year	$ 145,977,620	$ 143,708,752

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements

December 31, 2010 and 2009

Note 1: Description of the Plan

The following description of the Jewish Hospital & St. Mary's HealthCare Pension Plan (Plan) provides only general information. Additional information about vesting and benefit provisions and the Pension Benefit Guarantee Corporation's (PBGC) benefit guarantee is contained in the Plan Document and *Summary Plan Description*, which are available from the Plan administrator.

General

The Plan is a noncontributory cash balance retirement plan covering substantially all employees of Jewish Hospital & St. Mary's HealthCare, Inc. (Sponsor) and certain affiliated companies and provides for retirement, death and disability benefits. The Plan is subject to provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). Fifth Third Bank (Fifth Third) is the trustee of the Plan and serves as Plan custodian.

In December 2009, the Plan was amended to freeze various Plan provisions, including average monthly compensation, pay credits, credited service and eligibility and membership in the Plan as of December 31, 2009.

Contributions

A hypothetical account is maintained for each participant in which contributions are credited for the benefit of the individual. Contributions to the Plan are recorded based on amounts actually received from or committed to be paid by the Sponsor. The Sponsor's present intention is to make annual contributions in amounts sufficient to fund the Plan's current year's service cost and the initial past service cost, plus interest over a period not to exceed 30 years. The Plan has met the minimum funding requirements established by the federal government.

Pension Benefits

Employees with five or more years of credited service are entitled to retirement benefits beginning at the normal retirement age of 65. The Plan permits early retirement at ages 55 through 64 or late retirement after age 65.

Vesting

Eligible employees who terminate employment after December 31, 2007, are fully vested upon completion of three years of vesting service. Eligible employees who terminated employment on or before December 31, 2007, were fully vested upon completion of five years of vesting service.

Plan Termination

In the event the Plan terminates, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

a. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.

b. Other vested benefits insured by the PBGC up to the applicable limitations discussed below.

c. Vested benefits not insured by the PBGC.

d. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan sponsor and the level of benefits guaranteed by the PBGC.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets available for benefits, disclosure of contingent assets and liabilities and the actuarial present value of accumulated Plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Valuation of Investments

Investments consist of common stocks, preferred stock, mutual funds, money market funds, a collective trust fund and other investments. Common stocks traded on national securities exchanges and are valued at the last reported sale price. The shares of money market and mutual funds are valued at quoted market prices, which represent the net asset values of shares held by the Plan at year-end. Preferred stock was valued at fair value as determined by Fifth Third. The Plan's interest in the collective trust funds is valued based on information provided by the trustee using the audited financial statements of the collective trust at year-end.

Other investments consist of alternative investments that are not necessarily readily marketable and may include short sales on securities and trading in future contracts, options, foreign currency contracts, other derivative instruments and private equity investments. The components of the individual investments within these funds are not readily determinable. The estimated fair value is based on audited financial statements for the respective investments. The Plan administrator believes the carrying amount of these financial instruments is a reasonable estimate of fair value.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

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

Accumulated Plan Benefits

Accumulated Plan benefits (Note 4) are those estimated future periodic payments, including lump sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to retirees, terminated vested employees, beneficiaries receiving payments and active employees and their beneficiaries. Benefits payable under all circumstances, retirement, death, disability and termination of employment, are included to the extent they are deemed attributable to employee service rendered to the valuation date.

Plan Tax Status

The Plan obtained its latest determination letter on July 9, 2008, in which the Internal Revenue Service stated that the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code (Code) and, therefore, not subject to tax. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Code. With a few exceptions, the Plan is no longer subject to U.S. federal, state, local or non-U.S. income tax examinations by tax authorities for years before 2007.

Reclassifications

Certain reclassifications have been made to the 2009 financial statement to conform to the 2010 financial statement presentation. These reclassifications had no effect on changes in net assets available for benefits.

Note 3: Investments

Various asset managers manage the Plan's investments. Under the investment manager agreements, the investment manager has full discretionary authority to purchase and sell investments unless otherwise directed by the Plan Sponsor. The following table presents the Plan's investments. Investments that represent five percent or more of total Plan assets are separately identified:

	2010	2009
Money market funds	$ 2,543,497	$ 7,348,054
Common stocks	19,837,597	37,028,502
Mutual funds		
Pimco Long Duration Total Return Fund	41,957,501	43,936,533
Artio International Fund	7,236,730	7,294,130
Neuberger & Berman Large Cap Growth Fund	14,693,699	-
Vanguard Institutional Index Fund	8,450,289	-
Other mutual funds	15,248,477	14,212,162
Preferred stock	-	48,188
Collective trust fund		
Eaton Vance Collective Trust	11,559,503	10,471,054
Other collective trust fund	5,198,134	-
Alternative investments	10,205,182	9,650,502
	$136,930,609	$ 129,989,125

During the years ended 2010 and 2009, the Plan's investments (including gains and losses on investments bought, sold and held during the year) appreciated (depreciated) in value by $11,586,971 and $14,484,099, respectively, as follows:

	2010	2009
Common stocks	$ 3,732,100	$ 7,747,069
Mutual funds	6,014,558	4,287,817
Collective trust funds	1,285,632	1,400,763
Alternative investments	554,681	1,048,450
	$ 11,586,971	$ 14,484,099

Interest and dividends realized on the Plan's investments for the years ended 2010 and 2009 were $4,788,518 and $4,368,792, respectively.

Alternative Investments

Except as described below, the fair value of alternative investments has been estimated using the net asset value per share of the investments. Alternative investments held at December 31 consist of the following:

	2010			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Multi-strategy hedge fund (A)	$ 4,131,680	$ -	Various	30 to 180 days
Limited partnership (B)	$ 6,073,502	$ -	Various	30 to 90 days

	2009			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Multi-strategy hedge fund (A)	$ 3,952,549	$ -	Various	30 to 180 days
Limited partnership (B)	$ 5,697,953	$ -	Various	30 to 90 days

(A) This category includes investments in a hedge fund that takes both long and short positions in various investment sub-funds. Management of the funds has the ability to shift investments among differing investment strategies. Certain sub-funds require an initial lockup period related to each investment by the fund in such sub-fund before redemption can be made. Additionally, investments representing an insignificant portion of the value of investments in this category have temporarily suspended their normal redemption terms or have implemented their gate provisions in varying percentages (10 percent to 30 percent). The remaining redemption restriction period for these investments ranged from one to 36 months at December 31, 2010.

(B) This category includes investments in a limited partnership that pursues multiple investment strategies. The investments' composite portfolio includes investments in offshore investment funds, investment partnerships and pooled investment vehicles (Portfolio Funds). These Portfolio Funds may be subject to restrictions that limit (i) the fund's ability to redeem capital from such Portfolio Funds and/or (ii) the amount of capital that investors in such Portfolio Funds, including the fund, may redeem as of a given redemption date. Capital available for redemption may also be subject to redemption charges and may or may not include capital attributable to the fund's participation in illiquid investments and/or designated investments held by Portfolio Funds from which the fund makes redemptions. These Portfolio Funds generally limit redemptions to monthly, quarterly, semi-annually, annually or longer.

Note 4: Accumulated Plan Benefits

The actuarial present value of accumulated Plan benefits was determined by actuaries from Buck Consultants, Inc. and is the amount that results from applying actuarial assumptions to adjust the accumulated Plan benefits earned by the participants to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

The accumulated Plan benefit information as of the beginning of each Plan year was as follows:

	2010	2009
Actuarial present value of accumulated Plan benefits		
Vested benefits		
Participants and beneficiaries receiving benefits	$ 7,701,400	$ 7,692,964
Other participants	142,558,356	127,875,625
	150,259,756	135,568,589
Nonvested benefits	8,766,794	6,641,736
Total actuarial present value of accumulated Plan benefits	$159,026,550	$142,210,325

Changes in the actuarial present value of accumulated Plan benefits were as follows:

	2010	2009
Actuarial present value of accumulated Plan benefits at January 1, 2009 and 2008, respectively	$142,210,325	$129,583,109
Increase (decrease) during the year attributable to		
Changes in actuarial assumptions	(546,541)	(241,474)
Changes in Plan	-	14,688
Benefits accumulated and other	14,898,912	13,930,186
Increase for interest due to the decrease in the discount period	11,040,365	9,934,687
Benefits paid	(8,576,511)	(11,010,871)
Net increase	16,816,225	12,627,216
Actuarial present value of accumulated Plan benefits at January 1, 2009 and 2008, respectively	$159,026,550	$142,210,325

Significant actuarial assumptions underlying the actuarial computations are:

Life expectancy of participants	2010 – RP-2000 Combined; 2009 – 1994 Group Annuity Table
Retirement age assumption	Rates for 55 through 70 are as follows: under 55 – 0%, 55 – 10%, 56 to 61 – 5%, 62 – 25%, 63 through 64 – 10%, 65 – 70%, 66 – 30%, 67 through 69 – 50%, 70 – 100%
Salary increase	2010 – N/A; 2009 – 1.6%
Withdrawal assumption	T-6 rates from the Actuary's Pension Handbook
Discount rate	8.00% compounded annually

These actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits.

Note 5: Party-in-Interest Transactions

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

The Plan invests in certain investments of the Plan trustee. Fees recorded to the trustee for trust and administrative services were $54,099 and $46,391 for the years ended December 31, 2010 and 2009, respectively. Additionally, fees recorded to investment managers for investment and brokerage services were $225,798 and $304,311 for the years ended December 31, 2010 and 2009, respectively. The Plan also recorded $293,133 and $617,697 in fees to the Plan actuary for actuarial services for the years ended December 31, 2010 and 2009, respectively. The Sponsor provides certain administrative services at no cost to the Plan.

Note 6: Fair Value of Plan Assets and Liabilities

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

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

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

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

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

Investments

Where quoted market prices are available in an active market, investments are classified within Level 1 of the valuation hierarchy. Level 1 investments include money market funds, mutual funds and common stock. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. The inputs used to determine fair value may include one, or a combination of, observable inputs such as audited financial information of the collective trust, benchmark yields, reported trades, broker/dealer quotes, issuer spreads, two-sided markets, benchmark securities, bids, offers and refinance data market research, publications and the related investments are classified within Level 2 of the valuation hierarchy. Level 2 investments include preferred stock and a collective trust fund. For the hedge funds that do not have sufficient activity or liquidity within the fund, the net asset value (or its equivalent) provided by the fund is utilized, as a practical expedient, to determine fair value and are classified within Level 3 of the valuation hierarchy.

The following tables present the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31:

	2010			
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market funds	$ 2,543,497	$ 2,543,497	$ -	$ -
Mutual funds				
Small/Mid cap U.S. equities	5,183,353	5,183,353	-	-
Large cap U.S. equities	27,917,326	27,917,326	-	-
International equities	12,528,516	12,528,516	-	-
Fixed income	41,957,501	41,957,501	-	-
Common stock	19,837,597	19,837,597	-	-
Collective trust funds				
Large cap U.S. equities	11,559,503	-	11,559,503	-
Commodities	5,198,134	-	5,198,134	-
Alternative investments	10,205,182	-	-	10,205,182
	$ 136,930,609	$ 109,967,790	$ 16,757,637	$ 10,205,182

	2009			
		Fair Value Measurements Using		
	Fair Value	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market funds	$ 7,348,054	$ 7,348,054	$ -	$ -
Mutual funds				
Small/Mid cap U.S. equities	5,158,284	5,158,284	-	-
Large cap U.S. equities	9,053,878	9,053,878	-	-
International equities	7,294,130	7,294,130	-	-
Fixed income	43,936,533	43,936,533	-	-
Common stock	37,028,502	37,028,502	-	-
Preferred stock	48,188	-	48,188	-
Collective trust fund				
Large cap U.S. equities	10,471,054	-	10,471,054	-
Alternative investments	9,650,502	-	-	9,650,502
	$ 129,989,125	$ 109,819,381	$ 10,519,242	$ 9,650,502

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

	Alternative Investments
Balance, January 1, 2009	$ 12,269,384
Total realized and unrealized gains and losses included in net increase in net assets available for benefits	1,048,450
Sales	(3,667,332)
Balance, January 1, 2010	9,650,502
Total realized and unrealized gains and losses included in net increase in net assets available for benefits	554,681
Balance, December 31, 2010	$ 10,205,183
Total gains or losses for the period included in net increase in net assets available for benefits attributable to the change in unrealized gains or losses related to assets still held at the reporting date	$ 554,681

Realized and unrealized gains and losses included in net decrease in net assets available for benefits for the years ended December 31, 2010 and 2009, are reported in net appreciation in fair value of investments in the statements of changes in net assets available for benefits.

Note 7: Plan Amendments

In December 2009, the Plan was amended to (i) freeze various Plan provisions, including average monthly compensation, pay credits, credited service and eligibility and membership in the Plan as of December 31, 2009, (ii) clarify the listing of affiliated companies eligible to participate in the Plan and (iii) incorporate various other miscellaneous changes into the Plan.

In December 2010 and April 2011, the Plan was amended to incorporate various minor changes into the Plan, including provisions surrounding military service of participants and determination of top heavy status under the Plan.

Note 8: Significant Estimates and Concentrations

Current Economic Conditions

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

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

Note 9: Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated Plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

Note 10: Subsequent Events

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

Supplemental Schedules

Jewish Hospital & St. Mary's HealthCare Pension Plan

EIN 61-1029768 PN 003

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

December 31, 2010

Identity of Issuer	Description of Investment	Cost	Current Value
***Money Market Funds**			
5/3 Banksafe Trust	1,395,334 shares	$ 1,395,334	$ 1,395,334
5/3 Banksafe Premium	1,144,907 shares	1,144,907	1,144,907
5/3 Prime Money Market	3,256 shares	3,256	3,256
		2,543,497	2,543,497
Mutual Funds			
CRM Small/Mid Cap Value Fund	343,041 shares	4,866,801	5,183,353
EII Global Property Fund	323,836 shares	5,251,452	4,773,338
Artisan Funds Inc	243,861 shares	5,080,599	5,291,786
Artio International Fund	240,104 shares	6,893,012	7,236,730
Pimco Long Duration Total Return Fund	3,867,051 shares	38,279,277	41,957,501
Neuberger & Berman Large Cap Growth Fund	1,933,381 shares	12,532,986	14,693,699
Vanguard Institutional Index Fund	73,474 shares	7,681,951	8,450,289
		80,586,078	87,586,696
Common Stocks			
Actuant Corp	1,971 shares	33,130	52,468
Adtran Inc	2,103 shares	54,603	76,150
Affiliated Managers Group	1,131 shares	83,658	112,218
Allscripts Healthcare Solutions Inc	33,612 shares	298,452	647,703
Alpha National Resources Inc	1,357 shares	40,050	81,461
Amphenol Corp	2,194 shares	77,173	115,799
Ansys Inc	1,598 shares	46,300	83,208
Aruba Networks Inc	1,643 shares	20,194	34,306
Atmel Corp	6,806 shares	44,547	83,850
Atwood Oceanics Inc	12,100 shares	274,009	452,177
Avago Technologies Ltd	939 shares	26,766	26,679
Bancfirst Corp	4,600 shares	220,215	189,474
Be Aerospace Inc	2,153 shares	76,524	79,726
Benchmark Electrs Inc	19,700 shares	233,199	357,752
Bill Barrett Corp	8,000 shares	300,308	329,040
Booz Allen Hamilton Hldg Corp	1,905 shares	35,431	37,014
Brookdale Sr Living Inc	3,035 shares	56,377	64,979
Buffalo Wild Wings Inc	780 shares	36,839	34,203
Calgon Carbon Corp	17,300 shares	262,031	261,576
Catalyst Health Solutions Inc	1,342 shares	51,568	62,390
Chart Industries	13,200 shares	219,003	445,896
Coinstar	667 shares	37,815	37,646
Completed Production Services	1,284 shares	40,293	37,942
Concur Technologies Inc	1,214 shares	46,825	63,043
Cooper Cos Inc	977 shares	37,888	55,044

Jewish Hospital & St. Mary's HealthCare Pension Plan

EIN 61-1029768 PN003

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

December 31, 2010

(Continued)

Identity of Issuer	Description of Investment	Cost	Current Value
Common Stocks (continued)			
Core Laboratories N.V.	734 shares	$ 32,958	$ 65,363
Crocs Inc	3,452 shares	36,309	59,098
Cypress Semiconductor Corp Com	3,745 shares	53,045	69,582
Dicks Sporting Goods Inc	1,802 shares	37,903	67,575
Dress Barn Inc	2,056 shares	49,491	54,319
Emcor Group Inc	20,100 shares	312,429	582,498
Emergency Med Svcs Corp	1,085 shares	57,219	70,102
Entropic Communications Inc	3,863 shares	42,008	46,665
Fastenal Co	867 shares	29,871	51,942
Ferro Corp	2,884 shares	30,267	42,222
Forest Oil Corp	1,575 shares	47,657	59,803
Forward Air Corp	15,700 shares	351,997	445,566
Fuel Systems Solutions Inc	12,000 shares	341,225	352,560
Genesee & Wyo Inc	1,337 shares	40,442	70,794
Graftech Intl Ltd	1,963 shares	30,474	38,946
Harmonic Inc Com	54,500 shares	328,689	467,065
Health Mgmt Assoc Inc	6,828 shares	63,238	65,139
Healthsouth Corp	1,744 shares	31,575	36,118
Helix Energy Solutions Group	212 shares	2,791	2,574
Helmerich & Payne Inc	1,083 shares	48,150	52,504
Hittite Microwave Corp	1,091 shares	36,460	66,595
Hunt JB Trans Svcs Inc	959 shares	33,622	39,137
Idexx Labs Inc	870 shares	31,283	60,221
Illumina Inc	1,103 shares	29,069	69,864
Informatica Corp	952 shares	23,372	41,917
Intercontinentalexchange Inc	420 shares	45,321	50,043
Interdigital Inc	9,500 shares	252,217	395,580
International Rectifier Corp	2,035 shares	47,115	60,419
Investment Technology Group Inc	13,800 shares	230,282	225,906
Itron Inc	6,500 shares	320,629	360,425
Jo-Ann Stores Inc	11,600 shares	278,504	698,552
Joy Global Inc	713 shares	25,915	61,853
KBR Inc	2,699 shares	66,410	82,239
Kennametal Inc	1,391 shares	45,586	54,889
Knight Transn Inc	1,954 shares	35,283	37,126
Lakeland Finl Corp	12,035 shares	255,741	258,271
LAM Resh Corp	1,252 shares	34,125	64,829
LaSalle Hotel Pptys	189 shares	4,853	4,990
Layne Christensen Co	14,400 shares	308,250	495,648
Lazard LTD	1,702 shares	62,168	67,212
LKQ Corp	1,921 shares	28,592	43,645
Manpower Inc	706 shares	38,796	44,309

Jewish Hospital & St. Mary's HealthCare Pension Plan

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

December 31, 2010

(Continued)

Identity of Issuer	Description of Investment	Cost	Current Value
Common Stocks (continued)			
McDermott Intl Inc	3,169 shares	$ 38,894	$ 65,567
Mednax Inc	874 shares	44,332	58,811
Merit Med Sys Inc	23,000 shares	342,176	364,090
MGM Mirage	4,775 shares	66,954	70,909
Micros Sys Inc	2,094 shares	60,802	91,843
Microsemi Corp	3,364 shares	58,336	77,036
MSC Indl Direct Inc	1,055 shares	50,254	68,248
MSCI Inc	1,337 shares	35,139	52,089
MVC Capital Inc	9,500 shares	122,553	138,700
Nalco Holding Co	1,797 shares	31,520	57,396
National Instr Corp	1,383 shares	48,639	52,056
Navigators Group Inc	7,600 shares	373,374	382,660
Navistar Intl Corp	906 shares	52,124	52,466
Netlogic Microsystems Inc	1,222 shares	37,221	38,383
Nice Systems Ltd	2,702 shares	87,604	94,300
NII Hldgs Inc	1,397 shares	57,760	62,390
Officemax Inc	2,927 shares	42,293	51,808
Omnivision Technologies Inc	280 shares	8,446	8,291
PF Changs China Bistro Inc	1,018 shares	44,922	49,332
Parexel Intl Corp	23,800 shares	188,077	505,274
Patterson Cos Inc	1,838 shares	39,537	39,609
Polycom Inc	1,236 shares	41,420	48,179
Polypore International Inc	1,128 shares	37,432	45,943
Portfolio Recovery Assocs Inc	5,100 shares	230,734	383,520
Prestige Brands Hldgs Inc	24,800 shares	154,144	296,360
Robert Half Intl Inc	1,755 shares	45,862	53,703
Roper Inds Inc	828 shares	43,757	63,284
Salix Pharmaceuticals Ltd	1,147 shares	45,299	53,863
Sally Beauty Co Inc	47,000 shares	217,270	682,910
SBA Communications Corp	1,969 shares	66,721	80,611
Scotts Miracle-Gro Company	918 shares	40,718	46,607
Semtech Corp	21,600 shares	222,435	489,024
Sensata Technologies Hldg	2,263 shares	42,625	68,139
Sims Metal Management Limited	1,220 shares	32,872	26,645
Skyworks Solutions Inc	918 shares	24,716	26,282
Southwest Bancorp Inc	18,700 shares	275,441	231,880
Steris Corp	12,600 shares	396,451	459,396
Successfactors Inc	2,572 shares	46,852	74,485
Sun Hydraulics Corp	8,900 shares	117,928	336,420
Superior Energy Svcs Inc	11,600 shares	224,114	405,884
Synaptics Inc	10,500 shares	278,085	308,490
Tempur-Pedic International	1,335 shares	36,396	53,480

Jewish Hospital & St. Mary's HealthCare Pension Plan

EIN 61-1029768 PN003

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

December 31, 2010

(Continued)

Identity of Issuer	Description of Investment	Cost	Current Value
Common Stocks (continued)			
Thoratec Labs	10,600 shares	$ 270,895	$ 300,192
Titanium Metals Corp	3,059 shares	58,569	52,554
Toro Co	3,100 shares	187,978	376,004
Transdigm Group Inc	796 shares	40,991	57,320
Trimble Nav Ltd	1,665 shares	55,266	66,483
TTM Technologies Inc	34,700 shares	221,665	517,724
United Nat Foods Inc	12,000 shares	251,296	440,160
United Therapeutics Corp	802 shares	41,622	50,702
Urban Outfitters Inc	185 shares	6,532	6,625
URS Corp	1,789 shares	77,531	74,440
Varian Semiconductor Equipment Associates Inc	1,860 shares	54,762	68,764
Verifone Systems Inc	1,465 shares	20,726	56,490
Verint Sys Inc	1,033 shares	30,720	32,746
Virginia Comm Bancorp Inc	35,500 shares	144,035	219,390
Walter Energy Incorporated	743 shares	60,047	94,985
Warnaco Group Inc	947 shares	44,568	52,151
Watsco Inc	742 shares	37,192	46,805
Whitney Hldg Corp	24,900 shares	324,466	352,335
Wms Industries Inc	10,849 shares	237,690	490,809
Woodward Governor Co	1,563 shares	39,531	58,706
		13,512,840	19,837,597
Collective Trust Funds			
Eaton Vance Collective Trust	991,500 shares	9,000,000	11,559,503
Wellington-Commodities CTF	469,484 shares	5,000,000	5,198,134
		14,000,000	16,757,637
Alternative Investments			
Grosvenor Institutional Partners LP	1 share	5,100,000	6,073,502
Federal Street Multi-Strategy Offshore Fund	3,174 shares	4,500,000	4,131,680
		9,600,000	10,205,182
		$ 120,242,415	$ 136,930,609

*Party-in-interest

Jewish Hospital & St. Mary's HealthCare Pension Plan

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Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2010

Investment	Number of Purchases	Purchase Price	Number of Sales	Sales Price	Cost of Asset	Net Gain or (Loss)
Single Transactions						
Fifth Third Banksafe Premium	1	$ 7,709,187	-	$ -	$ -	$ -
Neuberger & Berman Equity	1	$ 12,500,000	-	$ -	$ -	$ -
Vanguard Institutional Index	1	$ 9,580,245	-	$ -	$ -	$ -
Fifth Third Banksafe Trust	1	$ 9,555,289	1	$ 9,574,835	$ 9,574,835	$ -
Series of Transactions						
Vanguard Institutional Index Fund	5	$ 9,753,300	1	$ 2,000,000	$ 2,071,349	$ (71,349)
Neuberger & Berman Equity	2	$ 12,532,986	-	$ -	$ -	$ -
Fifth Third Banksafe Premium	3	$ 11,232,320	8	$ 14,922,922	$ 14,922,922	$ -
Fifth Third Banksafe Trust	21	$ 11,761,126	18	$ 12,875,081	$ 12,875,081	$ -
Pimco Long Duration Total Return Fund	14	$ 4,154,801	2	$ 7,000,000	$ 6,385,777	$ 614,223

Jewish Hospital & St. Mary's Healthcare Pension Plan
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Attachment to the 2010 Form 5500 Schedule SB

Schedule SB, Part V – Summary of Plan Provisions

Effective Date

January 1, 1965, amended and restated effective January 1, 1976, January 1, 1985, January 1, 1989 (partially effective January 1, 1993), and January 1, 2000. Benefits were frozen as of December 31, 2009.

Eligible Employee

Effective January 1, 1993: non-union employees other than independent contractors or physicians who have at least 1 year of Eligibility Service (1,000 hour rule) are eligible to enter the plan on the coincident or next following entry date.

Prior to January 1, 1993: non-union employee, at least age 21, who is regularly scheduled for at least 1,000 Hours of Service during the Plan Year. Independent contractors and physicians excluded. Part-time employee who completes at least 1,000 Hours of Service during his initial employment year, or any subsequent Plan Year, is eligible.

Effective January 1, 1994: Employees of Four Courts Senior Center are covered by the Plan.

Effective January 1, 1995: Employees of Frazier Rehabilitation Center are covered by the Plan.

Effective January 1, 2006: Employees of St. Mary & Elizabeth Hospital, employees of Jewish Hospital Shelbyville and physicians are covered by the Plan.

Effective January 1, 1997: Employees of Visiting Nurse Association are covered by the Plan.

Entry Date

January 1 or July 1 coincident with or next following completion of 1 year of Eligibility or Credited Service and attainment of age 21.

Retirement Dates

Normal: First day of month coincident with or next following 65th birthday.

Early: First day of month coincident with or next following 55th birthday and completion of 10 years of Vesting Service.

Late: After Normal Retirement Date.

Disability

Age 50 but less than age 65; completion of 10 years of Vesting Service and eligible for Social Security disability benefits.

Jewish Hospital & St. Mary's Healthcare Pension Plan
EIN: 61-1029768, Plan Number 003
Attachment to the 2010 Form 5500 Schedule SB

Schedule SB, Part V – Summary of Plan Provisions (Continued)

Service (Vesting)

Continuous employment measured from an employee's date of hire to December 31, 1992. For years after 1992, Plan years in which 1,000 Hours of Service are performed.

Vesting Service completed prior to Breaks-in-Service shall be included if the number of consecutive Breaks-in-Service is less than the greater of (i) five or (ii) the number of Years of Vesting Service prior to the break.

Service includes service in non-covered employment, service with related employers, up to 12 months of approved absence, and military service (provided the participant is rehired). One day or more of employment in a calendar month is credited as a full month.

Service (Vesting) continued

For Four Courts Senior Center employees, no vesting service credit is granted for service prior to 1994.

For Frazier Rehabilitation Center employees, vesting service credit is granted for service prior to 1995.

For VNA, vesting service credit is granted for service prior to 1997.

For Caritas and Shelbyville employees, vesting service is granted for service prior to 2006.

Credited Service (Benefit Accrual)

The sum of (a), (b), and (c) below.

(a) Prior to 1976: Years and months of continuous employment from date of hire to January 1, 1976 rounded to the nearest one-tenth year.

(b) From later of January 1, 1976 or date of hire to December 31, 1992: Credited Service includes service in non-covered employment, service with related employers, up to 12 months of approved absence, and military service (provided the participant is rehired).

One day or more of employment in a calendar month is credited as a full month for full-time employees during this period.

A part-time employee earns a year of Credited Service for each Plan Year he performs 1,000 Hours of Service with a fractional year of Credited Service if he enters the Plan on other than the first day of the Plan Year.

The resulting Credited Service for full-time and part-time employees shall be rounded to the nearest one-tenth year.

(c) For periods after 1992: Plan years in which 1,000 Hours of Service are performed.

(d) For periods after 2009: None

For Four Courts Senior Center employees, no service is granted prior to 1994.

For Frazier Rehabilitation Center employees, no service is granted prior to 1995.

Jewish Hospital & St. Mary's Healthcare Pension Plan
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Attachment to the 2010 Form 5500 Schedule SB

Schedule SB, Part V – Summary of Plan Provisions (Continued)

Credited Service (Benefit Accrual) continued

For VNA no service is granted prior to 1997.

For Caritas and Shelbyville employees, no service is granted prior to 2006.

Average Monthly Compensation

"W-2 pay" plus amounts deferred under IRC Code Sections 403(b) and 125, excluding long-term incentive pay and moving expenses, during the 5 consecutive completed calendar years producing the highest average. Compensation after 2009 is not included.

Accrued Monthly Benefit

Prior to 1989: Projected normal retirement pension calculated using Average Monthly Compensation at December 31, 1988 and projected Credited Service at Normal Retirement Date, such amount multiplied by a fraction, the numerator of which is Credited Service at date of determination and the denominator of which is projected Credited Service at Normal Retirement Date.

After 1989: Normal retirement pension calculated using Average Monthly Compensation and Credited Service at date of determination.

Jewish Hospital & St. Mary's Healthcare Pension Plan
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Attachment to the 2010 Form 5500 Schedule SB

Schedule SB, Part V – Summary of Plan Provisions (Continued)

Normal Retirement Benefit (Monthly)

Prior to 1989:
(a) 1.8% of Average Monthly Compensation multiplied by Credited Service to nearest one-tenth year, minus

(b) the monthly primary Social Security Benefit times the lesser of i) 50% or ii) 1.8% times Credited Service to the nearest one-tenth year.

1989 to 1999: The 12/31/88 Accrued Benefit, plus Credited Service after 12/31/88 (limited to 35 years minus the sum of Service at 12/31/88 and service with the Visiting Nurse Association), times the sum of i) 1.65% of Average Monthly Compensation plus, ii) .65% of Average Monthly Compensation in excess of Monthly Covered Compensation.

After 1999: The greatest of (a), (b), or (c); plus (d)

(a) The 12/31/99 Accrued Benefit

(b) If a Grandfathered Participant (see below), the benefit determined under the 1989 to 1999 formula based on Credited Service and Average Monthly Compensation as of date of termination.

(c) The actuarial equivalent of the Cash Balance Account, described below.

(d) The actuarial equivalent of the Match Balance Account, described below.

After 2009: Benefit accruals are frozen.

Grandfathered Participant

As of 12/31/99, each participant with at least 10 years of vesting service who had either attained age 50 or had 70 or more Points is a Grandfathered Participant.

In addition, each Officer with at least 10 years of vesting service and 65 Points, each Senior Vice President, and the CEO of Patti A. Clay Hospital is a Grandfathered Participant.

Points

A participant's Points is the sum of his attained age and Years of Vesting Service, disregarding fractions.

Cash Balance Account

At 12/31/99, a Cash Balance Account was established for each active participant equal to the lump sum value of the 12/31/99 Accrued Benefit at 7% interest and UP-84 mortality set back 3 years. The Cash Balance Account increases from year to year by Investment Credits and Pay Credits. No pay credits are earned after December 31, 2009.

Investment Credits

For each quarter, the Investment Credit rate is the average annual yield of 30-year Treasury securities as published for the second calendar month proceeding the first day of the quarter.

Jewish Hospital & St. Mary's Healthcare Pension Plan
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Attachment to the 2010 Form 5500 Schedule SB

Schedule SB, Part V – Summary of Plan Provisions (Continued)

Pay Credits

Prior to 2010: For each year in which the participant completes 1000 hours of service, a pay credit will be received at the end of the year, according to the following schedule:

End of Year Points	Pay Credit Percentage
Fewer than 40	3%
40 to 49	4%
50 to 59	5%
60 to 69	6%
70 to 79	7%
80 or more	8%

In addition, each participant who was either (i) at least age 50 with 5 years of vesting service or (ii) at least age 45 with 10 years of vesting service or (iii) an Officer as of 12/31/99, and was not a Grandfathered Participant, receives an additional Pay Credit of 2%.

Officers who have at least 5 Years of Vesting Service and 55 Points as of 12/31/99 receive an additional Pay Credit of 4% instead of 2%.

Caritas employees who were "SCNHS Participants" on December 31, 2005 as that term was defined in the Catholic Health Initiatives Plan and met the requirements to be a Grandfathered Participant in that plan as of that date receive an additional pay credit of 2%.

After 2009: No pay credits are earned.

Match Balance Account

Prior to 2009: As of 12/31/99, each participant had a Match Balance Account established at $0. The Match Balance Account receives credits equal to 50% of a participant's contributions to the Jewish Hospital 403(b) plan, up to X% of pay, if the participant completes 1000 hours of service. X% of pay is based on the following service schedule:

End of Year Vesting Service	X% of Pay
0 to 9	1.00%
10 to 14	1.50%
15 to 19	2.00%
20 to 24	2.50%
25 or more	3.00%

Schedule SB, Part V – Summary of Plan Provisions (Continued)

Match (Balance Account) continued

After 2008: A participant's Match Balance shall not be increased by Match Credits with respect to any Plan Year following 2008.

The Match Balance Account also receives Investment Credits.

Early Retirement Benefit

Annuity Formula: with at least 10 Years of Vesting Service, Accrued Benefit reduced 1/180th for each of the first 60 months and 1/360th for each of the next 60 months that benefits commence prior to Normal Retirement Date; otherwise, actuarial equivalent.
Cash Balance Formula: current cash balance or actuarially equivalent annuity.

Late Retirement Benefit

Annuity Formula: benefit that would have been payable at Normal Retirement Date actuarially increased for late commencement, or Normal Retirement pension based on Final Average Compensation and Credited Service at Late Retirement Date, whichever is greater.
Cash Balance Formula: current cash balance or actuarially equivalent annuity.

Disability Retirement

Prior to 2000: Accrued Benefit at date of disablement. If a Benefit member receives benefits under the Hospital's LTD plan, he continues accruing pension benefits as if he had remained employed at the rate of pay in effect immediately prior to his termination of employment and payment is deferred until LTD benefits cease.
After 1999: Accrued Benefit as of date of disablement.

Vested Benefit

After 3 years of Service, the Accrued Benefit becomes payable at Normal Retirement Date. A participant who terminated prior to 2000 with 10 or more years of Vesting Service is eligible for a reduced pension payable any time after age 55.

Normal Form of Benefit

Life annuity.

Optional Forms of Benefit

5, 10, 15 or 20 Year Certain and Life Annuity; 50%, 66-2/3%, 75%, or 100% Joint and Survivor Annuity; guaranteed monthly payments for 5, 10, 15 or 20 years; Lump Sum; Lump Sum immediately on termination if less than $5,000.

Jewish Hospital & St. Mary's Healthcare Pension Plan
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Schedule SB, Part V – Summary of Plan Provisions (Continued)

Conversion Basis

The account balance is converted to single life annuity using the 417(e)(3) Segment Rates for the previous September and the current year's applicable mortality table. The Grandfathered single life annuity is converted to a lump sum using the 30-year Treasure Rates for the previous September and the current year's applicable mortality table.

Single life annuity (grandfathered and Cash Balance) is converted to optional forms using 7% interest rate and RP2000 blended 50/50 male/female mortality table.

Jewish Hospital & St. Mary's Healthcare Pension Plan
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Attachment to the 2010 Form 5500 Schedule SB

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Funding Interest Rates

Current Year:	Segment Rates with 4 month lookback:	
	First Segment Rate	5.03%
	Second Segment Rate	6.73%
	Third Segment Rate	6.82%
	Effective Interest Rate	6.64%
Prior Year:	PPA Yield Curve with 3 month lookback (based on October, 2008 yields) using mid-year rates	
	Year 1 Spot Rate	5.45%
	Year 2 Spot Rate	6.83%
	Year 3 Spot Rate	7.64%
	Year 4 Spot Rate	7.95%
	Year 5 Spot Rate	8.11%
	Year 10 Spot Rate	8.81%
	Year 15 Spot Rate	8.74%
	Year 20 Spot Rate	8.22%
	Effective Interest Rate	8.31%

Mortality

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants.

Actuarial Cost Method

Unit Credit Method. The Funding Target is the present value of accrued benefits and based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected administrative and investment expenses to be paid from plan assets during the year.

Jewish Hospital & St. Mary's Healthcare Pension Plan
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Attachment to the 2010 Form 5500 Schedule SB

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Continued)

Salary Increase Assumption

Current Year:	N/A
Prior Year:	1.60%

Social Security

Annual increase in maximum wage base: 1.0% above cost-of-living

Cost-of-Living

Current and Future Years:	2.50%
Prior Year:	2.50%

Expenses

Expected administrative and investment expenses of $1,490,000 were added to the 2010 Target Normal Cost. Expected administrative expenses of $910,000 were added to the 2009 Target Normal Cost.

Frequency of Optional Payment Forms

It has been assumed that 90% of participants eligible for retirement select a lump sum distribution and 10% select life annuity. For participants not eligible for retirement, 40% defer benefit commencement to age 65 and 60% commence immediately and at commencement 90% select a lump sum distributions and 10% select a life annuity.

Deferred vested participants with annuity benefits are assumed to commence a single life annuity at age 65. Deferred vested participants with cash balance only benefits are assumed to select a lump sum distribution and defer their lump sum to age 65 at a rate of 40% and commence immediately at a rate of 60%.

Marital Percentage

80% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

Interest Crediting Rate	5.00%
Lump Sum Conversion Rate	5.00%

Jewish Hospital & St. Mary's Healthcare Pension Plan
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Attachment to the 2010 Form 5500 Schedule SB

Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Continued)

Retirement Rates

Age	Assumption
55	10%
56	5%
57	5%
58	5%
59	5%
60	5%
61	5%
62	25%
63	10%
64	10%
65	70%
66	30%
67	50%
68	50%
69	50%
70	100%

Disability Rates

Illustrative rates are as follows:

Age	Assumption
45	0.00%
50	0.02%
55	0.05%

Jewish Hospital & St. Mary's Healthcare Pension Plan
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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods (Continued)

Withdrawal Rates[1]

For all participants during a "select" period of 3 years, turnover is considered to be a function of service only. The following are the percentage rates during the select period.

Service	Percentage
Less than 1 year	25%
1 year, but not 2	25%
2 years, but not 3	15%

After the select period, "ultimate" turnover rates are considered to be a function of age only. Ultimate turnover is based on the T-6 rates from the Actuary's Pension Handbook by Crocker, Sarason, Straight and Vetter. Illustrative rates of termination are as follows:

Age	Annual Rate of Termination
25	9.6%
40	7.2%
55	2.0%

Asset Valuation Method

For minimum required contribution and maximum deduction limit:

The Valuation Assets are determined using a method that spreads asset gains/(losses) over 2 years. The gain/(loss) for each period is determined as the actual return during the period less the expected return based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of market value. The discounted value of accrued contributions, if any, are included in the Valuation Assets.

The expected return on plan assets is 8.25% per annum.

[1] For active participants not eligible for retirement.

Jewish Hospital & St. Mary's Healthcare Pension Plan
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Attachment to the 2010 Form 5500 Schedule SB

Schedule SB, Line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Remaining Installments	Valuation Date	Years Remaining	Amortization Installments
Shortfall	$ 7,926,499	January 1, 2009	6	$ 1,505,356
Shortfall	$ 7,118,163	January 1, 2010	7	$ 1,197,930

Jewish Hospital & St. Mary's Healthcare Pension Plan
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Schedule SB, Line 26 – Summary of Active Participant Data

	Years of credited service:																					
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & up	
Attained Age	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.
Under 25	65	584	308	1,442	15		-		-		-		-		-		-		-	
25 to 29	82	1,098	519	2,545	223	5,839	26	6,844	-		-		-		-		-		-	
30 to 34	68	2,036	378	3,459	244	8,959	95	12,620	3		-		-		-		-		-	
35 to 39	51	2,534	353	4,957	222	10,626	204	15,335	84	18,963	8		-		-		-		-	
40 to 44	41	3,839	231	5,891	214	12,891	154	19,362	94	25,972	50	30,207	2		-		-		-	
45 to 49	33	9,587	242	5,506	219	14,034	168	20,967	114	27,660	111	42,920	74	43,057	9		-		-	
50 to 54	48	8,628	228	8,273	183	15,150	166	26,159	81	32,500	83	49,036	89	60,468	107	56,041	10		-	
55 to 59	19		137	8,561	133	16,526	115	30,372	80	40,528	73	61,904	55	59,942	88	78,921	75	86,928	1	
60 to 64	11		77	8,630	80	20,800	70	30,117	51	39,717	31	64,647	32	81,874	33	56,166	33	96,351	8	
65 to 69	3		24	13,599	27	14,253	11		14		9		11		11		5		12	
70 & up	-		3		15		10		7		8		5		1		4		5	
Total	**421**		**2,500**		**1,575**		**1,019**		**528**		**373**		**268**		**249**		**127**		**26**	

This plan is hard frozen as of December 31, 2009.

Jewish Hospital & St. Mary's Healthcare Pension Plan
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Attachment to the 2010 Form 5500 Schedule SB

Schedule SB, Line 25 – Change in Method

Interest rates were changed from full yield curve with three-month lookback, to the segment rates with four-month lookback.

Jewish Hospital & St. Mary's Healthcare Pension Plan
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Attachment to the 2010 Form 5500 Schedule SB

Schedule SB, Line 24 – Change in Actuarial Assumptions

Salary increase rate was changed from 1.60% to 0.00% due to the December 31, 2009 plan freeze.

The frequency of optional payment form was changed from 100% lump sum to 90% lump sum and 10% life annuity for participants eligible for retirement, and 36% deferred to age 65 lump sum, 4% deferred to age 65 life annuity, 54% immediate lump sum, and 6% immediate life annuity for participants not eligible for retirement.

Jewish Hospital & St. Mary's Healthcare Pension Plan
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Schedule SB, Line 22 – Description of Weighted Average Retirement Age

The weighted average retirement age as shown below is determined for employees who have not yet attainted the earliest retirement age, is unweighted (i.e., unrelated to benefit or cost amounts) and does not reflect other assumed decrements operative at those ages(i.e. mortality and disability).

(a)	(b)	(c)	(d) = (b) x previous (c)	(e) = (a) x (d)
Age	Rate	% Remaining	% Retiring	Weighted Average
54	0.00%	100.000000%	0.000000%	0.00
55	10.00%	90.000000%	10.000000%	5.50
56	5.00%	85.500000%	4.500000%	2.52
57	5.00%	81.225000%	4.275000%	2.44
58	5.00%	77.163750%	4.061250%	2.36
59	5.00%	73.305563%	3.858188%	2.28
60	5.00%	69.640284%	3.665278%	2.20
61	5.00%	66.158270%	3.482014%	2.12
62	25.00%	49.618703%	16.539568%	10.25
63	10.00%	44.656832%	4.961870%	3.13
64	10.00%	40.191149%	4.465683%	2.86
65	70.00%	12.057345%	28.133804%	18.29
66	30.00%	8.440141%	3.617203%	2.39
67	50.00%	4.220071%	4.220071%	2.83
68	50.00%	2.110035%	2.110035%	1.43
69	50.00%	1.055018%	1.0550185%	0.73
70	100.00%	0.000000%	1.0550185%	0.74
			100.00%	62.07

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code).

▶ File as an attachment to Form 5500 or 5500-SF.

OMB No. 1210-0110

2010

This Form is Open to Public Inspection

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

A Name of plan

Jewish Hospital & St. Mary's Healthcare Pension Plan

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF

Jewish Hospital and St. Mary's HealthCare

D Employer Identification Number (EIN)

61-1029768

E Type of plan: [X] Single [ ] Multiple-A [ ] Multiple-B

F Prior year plan size: [ ] 100 or fewer [ ] 101-500 [X] More than 500

Part I Basic Information

1 Enter the valuation date: Month 1 Day 1 Year 2010

2	Assets:			
	a Market value		**2a**	143,243,259
	b Actuarial value		**2b**	150,965,753
3	Funding target/participant count breakdown		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	217	8,706,674
	b For terminated vested participants	**3b**	1,774	30,607,709
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		2,985,827
	(2) Vested benefits	**3c(2)**		130,627,306
	(3) Total active	**3c(3)**	7,086	133,613,133
	d Total	**3d**	9,077	172,927,516
4	If the plan is at-risk, check the box and complete items (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions		**4a**	
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been at-risk for fewer than five consecutive years and disregarding loading factor		**4b**	
5	Effective interest rate		**5**	6.64 %
6	Target normal cost		**6**	1,490,000

Statement by Enrolled Actuary

To the best of my knowledge, the information supplied in this schedule and accompanying schedules, statements and attachments, if any, is complete and accurate. Each prescribed assumption was applied in accordance with applicable law and regulations. In my opinion, each other assumption is reasonable (taking into account the experience of the plan and reasonable expectations) and such other assumptions, in combination, offer my best estimate of anticipated experience under the plan.

SIGN HERE

Rebecca Picotte — Signature of actuary

10/7/11 — Date

Rebecca Picotte — Type or print name of actuary

11-07136 — Most recent enrollment number

Buck Consultants — Firm name

(713) 655-0227 — Telephone number (including area code)

1201 Louisiana, Suite 750

Houston TX 77002-5623 — Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions [ ]

Part II Beginning of year carryover and prefunding balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (Item 13 from prior year)	0	0
8	Portion used to offset prior year's funding requirement (Item 35 from prior year)	0	0
9	Amount remaining (Item 7 minus item 8)	0	0
10	Interest on item 9 using prior year's actual return of 16.55 %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Excess contributions (Item 38 from prior year)		7,005,975
b	Interest on (a) using prior year's effective rate of 8.31 %		582,197
c	Total available at beginning of current plan year to add to prefunding balance		7,588,172
d	Portion of (c) to be added to prefunding balance		0
12	Reduction in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (item 9 + item 10 + item 11d - item 12)	0	0

Part III Funding percentages

14	Funding target attainment percentage	14	87.30 %
15	Adjusted funding target attainment percentage	15	87.30 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	87.97 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2010	1,030,000				
07/01/2010	864,943				
08/02/2010	1,030,000				
01/15/2011	4,350,000				
03/31/2011	4,350,000				
			Totals ▶ 18(b)	11,624,943	18(c) 0

19	Discounted employer contributions - see instructions for small plan with a valuation date after the beginning of the year:		
a	Contributions allocated toward unpaid minimum required contribution from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	10,934,588

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? [X] Yes [ ] No

b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] Yes [ ] No

c If 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of Quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

Part V Assumptions used to determine funding target and target normal cost

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.03 %	6.73 %	3.82 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	62

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is eligible for (and is using) alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of unpaid minimum required contributions for prior years

28 Unpaid minimum required contribution for all prior years	**28**	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (item 19a)	**29**	0
30 Remaining amount of unpaid minimum required contributions (item 28 minus item 29)	**30**	0

Part VIII Minimum required contribution for current year

31 Target normal cost, adjusted, if applicable (see instructions)	**31**		1,490,000
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment		15,044,662	2,703,286
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**		
34 Total funding requirement before reflecting carryover/prefunding balances (item 31 + item 32a + item 32b - item 33)	**34**		4,193,286

	Carryover balance	Prefunding balance	Total balance
35 Balances used to offset funding requirement	0	0	0

36 Additional cash requirement (item 34 minus item 35)	**36**	4,193,286
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (Item 19c)	**37**	10,934,588
38 Interest-adjusted excess contributions for current year (see instructions)	**38**	6,741,302
39 Unpaid minimum required contribution for current year (excess, if any, of item 36 over item 37)	**39**	0
40 Unpaid minimum required contribution for all years	**40**	0

Jewish Hospital & St. Mary's HealthCare Pension Plan

EIN 61-1029768 PN003

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

December 31, 2010

(Continued)

Identity of Issuer	Description of Investment	Cost	Current Value
Common Stocks (continued)			
Thoratec Labs	10,600 shares	$ 270,895	$ 300,192
Titanium Metals Corp	3,059 shares	58,569	52,554
Toro Co	3,100 shares	187,978	376,004
Transdigm Group Inc	796 shares	40,991	57,320
Trimble Nav Ltd	1,665 shares	55,266	66,483
TTM Technologies Inc	34,700 shares	221,665	517,724
United Nat Foods Inc	12,000 shares	251,296	440,160
United Therapeutics Corp	802 shares	41,622	50,702
Urban Outfitters Inc	185 shares	6,532	6,625
URS Corp	1,789 shares	77,531	74,440
Varian Semiconductor Equipment Associates Inc	1,860 shares	54,762	68,764
Verifone Systems Inc	1,465 shares	20,726	56,490
Verint Sys Inc	1,033 shares	30,720	32,746
Virginia Comm Bancorp Inc	35,500 shares	144,035	219,390
Walter Energy Incorporated	743 shares	60,047	94,985
Warnaco Group Inc	947 shares	44,568	52,151
Watsco Inc	742 shares	37,192	46,805
Whitney Hldg Corp	24,900 shares	324,466	352,335
Wms Industries Inc	10,849 shares	237,690	490,809
Woodward Governor Co	1,563 shares	39,531	58,706
		13,512,840	19,837,597
Collective Trust Funds			
Eaton Vance Collective Trust	991,500 shares	9,000,000	11,559,503
Wellington-Commodities CTF	469,484 shares	5,000,000	5,198,134
		14,000,000	16,757,637
Alternative Investments			
Grosvenor Institutional Partners LP	1 share	5,100,000	6,073,502
Federal Street Multi-Strategy Offshore Fund	3,174 shares	4,500,000	4,131,680
		9,600,000	10,205,182
		$ 120,242,415	$ 136,930,609

*Party-in-interest

Jewish Hospital & St. Mary's HealthCare Pension Plan

EIN 61-1029768 PN 003

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2010

Investment	Number of Purchases	Purchase Price	Number of Sales	Sales Price	Cost of Asset	Net Gain or (Loss)
Single Transactions						
Fifth Third Banksafe Premium	1	$ 7,709,187	-	$ -	$ -	$ -
Neuberger & Berman Equity	1	$ 12,500,000	-	$ -	$ -	$ -
Vanguard Institutional Index	1	$ 9,580,245	-	$ -	$ -	$ -
Fifth Third Banksafe Trust	1	$ 9,555,289	1	$ 9,574,835	$ 9,574,835	$ -
Series of Transactions						
Vanguard Institutional Index Fund	5	$ 9,753,300	1	$ 2,000,000	$ 2,071,349	$ (71,349)
Neuberger & Berman Equity	2	$ 12,532,986	-	$ -	$ -	$ -
Fifth Third Banksafe Premium	3	$ 11,232,320	8	$ 14,922,922	$ 14,922,922	$ -
Fifth Third Banksafe Trust	21	$ 11,761,126	18	$ 12,875,081	$ 12,875,081	$ -
Pimco Long Duration Total Return Fund	14	$ 4,154,801	2	$ 7,000,000	$ 6,385,777	$ 614,223