

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ► Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089
		2011
		This Form is Open to Public Inspection

Part I	Annual Report Identification Information
For calendar plan year 2011 or fiscal plan year beginning <u>01/01/2011</u> and ending <u>12/31/2011</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information						
1a Name of plan JEWISH HOSPITAL AND ST. MARYS HEALTHCARE PENSION PLAN	<table border="1"> <tr> <td>1b Three-digit plan number (PN) ►</td> <td>003</td> </tr> <tr> <td>1c Effective date of plan</td> <td>01/01/1965</td> </tr> </table>	1b Three-digit plan number (PN) ►	003	1c Effective date of plan	01/01/1965		
1b Three-digit plan number (PN) ►	003						
1c Effective date of plan	01/01/1965						
2a Plan sponsor's name and address, including room or suite number (Employer, if for single-employer plan) JEWISH HOSPITAL AND ST. MARYS HEALTHCARE PENSION PLAN 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202	<table border="1"> <tr> <td>2b Employer Identification Number (EIN)</td> <td>61-1029768</td> </tr> <tr> <td>2c Sponsor's telephone number</td> <td>502-562-7050</td> </tr> <tr> <td>2d Business code (see instructions)</td> <td>622000</td> </tr> </table>	2b Employer Identification Number (EIN)	61-1029768	2c Sponsor's telephone number	502-562-7050	2d Business code (see instructions)	622000
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.	10/15/2012	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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2011)
v.012611

3a Plan administrator's name and address (if same as plan sponsor, enter "Same") JEWISH HOSPITAL AND ST. MARYS HEALTHCARE PENSION PLAN 200 ABRAHAM FLEXNER WAY LOUISVILLE, KY 40202	3b Administrator's EIN 61-1029768 3c Administrator's telephone number 502-562-7050
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4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year	5	7970
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	4974
b Retired or separated participants receiving benefits.....	6b	251
c Other retired or separated participants entitled to future benefits.....	6c	2340
d Subtotal. Add lines 6a , 6b , and 6c	6d	7565
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	12
f Total. Add lines 6d and 6e	6f	7577
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	67
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)	9b Plan benefit arrangement (check all that apply)
(1) ☐ Insurance	(1) ☐ Insurance
(2) ☐ Code section 412(e)(3) insurance contracts	(2) ☐ Code section 412(e)(3) insurance contracts
(3) ☒ Trust	(3) ☒ Trust
(4) ☐ General assets of the sponsor	(4) ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

- (1)** ☒ **H** (Financial Information)
- (2)** ☐ **I** (Financial Information – Small Plan)
- (3)** ☐ **A** (Insurance Information)
- (4)** ☒ **C** (Service Provider Information)
- (5)** ☒ **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 2011 This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

▶ **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 <u>JEWSH HOSPITAL AND ST. MARYS HEALTHCARE PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>JEWSH HOSPITAL AND ST. MARYS HEALTHCARE PENSION PLAN</u>	D Employer Identification Number (EIN) <u>61-1029768</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>	
2 Assets:	
a Market value	2a <u>145896976</u>
b Actuarial value	2b <u>136820619</u>
3 Funding target/participant count breakdown:	
	(1) Number of participants (2) Funding Target
a For retired participants and beneficiaries receiving payment	3a <u>249</u> <u>11785901</u>
b For terminated vested participants	3b <u>2285</u> <u>36783579</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>1112311</u>
(2) Vested benefits	3c(2) <u>117891596</u>
(3) Total active	3c(3) <u>5436</u> <u>119003907</u>
d Total	3d <u>7970</u> <u>167573387</u>
4 If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.23 %</u>
6 Target normal cost	6 <u>1340000</u>

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	<u>10/09/2012</u>
Signature of actuary	Date
<u>LEE JAMES</u>	<u>11-04022</u>
Type or print name of actuary	Most recent enrollment number
<u>BUCK CONSULTANTS LLC</u>	<u>713-658-3416</u>
Firm name	Telephone number (including area code)
<u>1201 LOUISIANA STREET</u> <u>SUITE 750</u> <u>HOUSTON, TX 77002</u>	
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 ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2011
v.012611

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 (line 13 from prior year)		
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)		
10	Interest on line 9 using prior year's actual return of <u>12.93</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38 from prior year)		6741302
b	Interest on (a) using prior year's effective rate of <u>6.64</u> % except as otherwise provided (see instructions)		447622
c	Total available at beginning of current plan year to add to prefunding balance.....		7188924
d	Portion of (c) to be added to prefunding balance.....		
12	Other reductions in balances due to elections or deemed elections		
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....		

Part III		Funding percentages	
14	Funding target attainment percentage.....	14	81.64 %
15	Adjusted funding target attainment percentage.....	15	81.64 %
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
03/31/2011	1100000		09/14/2012	1725000	
07/15/2011	1100000				
09/15/2011	1100000				
01/13/2012	4625000				
03/30/2012	4925000				
07/16/2012	1725000				
			Totals ►	18(b)	16300000
				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 contributions from prior years.	19a
b Contributions made to avoid restrictions adjusted to valuation date	19b
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c 15244505
20 Quarterly contributions and liquidity shortfalls:	
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No
b If 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ 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
0	0
(3) 3rd	(4) 4th
0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 3.78%	2nd segment: 6.31%	3rd segment: 6.57%	☐ 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 contributions for all prior years	28
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30

Part VIII Minimum required contribution for current year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	1340000	
b Excess assets, if applicable, but not greater than 31a	31b		
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	30752768	5550232	
b Waiver amortization installment			
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 (lines 31a - 31b + 32a + 32b - 33)...	34	6890232	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			
36 Additional cash requirement (line 34 minus line 35)	36	6890232	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	15244505	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	8354273	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b		
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40		

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)

41 If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

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

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

A Name of plan <u>JEWISH HOSPITAL AND ST. MARYS HEALTHCARE PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JEWISH HOSPITAL AND ST. MARYS HEALTHCARE PENSION PLAN</u>	D Employer Identification Number (EIN) <u>61-1029768</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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
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	135742	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

(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	103287	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

(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	57477	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

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	45330	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

(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	41638	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

WELLINGTON TRUST MANAGEMENT

280 CONGRESS STREET
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	40252	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

TODD VERDUS ASSET MANAGEMENT

101 SOUTH 5TH STREET
SUITE 3100
LOUISVILLE, KY 40202

61-1350302

(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	24938	Yes ☐ No ☒	Yes ☐ No ☒	0	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

a Name: REBECCA PICOTTE	b EIN: 61-1029768
c Position: ENROLLED ACTUARY	
d Address: 2103 CITY WEST BLVD. SUITE 800 HOUSTON, TX 77042	e Telephone: 713-485-2666

Explanation: LEFT THE FIRM

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) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="text-align: center; font-size: 1.2em; font-weight: bold;">2011</div> This Form is Open to Public Inspection.
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011

A Name of plan <u>JEWISH HOSPITAL AND ST. MARYS HEALTHCARE PENSION PLAN</u>	B Three-digit plan number (PN)	<u>003</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>JEWISH HOSPITAL AND ST. MARYS HEALTHCARE PENSION PLAN</u>	D Employer Identification Number (EIN) <u>61-1029768</u>	

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 <u>59-7258965-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11085628</u>
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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 <u>38-3766431-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4991414</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: SANDERSON INTL VALUE GROUP TRUST

b Name of sponsor of entity listed in (a): SANDERSON INTL VALUE GROUP TRUST

c EIN-PN <u>20-0348128-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>6019982</u>
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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)
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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)
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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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)**a** Name of MTIA, CCT, PSA, or 103-12 IE:**b** Name of sponsor of entity listed in (a):**c** EIN-PN**d** Entity
code**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)

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

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

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

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 <div style="border: 1px solid black; padding: 5px; font-size: 1.2em; font-weight: bold;">2011</div> This Form is Open to Public Inspection
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For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
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	141108	3
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	8700000	13000000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	246815	195359
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	2543497	4313147
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	19837597	18305396
(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)	16757637	22097024
(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)	87586696	81675184
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	10205182	9774196

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	146018532	149360309

Liabilities

g Benefit claims payable	1g	40912	40243
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	40912	40243

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	145977620	149320066
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	16300000	
(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)		16300000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	3819	
(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)		3819
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	157742	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	5513336	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		5671078
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	42528131	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	43672366	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-1144235

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....	2b(5)(A)		
(B) Other	2b(5)(B)	-1293338	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-1293338
(6) Net investment gain (loss) from common/collective trusts	2b(6)		-1083775
(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		48703
d Total income. Add all income amounts in column (b) and enter total.....	2d		18502252

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	14247106	
(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)		14247106
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)	193219	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	255446	
(4) Other	2i(4)	464035	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		912700
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		15159806

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3342446
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: BKD LLP

(2) EIN: 44-0160260

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

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

Part IV Compliance Questions

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

During the plan year:

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

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>	<div>Retirement Plan Information</div> <div>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2011</div> <div>This Form is Open to Public Inspection.</div>
For calendar plan year 2011 or fiscal plan year beginning 01/01/2011 and ending 12/31/2011		
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): 38-0892650		
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.....		3 340
Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)	
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.		
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.		
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived)		6a
b Enter the amount contributed by the employer to the plan for this plan year		6b
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....		6c
If you completed line 6c, skip lines 8 and 9.		
7 Will the minimum funding amount reported on line 6c be met by the funding deadline? ☐ Yes ☐ No ☐ N/A		
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☒ N/A		
Part III	Amendments	
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No		
Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.	
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?..... ☐ Yes ☐ No		
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No		
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No		
12 Does the ESOP hold any stock that is not readily tradable on an established securities market? ☐ Yes ☐ No		
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.		
Schedule R (Form 5500) 2011 v.012611		

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Jewish Hospital & St. Mary's HealthCare Pension Plan

EIN 61-1029768 PN 003

Accountants' Report and Financial Statements

December 31, 2011 and 2010



Jewish Hospital & St. Mary's HealthCare Pension Plan

December 31, 2011 and 2010

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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, 2011 and 2010, 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, 2011 and 2010, that the information provided to the Plan administrator by the trustee is complete and accurate.

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

BKD, LLP

Louisville, Kentucky
October 11, 2012
Federal Employer Identification Number: 44-0160260

Jewish Hospital & St. Mary's HealthCare Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2011 and 2010

Assets

	<u>2011</u>	<u>2010</u>
Investments, At Fair Value	\$ 136,164,947	\$ 136,930,609
Receivables		
Employer's contribution	13,000,000	8,700,000
Accrued interest and dividends	193,156	199,673
Other	<u>2,203</u>	<u>47,142</u>
	13,195,359	8,946,815
Cash	<u>3</u>	<u>141,108</u>
Total assets	149,360,309	146,018,532

Liabilities

Administrative expenses payable	<u>40,243</u>	<u>40,912</u>
Net Assets Available for Benefits	<u>\$ 149,320,066</u>	<u>\$ 145,977,620</u>

Jewish Hospital & St. Mary's HealthCare Pension Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2011 and 2010

	<u>2011</u>	<u>2010</u>
Investment Income		
Net appreciation (depreciation) in fair value of investments	\$ (3,472,645)	\$ 11,586,971
Interest and dividends	<u>5,674,897</u>	<u>4,788,518</u>
	2,202,252	16,375,489
Less investment expense	<u>255,446</u>	<u>225,798</u>
Net investment income	1,946,806	16,149,691
Employer Contributions	<u>16,300,000</u>	<u>11,624,943</u>
Total additions	<u>18,246,806</u>	<u>27,774,634</u>
Deductions		
Benefits paid to participants	14,247,106	24,600,056
Administrative expenses	<u>657,254</u>	<u>905,710</u>
Total deductions	<u>14,904,360</u>	<u>25,505,766</u>
Net Increase	3,342,446	2,268,868
Net Assets Available for Benefits, Beginning of Year	<u>145,977,620</u>	<u>143,708,752</u>
Net Assets Available for Benefits, End of Year	<u><u>\$ 149,320,066</u></u>	<u><u>\$ 145,977,620</u></u>

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements

December 31, 2011 and 2010

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 whose 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.

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements

December 31, 2011 and 2010

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.

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements

December 31, 2011 and 2010

Valuation of Investments and Income Recognition

Investments consist of common stocks, 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. The Plan's interests in the collective trust funds are 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.

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

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 January 19, 2011, in which the Internal Revenue Service stated 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

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements

December 31, 2011 and 2010

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 2008.

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:

	2011	2010
Money market funds	\$ 4,313,147	\$ 2,543,497
Common stocks	18,305,396	19,837,597
Mutual funds		
Pimco Long Duration Total Return Fund	49,802,558	41,957,501
Artisan International Fund	*	7,236,730
Neuberger & Berman Large Cap Growth Fund	17,559,279	14,693,699
Vanguard Institutional Index Fund	-	8,450,289
Other mutual funds	14,313,347	15,248,477
Collective trust funds		
Eaton Vance Collective Trust	11,085,628	11,559,503
Other collective trust funds	11,011,396	5,198,134
Alternative investments	9,774,196	10,205,182
	<u>\$136,164,947</u>	<u>\$ 136,930,609</u>

*Does not meet the five percent threshold at respective financial statement date.

During the years ended 2011 and 2010, the Plan's investments (including gains and losses on investments bought, sold and held during the year) appreciated (depreciated) in value as follows:

	2011	2010
Common stocks	\$ (1,812,753)	\$ 3,732,100
Mutual funds	(145,131)	6,014,558
Collective trust funds	(1,083,775)	1,285,633
Alternative investments	(430,986)	554,680
	<u>\$ (3,472,645)</u>	<u>\$ 11,586,971</u>

Interest and dividends realized on the Plan's investments for the years ended 2011 and 2010 were \$5,674,897 and \$4,788,518, respectively.

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements

December 31, 2011 and 2010

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:

2011					
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period	
Multi-strategy hedge fund (A)	\$ 3,919,770	\$ -	Various	30 to 180 days	
Limited partnership (B)	\$ 5,854,426	\$ -	Various	30 to 90 days	
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	

- (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, 2011.
- (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, semiannually, annually or longer.

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements

December 31, 2011 and 2010

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:

	2011	2010
Actuarial present value of accumulated Plan benefits		
Vested benefits		
Participants and beneficiaries receiving benefits	\$ 10,078,594	\$ 7,701,400
Other participants	128,579,907	142,558,356
	<u>138,658,501</u>	<u>150,259,756</u>
Nonvested benefits	1,584,161	8,766,794
	<u>1,584,161</u>	<u>8,766,794</u>
Total actuarial present value of accumulated Plan benefits	<u>\$140,242,662</u>	<u>\$159,026,550</u>

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

	2011	2010
Actuarial present value of accumulated Plan benefits at January 1, 2010 and 2009, respectively	<u>\$159,026,550</u>	<u>\$142,210,325</u>
Increase (decrease) during the year attributable to		
Changes in actuarial assumptions	-	(546,541)
Benefits accumulated and other	(5,892,266)	14,898,912
Increase for interest due to the decrease in the discount period	11,755,217	11,040,365
Benefits paid	<u>(24,646,839)</u>	<u>(8,576,511)</u>
Net increase (decrease)	<u>(18,783,888)</u>	<u>16,816,225</u>
Actuarial present value of accumulated Plan benefits at January 1, 2011 and 2010, respectively	<u>\$140,242,662</u>	<u>\$159,026,550</u>

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements

December 31, 2011 and 2010

Significant actuarial assumptions underlying the actuarial computations are:

Life expectancy of participants	RP-2000 Combined
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%
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 \$57,477 and \$54,099 for the years ended December 31, 2011 and 2010, respectively. Additionally, fees recorded to investment managers for investment and brokerage services were \$255,446 and \$225,798 for the years ended December 31, 2011 and 2010, respectively. The Plan also recorded \$135,742 and \$293,133 in fees to the Plan actuary for actuarial services for the years ended December 31, 2011 and 2010, 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 that 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

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements

December 31, 2011 and 2010

- 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 reference data market research, publications and the related investments are classified within Level 2 of the valuation hierarchy. Level 2 investments include collective trust funds. For the alternative investments 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:

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements

December 31, 2011 and 2010

2011				
	Fair Value	Fair Value Measurements Using		
		Quoted Prices Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
Money market funds	\$ 4,313,147	\$ 4,313,147	\$ -	\$ -
Mutual funds				
Small/mid cap U.S. equities	4,913,837	4,913,837	-	-
Large cap U.S. equities	22,051,224	22,051,224	-	-
International equities	4,907,565	4,907,565	-	-
Fixed income	49,802,558	49,802,558	-	-
Common stock	18,305,396	18,305,396	-	-
Collective trust funds				
Large cap U.S. equities	11,085,628	-	11,085,628	-
International equities	6,019,982	-	6,019,982	-
Commodities	4,991,414	-	4,991,414	-
Alternative investments	9,774,196	-	-	9,774,196
	<u>\$ 136,164,947</u>	<u>\$ 104,293,727</u>	<u>\$ 22,097,024</u>	<u>\$ 9,774,196</u>

2010				
	Fair Value	Fair Value Measurements Using		
		Quoted Prices 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
	<u>\$ 136,930,609</u>	<u>\$ 109,967,790</u>	<u>\$ 16,757,637</u>	<u>\$ 10,205,182</u>

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements

December 31, 2011 and 2010

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

	<u>Alternative Investments</u>
Balance, January 1, 2010	\$ 9,650,502
Total realized and unrealized gains and losses included in net increase in net assets available for benefits	<u>554,680</u>
Balance, January 1, 2011	10,205,182
Total realized and unrealized gains and losses included in net increase in net assets available for benefits	<u>(430,986)</u>
Balance, December 31, 2011	<u><u>\$ 9,774,196</u></u>
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	<u><u>\$ (430,986)</u></u>

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

Note 7: Plan Amendments

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.

In January 2012, the Plan was amended to modify certain crediting service provisions as a result of the merger of the Plan Sponsor that occurred subsequent to the end of the Plan year ended December 31, 2011.

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements

December 31, 2011 and 2010

Note 8: Significant Estimates and Concentrations

Current Economic Conditions

The current economic situation 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

Change of Trustee and Custodian

Effective June 1, 2012, as a result of the merger and business combination of the Plan Sponsor with Catholic Health Initiatives (CHI), the board of directors of the Plan Sponsor resolved to terminate the trustee services of Fifth Third Bank and appoint New York Mellon Bank as successor trustee and custodian of the Plan. Also, effective June 1, 2012, the Plan was named a participating employer in the CHI Master Trust and all Plan assets (other than certain alternative investment balances subject to certain redemption restrictions) were transferred to the CHI Master Trust.

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, 2011

Identity of Issuer	Description of Investment	Cost	Current Value
*Money Market Funds			
Fifth Third Banksafe Trust		\$ 2,045,020	\$ 2,045,020
Fifth Third Banksafe Premium		2,264,871	2,264,871
Fifth Third Prime Money Market		3,256	3,256
		<u>4,313,147</u>	<u>4,313,147</u>
Mutual Funds			
CRM Small/Mid Cap Value Fund	375,102 shares	5,264,996	4,913,837
EII Global Property Fund	334,720 shares	5,396,433	4,491,945
Artisan International Fund	247,482 shares	5,149,465	4,907,565
Pimco Long Duration Total Return Fund	4,224,136 shares	42,357,765	49,802,558
Neuberger & Berman Large Cap Disc Growth	2,537,468 shares	17,306,401	17,559,279
		<u>75,475,060</u>	<u>81,675,184</u>
Common Stocks			
AFLAC Inc	3,370 shares	183,968	145,786
Allscripts Healthcare Solutions Inc	30,320 shares	250,868	574,261
Altria Group Inc	3,040 shares	75,151	90,136
American Express Co	2,260 shares	98,099	106,604
Archer Daniels Midland Co	850 shares	25,179	24,310
AT&T	1,780 shares	50,085	53,827
Atwood Oceanics Inc	12,100 shares	274,009	481,459
Bancfirst Corp Common	4,600 shares	220,215	172,684
Benchmark Electronics Inc	19,700 shares	233,199	265,359
BHP Billiton LTD	540 shares	49,406	38,140
Bill Barrett Corp	8,000 shares	300,308	272,560
Blackrock, Inc	610 shares	112,877	108,726
Bristol Myers Squibb Co	2,960 shares	75,065	104,310
Broadcom Corp	2,700 shares	99,440	79,272
Calgon Carbon Corp Com	33,000 shares	486,594	518,430
Capital One Financial Corp	990 shares	50,481	41,867
Caterpillar Inc	410 shares	36,545	37,146
Chart Industries Inc	13,200 shares	219,003	713,724
Chevron Corporation	1,230 shares	127,796	130,872
Coach Inc	1,180 shares	67,758	72,027
Coinstar Inc	9,100 shares	432,239	415,324
ConocoPhillips	1,620 shares	126,760	118,049
Cummins Inc	400 shares	36,791	35,208
Danaher Corp	1,490 shares	73,998	70,090
Dominion Resources Inc	2,820 shares	126,104	149,686
Eaton Corp	1,400 shares	73,823	60,942
Emerson Elec Co	1,650 shares	98,566	76,874

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, 2011

(Continued)

Identity of Issuer	Description of Investment	Cost	Current Value
Common Stocks (Continued)			
Ensco Intl LTD	2,343 shares	\$ 126,085	\$ 109,934
Express Scripts Inc	930 shares	50,212	41,562
Forward Air Corp	15,100 shares	338,545	483,955
Freeport-McMoran Copper & Gold	1,570 shares	74,704	57,760
Fuel Systems Solutions Inc	12,000 shares	341,225	197,880
Gamestop Corp	1,930 shares	51,830	46,571
Genuine Parts Co	950 shares	49,229	58,140
Google Inc	200 shares	121,503	129,180
Hancock Holding Co	10,408 shares	324,460	332,744
Harmonic Inc Com	54,500 shares	328,689	274,680
Hecla Mng Co Com	39,400 shares	296,327	206,062
Home Depot Inc	1,310 shares	48,778	55,072
Illinois Tool Works Inc	1,880 shares	99,619	87,815
Intel Corp	3,480 shares	73,897	84,390
Interdigital Inc PA	5,500 shares	146,021	239,635
International Business Machines	620 shares	100,299	114,006
Investment Technology Group Inc	13,800 shares	230,282	149,178
Itron Inc Com	6,500 shares	320,629	232,505
JP Morgan Chase & Co	1,500 shares	53,752	49,875
Laboratory Corp Amer Hldgs	570 shares	50,604	49,003
Lakeland Financial Corp	12,035 shares	255,741	311,345
Layne Christensen Co	14,400 shares	308,250	348,480
Lindsay Corp	4,700 shares	262,718	257,983
Marathon Oil Corp	3,500 shares	98,056	102,445
Marathon Pete Corp	1,855 shares	72,045	61,753
McDonalds Corp	1,320 shares	99,792	132,436
McKesson Corporation	1,280 shares	100,157	99,725
Merit Medical Systems Inc	28,750 shares	342,176	384,675
Metlife Inc	2,170 shares	98,727	67,661
Microsoft Corp	2,950 shares	78,495	76,582
MVC Capital Inc	9,500 shares	122,553	110,105
Navigators Group Inc	7,600 shares	373,374	362,368
Novartis A G	2,190 shares	126,655	125,202
Omnivision Technologies Inc	14,400 shares	437,813	176,184
Oracle Corporation	4,420 shares	144,468	113,373
Parexel International Corp	23,100 shares	182,546	479,094
Pepsico Inc	1,570 shares	99,694	104,170
Philip Morris International Inc	2,080 shares	128,798	163,238
Portfolio Recovery Associates Inc	5,100 shares	230,734	344,352
Praxair Inc	1,280 shares	124,127	136,832
Prestige Brands Hldgs Inc	23,700 shares	147,307	267,099

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, 2011

(Continued)

Identity of Issuer	Description of Investment	Cost	Current Value
Common Stocks (Continued)			
Qualcomm Inc	2,150 shares	\$ 123,481	\$ 117,605
Ross Stores Inc	2,840 shares	98,772	134,985
Sally Beauty Co Inc	33,400 shares	154,401	705,742
Schnitzer Steel Industries Inc	7,200 shares	373,522	304,416
Semtech Corp	20,900 shares	215,226	518,738
State Street Corp	2,800 shares	123,433	112,868
Steris Corp	11,900 shares	374,426	354,858
Sun Hydraulics Corp	13,350 shares	117,928	312,791
Superior Energy Services Inc	11,600 shares	224,114	329,904
Synaptics Inc	16,000 shares	411,140	482,400
TE Connectivity LTD	2,770 shares	98,309	85,344
Teva Pharmaceutical	1,470 shares	74,406	59,329
Thoratec Labs	10,600 shares	270,895	355,736
Tim Technologies Inc	33,600 shares	214,638	368,256
Toro Co	8,600 shares	342,047	521,676
Union Pac Corp	1,310 shares	121,233	138,781
United Natural Foods Inc	12,000 shares	251,296	480,120
United Technologies Corp	1,780 shares	148,109	130,100
UnitedHealth Group Inc	2,310 shares	99,532	117,071
Vodafone Group	2,610 shares	75,001	73,158
Williams Industries Inc	10,000 shares	202,654	205,200
Xilinx Inc Com	3,110 shares	100,642	99,707
YUM! Brands Inc	1,930 shares	96,942	113,889
		<u>15,377,390</u>	<u>18,305,396</u>
Collective Trust Funds			
Eaton Vance Collective Trust	991,500 shares	9,000,000	11,085,628
Wellington-Commodities CTF	470,502 shares	5,011,622	4,991,414
Sanderson International Value Group Trust	336,245 shares	6,407,116	6,019,982
		<u>20,418,738</u>	<u>22,097,024</u>
Alternative Investments			
Grosvenor Institutional Partners LP	1 share	5,100,000	5,854,426
Federal Street Multi-Strategy Offshore Fund	3,174 shares	4,500,000	3,919,770
		<u>9,600,000</u>	<u>9,774,196</u>
		<u>\$ 125,184,335</u>	<u>\$ 136,164,947</u>

*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, 2011

Investment	Number of Purchases	Purchase Price	Number of Sales	Sales Price	Cost of Asset	Net Gain or (Loss)
Single Transactions						
Vanguard Institutional Index	0	\$ -	1	\$ 8,948,446	\$ 7,681,951	\$ 1,266,495
Series of Transactions						
Fifth Third Banksafe Trust	23	\$ 6,995,165	16	\$ 6,345,479	\$ 6,345,479	\$ -
Fifth Third Banksafe Premium	4	\$ 9,278,366	8	\$ 8,158,402	\$ 8,158,402	\$ -

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment 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

2011**This Form is Open to Public
Inspection**

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

▶ **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		D Employer Identification Number (EIN) 61-1029768	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2011</u>			
2 Assets:			
a Market value		2a	145896976
b Actuarial value		2b	136820619
3 Funding target/participant count breakdown:			
		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	249	11785901
b For terminated vested participants	3b	2285	36783579
c For active participants:			
(1) Non-vested benefits	3c(1)		1112311
(2) Vested benefits	3c(2)		117891596
(3) Total active	3c(3)	5436	119003907
d Total	3d	7970	167573387
4 If the plan is in at-risk status, check the box and complete lines (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 in at-risk status for fewer than five consecutive years and disregarding loading factor		4b	
5 Effective interest rate		5	6.23%
6 Target normal cost		6	1340000

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**

Lee James Jr

Signature of actuary

10/11/12

Date

LEE JAMES

1104022

Type or print name of actuary

BUCK CONSULTANTS, LLC

Most recent enrollment number

713-658-3416

Firm name

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 ☐

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2011
v.012611

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 (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>12.93</u> %.....	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38 from prior year)		6741302
b Interest on (a) using prior year's effective rate of <u>6.64</u> % except as otherwise provided (see instructions)		447622
c Total available at beginning of current plan year to add to prefunding balance		7188924
d Portion of (c) to be added to prefunding balance		
12 Other reductions in balances due to elections or deemed elections		
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III	Funding percentages
-----------------	----------------------------

14	Funding target attainment percentage.....	14	81.64 %
15	Adjusted funding target attainment percentage	15	81.64 %
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		
03/31/2011	1100000	0					
07/15/2011	1100000	0					
09/15/2011	1100000	0					
01/13/2012	4625000	0					
03/30/2012	4925000	0					
07/16/2012	1725000	0					
09/14/2012	1725000	0					
			Totals ►	18(b)	16300000	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 contributions 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	15244505

20 Quarterly contributions and liquidity shortfalls:

- a** Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No
- b** If 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ 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:
3.78%2nd segment:
6.31%3rd segment:
6.57%☐ 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 contributions for all prior years**28**

0

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

0

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

0

Part VIII Minimum required contribution for current year**31** Target normal cost and excess assets (see instructions):**a** Target normal cost (line 6)**31a**

1340000

b Excess assets, if applicable, but not greater than 31a**31b****32** Amortization installments:**a** Net shortfall amortization installment**b** Waiver amortization installment

Outstanding Balance

Installment

30752768

5550232

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 (lines 31a - 31b + 32a + 32b - 33)**34**

6890232

Carryover balance

Prefunding balance

Total balance

35 Balances elected for use to offset funding requirement

0

36 Additional cash requirement (line 34 minus line 35)**36**

6890232

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

15244505

38 Present value of excess contributions for current year (see instructions)**a** Total (excess, if any, of line 37 over line 36)**38a**

8354273

b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances**38b**

0

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

0

40 Unpaid minimum required contributions for all years**40**

0

Part IX Pension funding relief under Pension Relief Act of 2010 (see instructions)**41** If a shortfall amortization base is being amortized pursuant to an alternative amortization schedule:**a** Schedule elected☐ 2 plus 7 years☐ 15 years**b** Eligible plan year(s) for which the election in line 41a was made☐ 2008☐ 2009☐ 2010☐ 2011**42** Amount of acceleration adjustment**42****43** Excess installment acceleration amount to be carried over to future plan years**43**

Jewish Hospital & St. Mary's Healthcare Pension Plan
EIN: 61-1029768, Plan Number 003
Attachment to the 2011 Form 5500 Schedule SB

Schedule SB, Line 24 – Change in Actuarial Assumptions

Expected expenses to be paid from trust assets was changed to \$1,340,000 from \$1,490,000.

Jewish Hospital & St. Mary's Healthcare Pension Plan
EIN: 61-1029768, Plan Number 003
Attachment to the 2011 Form 5500 Schedule SB

Schedule SB, Line 26 – Summary of Active Participant Data

Attained Age	Years of credited service:																	
	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	
	Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.		Avg.	
	No.	Cash Bal.	No.	Cash Bal.	No.	Cash Bal.	No.	Cash Bal.	No.	Cash Bal.	No.	Cash Bal.	No.	Cash Bal.	No.	Cash Bal.	No.	Cash Bal.
Under 25	164	1,391	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
25 to 29	453	2,717	65	7,461	1	-	-	-	-	-	-	-	-	-	-	-	-	-
30 to 34	434	4,053	164	10,831	33	18,505	2	-	-	-	-	-	-	-	-	-	-	-
35 to 39	420	6,382	134	12,959	105	19,618	38	23,866	-	-	-	-	-	-	-	-	-	-
40 to 44	350	8,491	125	15,260	77	24,512	63	35,865	12	-	-	-	-	-	-	-	-	-
45 to 49	360	10,645	138	16,665	78	29,588	78	43,141	61	55,500	31	50,769	2	-	-	-	-	-
50 to 54	393	11,997	100	20,063	66	32,520	79	46,064	51	65,149	55	75,825	45	78,712	1	-	-	-
55 to 59	346	16,141	85	19,044	63	41,383	64	61,253	43	76,984	23	100,565	53	116,636	29	111,822	-	-
60 to 64	200	17,556	56	26,225	31	43,785	28	62,197	18	-	17	-	16	-	19	-	4	-
65 to 69	64	23,235	13	-	7	-	11	-	2	-	5	-	3	-	3	-	1	-
70 & up	35	22,096	10	-	5	-	-	-	2	-	1	-	1	-	-	-	-	-
Total	3,219		890		466		363		189		132		120		52		5	

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

Jewish Hospital & St. Mary's Healthcare Pension Plan
EIN: 61-1029768, Plan Number 003
Attachment to the 2011 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	\$ 6,998,091	January 1, 2009	5	\$ 1,505,356
Shortfall	\$ 6,451,118	January 1, 2010	6	\$ 1,197,930
Shortfall	\$17,303,559	January 1, 2011	7	\$2,846,946

Jewish Hospital & St. Mary's Healthcare Pension Plan
EIN: 61-1029768, Plan Number 003
Attachment to the 2011 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	3.78%
	Second Segment Rate	6.31%
	Third Segment Rate	6.57%
	Effective Interest Rate	6.23%
Prior 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%

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
EIN: 61-1029768, Plan Number 003
Attachment to the 2011 Form 5500 Schedule SB

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

Salary Increase Assumption

Current Year:	N/A
Prior Year:	N/A

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 \$1,340,000 were added to the 2011 Target Normal Cost. Expected administrative expenses of \$1,490,000 were added to the 2010 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
EIN: 61-1029768, Plan Number 003
Attachment to the 2011 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
EIN: 61-1029768, Plan Number 003
Attachment to the 2011 Form 5500 Schedule SB

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

Withdrawal Rates¹

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
EIN: 61-1029768, Plan Number 003
Attachment to the 2011 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. The latest amendment was executed on December 21, 2010. However, these changes were clarifying or administrative in manner and had no impact on the valuation.

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 2011 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.

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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.

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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.

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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%

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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.

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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 Treasury 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.

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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 attained 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

Jewish Hospital & St. Mary's HealthCare Pension Plan

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Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2011

Investment	Number of Purchases	Purchase Price	Number of Sales	Sales Price	Cost of Asset	Net Gain or (Loss)
Single Transactions						
Vanguard Institutional Index	0	\$ -	1	\$ 8,948,446	\$ 7,681,951	\$ 1,266,495
Series of Transactions						
Fifth Third Banksafe Trust	23	\$ 6,995,165	16	\$ 6,345,479	\$ 6,345,479	\$ -
Fifth Third Banksafe Premium	4	\$ 9,278,366	8	\$ 8,158,402	\$ 8,158,402	\$ -

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, 2011

Identity of Issuer	Description of Investment	Cost	Current Value
*Money Market Funds			
Fifth Third Banksafe Trust		\$ 2,045,020	\$ 2,045,020
Fifth Third Banksafe Premium		2,264,871	2,264,871
Fifth Third Prime Money Market		3,256	3,256
		<u>4,313,147</u>	<u>4,313,147</u>
Mutual Funds			
CRM Small/Mid Cap Value Fund	375,102 shares	5,264,996	4,913,837
EII Global Property Fund	334,720 shares	5,396,433	4,491,945
Artisan International Fund	247,482 shares	5,149,465	4,907,565
Pimco Long Duration Total Return Fund	4,224,136 shares	42,357,765	49,802,558
Neuberger & Berman Large Cap Disc Growth	2,537,468 shares	17,306,401	17,559,279
		<u>75,475,060</u>	<u>81,675,184</u>
Common Stocks			
AFLAC Inc	3,370 shares	183,968	145,786
Allscripts Healthcare Solutions Inc	30,320 shares	250,868	574,261
Altria Group Inc	3,040 shares	75,151	90,136
American Express Co	2,260 shares	98,099	106,604
Archer Daniels Midland Co	850 shares	25,179	24,310
AT&T	1,780 shares	50,085	53,827
Atwood Oceanics Inc	12,100 shares	274,009	481,459
Bancfirst Corp Common	4,600 shares	220,215	172,684
Benchmark Electronics Inc	19,700 shares	233,199	265,359
BHP Billiton LTD	540 shares	49,406	38,140
Bill Barrett Corp	8,000 shares	300,308	272,560
Blackrock, Inc	610 shares	112,877	108,726
Bristol Myers Squibb Co	2,960 shares	75,065	104,310
Broadcom Corp	2,700 shares	99,440	79,272
Calgon Carbon Corp Com	33,000 shares	486,594	518,430
Capital One Financial Corp	990 shares	50,481	41,867
Caterpillar Inc	410 shares	36,545	37,146
Chart Industries Inc	13,200 shares	219,003	713,724
Chevron Corporation	1,230 shares	127,796	130,872
Coach Inc	1,180 shares	67,758	72,027
Coinstar Inc	9,100 shares	432,239	415,324
ConocoPhillips	1,620 shares	126,760	118,049
Cummins Inc	400 shares	36,791	35,208
Danaher Corp	1,490 shares	73,998	70,090
Dominion Resources Inc	2,820 shares	126,104	149,686
Eaton Corp	1,400 shares	73,823	60,942
Emerson Elec Co	1,650 shares	98,566	76,874

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, 2011

(Continued)

Identity of Issuer	Description of Investment	Cost	Current Value
Common Stocks (Continued)			
Ensco Intl LTD	2,343 shares	\$ 126,085	\$ 109,934
Express Scripts Inc	930 shares	50,212	41,562
Forward Air Corp	15,100 shares	338,545	483,955
Freeport-McMoran Copper & Gold	1,570 shares	74,704	57,760
Fuel Systems Solutions Inc	12,000 shares	341,225	197,880
Gamestop Corp	1,930 shares	51,830	46,571
Genuine Parts Co	950 shares	49,229	58,140
Google Inc	200 shares	121,503	129,180
Hancock Holding Co	10,408 shares	324,460	332,744
Harmonic Inc Com	54,500 shares	328,689	274,680
Hecla Mng Co Com	39,400 shares	296,327	206,062
Home Depot Inc	1,310 shares	48,778	55,072
Illinois Tool Works Inc	1,880 shares	99,619	87,815
Intel Corp	3,480 shares	73,897	84,390
Interdigital Inc PA	5,500 shares	146,021	239,635
International Business Machines	620 shares	100,299	114,006
Investment Technology Group Inc	13,800 shares	230,282	149,178
Itron Inc Com	6,500 shares	320,629	232,505
JP Morgan Chase & Co	1,500 shares	53,752	49,875
Laboratory Corp Amer Hldgs	570 shares	50,604	49,003
Lakeland Financial Corp	12,035 shares	255,741	311,345
Layne Christensen Co	14,400 shares	308,250	348,480
Lindsay Corp	4,700 shares	262,718	257,983
Marathon Oil Corp	3,500 shares	98,056	102,445
Marathon Pete Corp	1,855 shares	72,045	61,753
McDonalds Corp	1,320 shares	99,792	132,436
McKesson Corporation	1,280 shares	100,157	99,725
Merit Medical Systems Inc	28,750 shares	342,176	384,675
Metlife Inc	2,170 shares	98,727	67,661
Microsoft Corp	2,950 shares	78,495	76,582
MVC Capital Inc	9,500 shares	122,553	110,105
Navigators Group Inc	7,600 shares	373,374	362,368
Novartis A G	2,190 shares	126,655	125,202
Omnivision Technologies Inc	14,400 shares	437,813	176,184
Oracle Corporation	4,420 shares	144,468	113,373
Parexel International Corp	23,100 shares	182,546	479,094
Pepsico Inc	1,570 shares	99,694	104,170
Philip Morris International Inc	2,080 shares	128,798	163,238
Portfolio Recovery Associates Inc	5,100 shares	230,734	344,352
Praxair Inc	1,280 shares	124,127	136,832
Prestige Brands Hldgs Inc	23,700 shares	147,307	267,099

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, 2011

(Continued)

Identity of Issuer	Description of Investment	Cost	Current Value
Common Stocks (Continued)			
Qualcomm Inc	2,150 shares	\$ 123,481	\$ 117,605
Ross Stores Inc	2,840 shares	98,772	134,985
Sally Beauty Co Inc	33,400 shares	154,401	705,742
Schnitzer Steel Industries Inc	7,200 shares	373,522	304,416
Semtech Corp	20,900 shares	215,226	518,738
State Street Corp	2,800 shares	123,433	112,868
Steris Corp	11,900 shares	374,426	354,858
Sun Hydraulics Corp	13,350 shares	117,928	312,791
Superior Energy Services Inc	11,600 shares	224,114	329,904
Synaptics Inc	16,000 shares	411,140	482,400
TE Connectivity LTD	2,770 shares	98,309	85,344
Teva Pharmaceutical	1,470 shares	74,406	59,329
Thoratec Labs	10,600 shares	270,895	355,736
Tim Technologies Inc	33,600 shares	214,638	368,256
Toro Co	8,600 shares	342,047	521,676
Union Pac Corp	1,310 shares	121,233	138,781
United Natural Foods Inc	12,000 shares	251,296	480,120
United Technologies Corp	1,780 shares	148,109	130,100
UnitedHealth Group Inc	2,310 shares	99,532	117,071
Vodafone Group	2,610 shares	75,001	73,158
Williams Industries Inc	10,000 shares	202,654	205,200
Xilinx Inc Com	3,110 shares	100,642	99,707
YUM! Brands Inc	1,930 shares	96,942	113,889
		<u>15,377,390</u>	<u>18,305,396</u>
Collective Trust Funds			
Eaton Vance Collective Trust	991,500 shares	9,000,000	11,085,628
Wellington-Commodities CTF	470,502 shares	5,011,622	4,991,414
Sanderson International Value Group Trust	336,245 shares	6,407,116	6,019,982
		<u>20,418,738</u>	<u>22,097,024</u>
Alternative Investments			
Grosvenor Institutional Partners LP	1 share	5,100,000	5,854,426
Federal Street Multi-Strategy Offshore Fund	3,174 shares	4,500,000	3,919,770
		<u>9,600,000</u>	<u>9,774,196</u>
		<u>\$ 125,184,335</u>	<u>\$ 136,164,947</u>

*Party-in-interest