

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2012</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2012 or fiscal plan year beginning <u>01/01/2012</u> and ending <u>12/31/2012</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 CATHOLIC HEALTH INITIATIVES RETIREMENT PLAN FOR FOR-PROFIT ENTITIES	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">008</td> </tr> <tr> <td colspan="2">1c Effective date of plan 01/01/1995</td> </tr> </table>	1b Three-digit plan number (PN) ▶	008	1c Effective date of plan 01/01/1995	
1b Three-digit plan number (PN) ▶	008				
1c Effective date of plan 01/01/1995					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) CATHOLIC HEALTH INITIATIVES 1999 BROADWAY, SUITE 2600 DENVER, CO 80202	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 47-0617373</td> </tr> <tr> <td>2c Sponsor's telephone number 303-383-2633</td> </tr> <tr> <td>2d Business code (see instructions) 621399</td> </tr> </table>	2b Employer Identification Number (EIN) 47-0617373	2c Sponsor's telephone number 303-383-2633	2d Business code (see instructions) 621399	
2b Employer Identification Number (EIN) 47-0617373					
2c Sponsor's telephone number 303-383-2633					
2d Business code (see instructions) 621399					

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.	10/10/2013	TROY A LINDON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/10/2013	TROY A LINDON
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN 3c Administrator's telephone number <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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		5 675
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	82
b Retired or separated participants receiving benefits.....	6b	120
c Other retired or separated participants entitled to future benefits.....	6c	442
d Subtotal. Add lines 6a , 6b , and 6c	6d	644
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	5
f Total. Add lines 6d and 6e	6f	649
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	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1C 1G 1I 3H		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ 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 2012 This Form is Open to Public Inspection
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

▶ **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>CATHOLIC HEALTH INITIATIVES RETIREMENT PLAN FOR FOR-PROFIT ENTITIES</u>	B Three-digit plan number (PN) ▶ <u>008</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>CATHOLIC HEALTH INITIATIVES</u>	D Employer Identification Number (EIN) <u>47-0617373</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>2012</u>	
2 Assets:	
a Market value	2a <u>13578956</u>
b Actuarial value	2b <u>13687376</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>133</u> <u>3057961</u>
b For terminated vested participants.....	3b <u>455</u> <u>6655493</u>
c For active participants:	
(1) Non-vested benefits.....	3c(1) <u>0</u>
(2) Vested benefits.....	3c(2) <u>1451989</u>
(3) Total active	3c(3) <u>92</u> <u>1451989</u>
d Total	3d <u>680</u> <u>11165443</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>7.01</u> %
6 Target normal cost.....	6 <u>70000</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>09/23/2013</u>
Signature of actuary		Date
<u>JUDY M. KRUSE</u>		<u>11-05907</u>
Type or print name of actuary		Most recent enrollment number
<u>TOWERS WATSON PENNSLYVANIA INC.</u>		<u>312-525-2500</u>
Firm name		Telephone number (including area code)
<u>191 NORTH WACKER DRIVE, SUITE 2100</u> <u>CHICAGO, IL 60606-1615</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) 2012
v. 120126

Part II Beginning of Year Carryover Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	524089	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	80007	0
9	Amount remaining (line 7 minus line 8)	444082	0
10	Interest on line 9 using prior year's actual return of <u>1.59</u> %	7061	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b Interest on (a) using prior year's effective interest rate of <u>5.93</u> % except as otherwise provided (see instructions)		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	451143	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	118.54 %
15	Adjusted funding target attainment percentage	15	122.58 %
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	104.28 %
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
Totals ►			18(b)	0	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	0
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No	
c If line 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		

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:				
a Segment rates:	1st segment: 5.54%	2nd segment: 6.85%	3rd segment: 7.52 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 65
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 subject to 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	70000	
b Excess assets, if applicable, but not greater than line 31a	31b	70000	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	0	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	0	
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 an election was made to use PRA 2010 funding relief for this plan:			
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
		2012
		This Form is Open to Public Inspection.

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan CATHOLIC HEALTH INITIATIVES RETIREMENT PLAN FOR FOR-PROFIT ENTITIES	B Three-digit plan number (PN) ▶ 008
C Plan sponsor's name as shown on line 2a of Form 5500 CATHOLIC HEALTH INITIATIVES	D Employer Identification Number (EIN) 47-0617373

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
SIGULER GUFF ADVISERS, LLC

13-3855629

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
THE BANK OF NEW YORK MELLON

13-5160382

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
PACIFIC DIVERSIFIED STRATEGIES, LLC

20-1194001

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
WESTERN ASSET MANAGEMENT COMPANY 385 E COLORADO BLVD
PASADENA, CA 91101

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

COMMONFUND CAPITAL, INC.

15 OLD DANBURY ROAD
WILTON, CT 06897

(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)

TOWERS WATSON

23-1159360

(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 29 50 65	NONE	38543	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

HEWITT ASSOCIATES LLC

36-2235791

(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?
15 50 65 99	NONE	12182	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

ADAMS STREET PARTNERS, LLC

36-4395128

(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?
52	NONE	0	Yes ☒ No ☐	Yes ☐ No ☒	206250	Yes ☐ No ☒

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADAMS STREET PARTNERS, LLC	52	106250

(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.
THE ADAMS STREET DIRECT COINV FD LP 36-4395128	INVESTMENT MANAGEMENT FEES

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ADAMS STREET PARTNERS, LLC	52	100000

(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.
THE ADAMS STREET CO-INV FD II,LP 36-4395128	INVESTMENT MANAGEMENT FEES

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

(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <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;">2012</div> This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>CATHOLIC HEALTH INITIATIVES RETIREMENT PLAN FOR FOR-PROFIT ENTITIES</u>	B Three-digit plan number (PN) ►	<u>008</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>CATHOLIC HEALTH INITIATIVES</u>	D Employer Identification Number (EIN) <u>47-0617373</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: CHI MASTER TRUST

b Name of sponsor of entity listed in (a): CATHOLIC HEALTH INITIATIVES

c EIN-PN <u>80-0000385-001</u>	d Entity code <u>M</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>14126178</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)
-----------------	----------------------	---

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:

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		2012
		This Form is Open to Public Inspection

For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012		
A Name of plan CATHOLIC HEALTH INITIATIVES RETIREMENT PLAN FOR FOR-PROFIT ENTITIES	B Three-digit plan number (PN) ►	008
C Plan sponsor's name as shown on line 2a of Form 5500 CATHOLIC HEALTH INITIATIVES	D Employer Identification Number (EIN) 47-0617373	

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

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	0	17
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	0	177925
(2) U.S. Government securities.....	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts.....	1c(9)		
(10) Value of interest in pooled separate accounts.....	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	13578946	14126178
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)		

1d Employer-related investments:		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	13578946	14304120

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	13578946	14304120
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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)		
(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)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	253	
(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)		253
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		1790243
(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		
d Total income. Add all income amounts in column (b) and enter total.....	2d		1790496

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	986139	
(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)		986139
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)	52371	
(2) Contract administrator fees	2i(2)	2675	
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	24137	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		79183
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		1065322

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		725174
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: ERNST & YOUNG

(2) EIN: 34-6565596

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

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

Part IV Compliance Questions

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

During the plan year:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.).....

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....		X	
e Was this plan covered by a fidelity bond?.....	X		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		413403470
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.		X	

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

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

5b(1) Name of plan(s)

5b(2) EIN(s)	5b(3) PN(s)

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2012 This Form is Open to Public Inspection.
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For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012

A Name of plan <u>CATHOLIC HEALTH INITIATIVES RETIREMENT PLAN FOR FOR-PROFIT ENTITIES</u>	B Three-digit plan number (PN) ▶ <u>008</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>CATHOLIC HEALTH INITIATIVES</u>	D Employer Identification Number (EIN) <u>47-0617373</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>47-0617373</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>18</u>

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

10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: _____% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify):

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

Catholic Health Initiatives
Retirement Plan for For-Profit Entities
Years Ended December 31, 2012 and 2011
With Report of Independent Auditors

Ernst & Young LLP



Catholic Health Initiatives
Retirement Plan for For-Profit Entities

Financial Statements and Supplemental Schedules

Years Ended December 31, 2012 and 2011

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Report of Independent Auditors

The Plan Administrator
Catholic Health Initiatives
Retirement Plan for For-Profit Entities

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Catholic Health Initiatives Retirement Plan for For-Profit Entities, which comprise the statements of net assets available for benefits as of December 31, 2012 and 2011, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified investment information described in Note 5, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the entity that certified the investment information meets the requirements of 29 CFR 2520.103-8. The plan administrator has obtained certifications as of December 31, 2012 and 2011, and for the years then ended, stating that the investment information provided to the plan administrator is complete and accurate.

Disclaimer of Opinion on Financial Statements

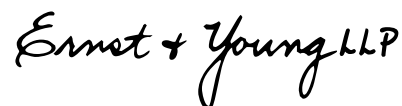
Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Disclaimer of Opinion on Supplemental Schedules

The accompanying supplemental schedules of assets (held at end of year) as of December 31, 2012, and reportable transactions for the year then ended, are presented for purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Report on Compliance of Form and Content with Department of Labor's Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the certified investment information, have been audited by us in accordance with auditing standards generally accepted in the United States and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

A handwritten signature in black ink that reads 'Ernst & Young LLP'.

September 30, 2013

Catholic Health Initiatives
Retirement Plan for For-Profit Entities

Statements of Net Assets Available for Benefits

	December 31	
	2012	2011
Assets		
Investments, at fair value:		
Plan interest in the CHI Pension Trust	\$ 14,126,178	\$ 13,435,934
The Bank of New York Mellon, EB Temporary Investment Money Market Fund	177,925	143,012
Dividend/interest income receivable	17	—
Net assets available for benefits	<u>\$ 14,304,120</u>	<u>\$ 13,578,946</u>

See accompanying notes.

Catholic Health Initiatives
Retirement Plan for For-Profit Entities

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2012	2011
Additions		
Investment income:		
Interest and dividends	\$ 253	\$ –
Net investment gain from plan interest in the CHI Pension Trust	1,790,243	221,536
Total additions	<u>1,790,496</u>	<u>221,536</u>
Deductions		
Benefits paid to participants	986,139	1,083,021
Administrative fees	79,183	73,399
Total deductions	<u>1,065,322</u>	<u>1,156,420</u>
Net increase (decrease)	725,174	(934,884)
Net assets available for benefits:		
Beginning of year	13,578,946	14,513,830
End of year	<u><u>\$ 14,304,120</u></u>	<u><u>\$ 13,578,946</u></u>

See accompanying notes.

Catholic Health Initiatives
Retirement Plan for For-Profit Entities

Notes to Financial Statements

December 31, 2012

1. Description of the Plan

The Retirement Plan for For-Profit Entities (the Plan) is a noncontributory, defined benefit plan covering all eligible employees of certain for-profit subsidiary corporations of Catholic Health Initiatives (CHI or the Sponsor). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

Effective December 31, 2001, the Plan was amended such that all benefit accruals under the Plan were frozen. Subsequent to this date, benefits under the Plan are determined based on service for periods prior to January 1, 2002. This amendment did not alter participants' vesting status, and participants continue to be credited for future employment. For the years ended December 31, 2012 and 2011, all participants were fully vested in the Plan. Since the Plan freeze, other frozen plans have merged into the Plan as a matter of administrative convenience.

The Sponsor has agreed to voluntarily contribute such additional amounts as are necessary to provide assets sufficient to meet the benefits due to participants. The Sponsor's present intention is to make contributions as necessary to ensure the Plan has met the ERISA minimum funding requirements. At December 31, 2012, the Plan has met the ERISA minimum funding requirements.

Should the Plan terminate at some future time, its net assets may not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

Certain administrative services are provided to the Plan at no cost by employees of the Sponsor.

The Plan has certain participants with a cash balance account whereby a participant's accrued benefit is defined as a notional cash balance account. Participant cash balance accounts are credited on an annual basis equal to an amount called an interest credit amount, as defined by the Plan. Additionally, interest is credited to participant cash balance accounts based on the beginning of the year balances. The annual interest crediting rate is based on the average annual yield of the five-year U.S. Treasury Constant Maturity Yield during the 12 consecutive months ending with the second latest month preceding the month in which such Plan year begins.

Catholic Health Initiatives
Retirement Plan for For-Profit Entities

Notes to Financial Statements (continued)

1. Description of the Plan (continued)

This brief description of the Plan is provided for general informational purposes only. Participants of the Plan should refer to the Summary Plan Description for more detailed and complete information regarding the vesting and benefit provisions and the PBGC benefit guaranty.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan have been prepared on the accrual basis of accounting.

Reclassifications

Certain prior year amounts and disclosures have been reclassified to conform to the current year presentation.

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes and supplemental schedules. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments, including those investments held in the CHI Pension Trust (the Master Trust), are stated at fair value. Fair value is defined 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 (an exit price). See Note 4 for further discussion and disclosures related to fair value measurements.

Catholic Health Initiatives
Retirement Plan for For-Profit Entities

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

In accordance with Accounting Standards Codification (ASC) 820, *Fair Value Measurement*, assets and liabilities measured at fair value are categorized into the following fair value hierarchy:

Level 1 – Fair value is based on unadjusted quoted prices for identical assets or liabilities in an active market that the Plan has the ability to access at the measurement date.

Level 2 – Fair value is based on quoted prices in markets that are not active, quoted prices for similar assets and liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability.

Level 3 – Fair value is based on prices or valuation techniques that require inputs that are both significant to the fair value measurements and unobservable. These inputs reflect management's judgment about the assumptions that a market participant would use in pricing the investment and are based on the best available information, some of which may be internally developed.

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

New Accounting Pronouncement

In May 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2011-04, *Amendments to Achieve Common Fair Value Measurements and Disclosure Requirements in U.S. GAAP and IFRSs*. ASU 2011-04 amended ASC 820 to converge the fair value measurement guidance in U.S. generally accepted accounting principles (GAAP) and International Financial Reporting Standards (IFRS). Some of the amendments clarify the application of existing fair value measurement requirements, while other amendments change a particular principle in ASC 820. In addition, ASU 2011-04 requires additional fair value disclosures, although certain of these new disclosures will not be required for nonpublic entities. The amendments are to be applied prospectively and are effective for annual periods beginning after December 15, 2011. Adoption of ASU 2011-04 did not have an effect on the Plan's net assets available for benefits or its changes in net assets available for benefits.

Catholic Health Initiatives
Retirement Plan for For-Profit Entities

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits (see Note 3) represent the actuarial present value of estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits are based on the cash balance accounts or the transition benefits for certain employees. Benefits payable under all circumstances—retirement, death, disability, and termination of employment—are included, to the extent they are deemed attributable to employee services rendered to the valuation date.

The Plan's actuary estimated the actuarial present value of accumulated plan benefits, which 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.

3. Accumulated Plan Benefits

An actuary from Towers Watson estimated the actuarial present value of accumulated plan benefits, which 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 December 31, 2011, is as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving benefits	\$ 2,857,180
Other participants	7,457,252
	<u>\$ 10,314,432</u>

Catholic Health Initiatives
Retirement Plan for For-Profit Entities

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

The change in actuarial present value of accumulated plan benefits is attributable to:

Actuarial present value of accumulated plan benefits at December 31, 2010	\$ 10,303,049
Interest accumulation	781,756
Benefits paid	(1,083,021)
Benefits accumulated	72,861
Assumption changes	239,787
Net increase	<u>11,383</u>
Actuarial present value of accumulated plan benefits at December 31, 2011	<u>\$ 10,314,432</u>

The significant assumptions underlying the actuarial computations at December 31, 2011 and 2010, are:

Assumed rate of return	7.75% (8% in 2010)
Retirement	At normal retirement age of 65
Mortality basis	Retirement Plans 2000 Mortality Tables
Actuarial cost method	Projected unit credit

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

4. Fair Value Measurements

Fair value is defined under ASC 820 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 (i.e., an exit price). To measure fair value, a hierarchy has been established that requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs. As such,

Catholic Health Initiatives
Retirement Plan for For-Profit Entities

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

the hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy in ASC 820 are described below:

Level 1 – Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities. Investments whose values are based on quoted market prices in active markets and are, therefore, classified by the Plan within Level 1, generally include actively traded equities. The Plan does not adjust the quoted price for such investments, even in situations where the Plan holds a large position and a sale could reasonably impact the quoted price.

Level 2 – Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Investments that trade in less liquid public markets or derive market value through corroboration with observable market data (e.g., fixed-income securities) are classified by the Plan in Level 2 of the fair value hierarchy. Level 2 inputs include the following:

- Quoted prices for similar assets and liabilities in active markets
- Quoted prices for identical or similar assets or liabilities in markets that are not active
- Observable inputs other than quoted prices that are used in the valuation of the asset or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)
- Inputs that are derived principally from or corroborated by observable market data by correlation or other means

Level 3 – Unobservable inputs for the asset or liability (i.e., supported by little or no market activity. Level 3 inputs include management's own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk). Level 3 investments may include common and preferred equity securities; alternative investments; corporate debt; warrants; and other privately issued securities. The valuation of these investments requires significant judgment due to the absence of quoted market values, inherent lack of liquidity, changes in market conditions, and the long-term nature of such

Catholic Health Initiatives
Retirement Plan for For-Profit Entities

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

investments. The Plan's Level 3 investments consist primarily of alternative investments. Because alternative investments are not publicly traded, market quotations are generally not available to be used for valuation purposes. Accordingly, CHI's valuations of alternative investments are generally equal to or based upon the reported capital account balances or net asset values of such alternative investments as of the reporting date. CHI considers various factors, including the financial statements of the alternative investments prepared in accordance with U.S. generally accepted accounting principles and other financial information provided by the general partners of the alternative investments, to determine if any adjustments should be made to the reported capital account balances or net asset values.

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

Following is a description of the valuation techniques and inputs used for each major class of assets and liabilities measured at fair value. Level 1 inputs are used for the money market fund, where the carrying amount is a reasonable estimate of fair value. No assets at the Plan level were valued using Level 3 inputs. Additionally, there have been no changes in valuation methodologies used at December 31, 2012 and 2011.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date. Those fair value estimates, including those related to investments carried at net asset value, may differ significantly from the values that would have been determined had a readily available market for such investments existed, or had such investments been liquidated or sold to external investors, and these differences could be material to the financial statements.

In situations where inputs used to determine fair value fall into different levels of the fair value hierarchy, the level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement.

Catholic Health Initiatives
Retirement Plan for For-Profit Entities

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2012:

	Level 1	Level 2	Level 3	Total
Money market fund	\$ 177,925	\$ –	\$ –	\$ 177,925
	<u>\$ 177,925</u>	<u>\$ –</u>	<u>\$ –</u>	<u>\$ 177,925</u>

The following table sets forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2011:

	Level 1	Level 2	Level 3	Total
Money market fund	\$ 143,012	\$ –	\$ –	\$ 143,012
	<u>\$ 143,012</u>	<u>\$ –</u>	<u>\$ –</u>	<u>\$ 143,012</u>

5. Investments

All investment information disclosed in the accompanying financial statements, footnotes, and schedules, including investments held at December 31, 2012 and 2011, net investment gain from plan interest in the CHI Pension Trust, and interest and dividend income for the years ended December 31, 2012 and 2011, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by The Bank of New York Mellon, the trustee.

Master Trust

Certain of the Plan's investments are held in a Master Trust, which was established for the investment of assets of the Plan and several other CHI-sponsored retirement plans. Each participating plan has an undivided interest in the Master Trust. The Master Trust assets are allocated among the participating plans by assigning to each plan those transactions (primarily contributions, benefit payments, and plan-specific expenses) that can be specifically identified

Catholic Health Initiatives
Retirement Plan for For-Profit Entities

Notes to Financial Statements (continued)

5. Investments (continued)

and by allocating among all plans, in proportion to each plan's beneficial interest in the Master Trust, income and expenses resulting from the collective investment of the assets of the Master Trust. At December 31, 2012 and 2011, the Plan's interest in the net assets of the Master Trust was approximately 0.53% and 0.55%, respectively.

The following table presents the fair value of the net assets in the Catholic Health Initiatives Master Trust:

	December 31	
	2012	2011
	<i>(In Thousands)</i>	
Assets		
Cash and cash equivalents	\$ 88,152	\$ 82,470
Equity securities	1,536,727	1,217,870
Fixed-income securities	789,410	631,467
Preferred securities	4,171	8,838
Private equity	213,389	217,127
Hedge funds	179,363	169,498
Real estate	164,520	119,557
Total investments	2,975,732	2,446,827
Receivable for securities sold	32,231	4,842
Foreign currency exchange contracts	14,397	20,783
Other receivables	7,295	5,638
Total assets	3,029,655	2,478,090
Liabilities		
Payable for securities purchased	6,753	7,295
Foreign currency exchange contracts	13,434	20,849
Other liabilities	1,541	1,301
Total liabilities	21,728	29,445
Net assets	<u>\$ 3,007,927</u>	<u>\$ 2,448,645</u>

Catholic Health Initiatives
Retirement Plan for For-Profit Entities

Notes to Financial Statements (continued)

5. Investments (continued)

Fair Value Measurements

ASC 820 prioritizes, with respect to the measurement of fair value, the use of market-based information over entity-specific information and establishes a three-level hierarchy for fair value measurements based on the nature of inputs used in the valuation of an asset or liability as of the measurement date.

The following tables set forth by level, within the fair value hierarchy as described in Note 4, the Master Trust's assets carried at fair value:

Assets at Fair Value as of December 31, 2012				
	Level 1	Level 2	Level 3	Total
	<i>(In Thousands)</i>			
Assets				
Cash and cash equivalents	\$ 65,737	\$ 13,003	\$ —	\$ 78,740
Equity securities	1,536,727	—	—	1,536,727
Fixed-income securities	247,180	542,225	5	789,410
Preferred securities	4,171	—	—	4,171
Private equity	—	—	213,389	213,389
Hedge funds	—	—	179,363	179,363
Real estate	—	—	164,520	164,520
Total assets at fair value	\$ 1,853,815	\$ 555,228	\$ 557,277	\$ 2,966,320

Assets at Fair Value as of December 31, 2011				
	Level 1	Level 2	Level 3	Total
	<i>(In Thousands)</i>			
Assets				
Cash and cash equivalents	\$ 57,094	\$ 19,162	\$ —	\$ 76,256
Equity securities	1,217,870	—	—	1,217,870
Fixed-income securities	187,849	443,618	—	631,467
Preferred securities	8,838	—	—	8,838
Private equity	—	—	217,127	217,127
Hedge funds	—	—	169,498	169,498
Real estate	—	—	119,557	119,557
Total assets at fair value	\$ 1,471,651	\$ 462,780	\$ 506,182	\$ 2,440,613

Catholic Health Initiatives
Retirement Plan for For-Profit Entities

Notes to Financial Statements (continued)

5. Investments (continued)

The table below sets forth a summary of changes in the fair value of the Master Trust's Level 3 assets.

	Hedge Funds	Real Estate	Venture Capital/ Private Equity	Corporate Bonds	Total
	<i>(In Thousands)</i>				
Investments at fair value at December 31, 2010	\$ 171,729	\$ 97,356	\$ 207,958	\$ 197	\$ 477,240
Purchases of investments	–	5,834	20,553	191	26,578
Proceeds from sale of investments	–	(61)	(36,867)	–	(36,928)
Net change in unrealized (depreciation) appreciation on investments and effect of foreign currency translation	(2,231)	16,428	8,462	(2)	22,657
Net realized gains on investments	–	–	17,021	–	17,021
Transfers into Level 3	–	–	–	–	–
Transfers out of Level 3	–	–	–	(386)	(386)
Investments at fair value at December 31, 2011	169,498	119,557	217,127	–	506,182
Purchases of investments	–	39,412	18,123	–	57,535
Proceeds from sale of investments	–	(58)	(43,231)	–	(43,289)
Net change in unrealized appreciation (depreciation) on investments and effect of foreign currency translation	9,865	5,603	(2,015)	6	13,459
Net realized gains on investments	–	6	23,385	–	23,391
Transfers into Level 3	–	–	–	–	–
Transfers out of Level 3	–	–	–	(1)	(1)
Investments at fair value at December 31, 2012	<u><u>\$ 179,363</u></u>	<u><u>\$ 164,520</u></u>	<u><u>\$ 213,389</u></u>	<u><u>\$ 5</u></u>	<u><u>\$ 557,277</u></u>

Catholic Health Initiatives
Retirement Plan for For-Profit Entities

Notes to Financial Statements (continued)

5. Investments (continued)

Derivatives

The Master Trust invests in derivative financial instruments primarily to adjust portfolio risk and asset class exposures. The Master Trust only utilizes derivative instruments that have well-understood risk/return patterns, documented market liquidity, and a recognized pricing mechanism. Investment in such instruments is limited to the extent that the instruments are fully collateralized to avoid any leverage from such positions. Individual investment manager guidelines may further restrict the use of derivatives within the portfolio.

The following tables summarize the Master Trust's derivative instruments as of December 31, 2012 and 2011:

December 31, 2012				
	Derivative Assets Fair Value	Derivative Assets Notional Amounts	Derivative Liabilities Fair Value	Derivative Liabilities Notional Amounts
<i>(In Thousands)</i>				
Foreign currency exchange contracts	\$ –	\$ 14,397	\$ –	\$ 13,434

December 31, 2011				
	Derivative Assets Fair Value	Derivative Assets Notional Amounts	Derivative Liabilities Fair Value	Derivative Liabilities Notional Amounts
<i>(In Thousands)</i>				
Foreign currency exchange contracts	\$ –	\$ 20,783	\$ –	\$ 20,849

Concentration of Market, Credit, and Industry Risk

The Master Trust's investments in alternative investments are illiquid, non-publicly traded securities. The underlying investments of these alternative investments are subject to various risk factors, including market, credit, and industry risk. Market risk represents the potential loss in value of financial instruments caused by movements in market variables, such as interest rates.

Catholic Health Initiatives
Retirement Plan for For-Profit Entities

Notes to Financial Statements (continued)

5. Investments (continued)

Other risks affecting these underlying investments include, but are not limited to, increasing competition, rapid changes in technology, and changes in economic conditions. These risk factors could have a material effect on the ultimate realizable value of the Master Trust's alternative investments.

6. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated February 17, 2010, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States require plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan and has concluded that as of December 31, 2012, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2009.

7. Related-Party Transactions

Certain of the Plan's assets are invested in funds managed by the trustee of the Plan. These transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

Catholic Health Initiatives
Retirement Plan for For-Profit Entities

Notes to Financial Statements (continued)

8. Risks and Uncertainties

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

9. Subsequent Events

Management evaluated subsequent events for the Plan through September 30, 2013, the date the accompanying financial statements were available to be issued.

Supplemental Schedules

Catholic Health Initiatives
Retirement Plan for For-Profit Entities

EIN #47-0617373 Plan #008

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

December 31, 2012

Identity of Issue, Borrower, Lessor, or Similar Party	Shares Held	Cost	Current Value
The Bank of New York Mellon			
EB Temporary Investment Money Market Fund*	177,925	\$ 177,925	\$ 177,925
			<u>\$ 177,925</u>

*Party in interest

Catholic Health Initiatives
Retirement Plan for For-Profit Entities

EIN #47-0617373 Plan #008

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2012

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) – Series of Transactions in Excess of 5% of Beginning Year Assets:						
The Bank of New York Mellon						
EB Temporary Investment Money Market Fund	Purchases	\$ 502,557	\$ –	\$ 502,557	\$ 502,557	\$ –
	Sales	–	467,644	467,644	467,644	–

There were no category (i), (ii), or (iv) reportable transactions during 2012.
Columns (e) and (f) have not been presented as this information is not applicable.

Ernst & Young LLP

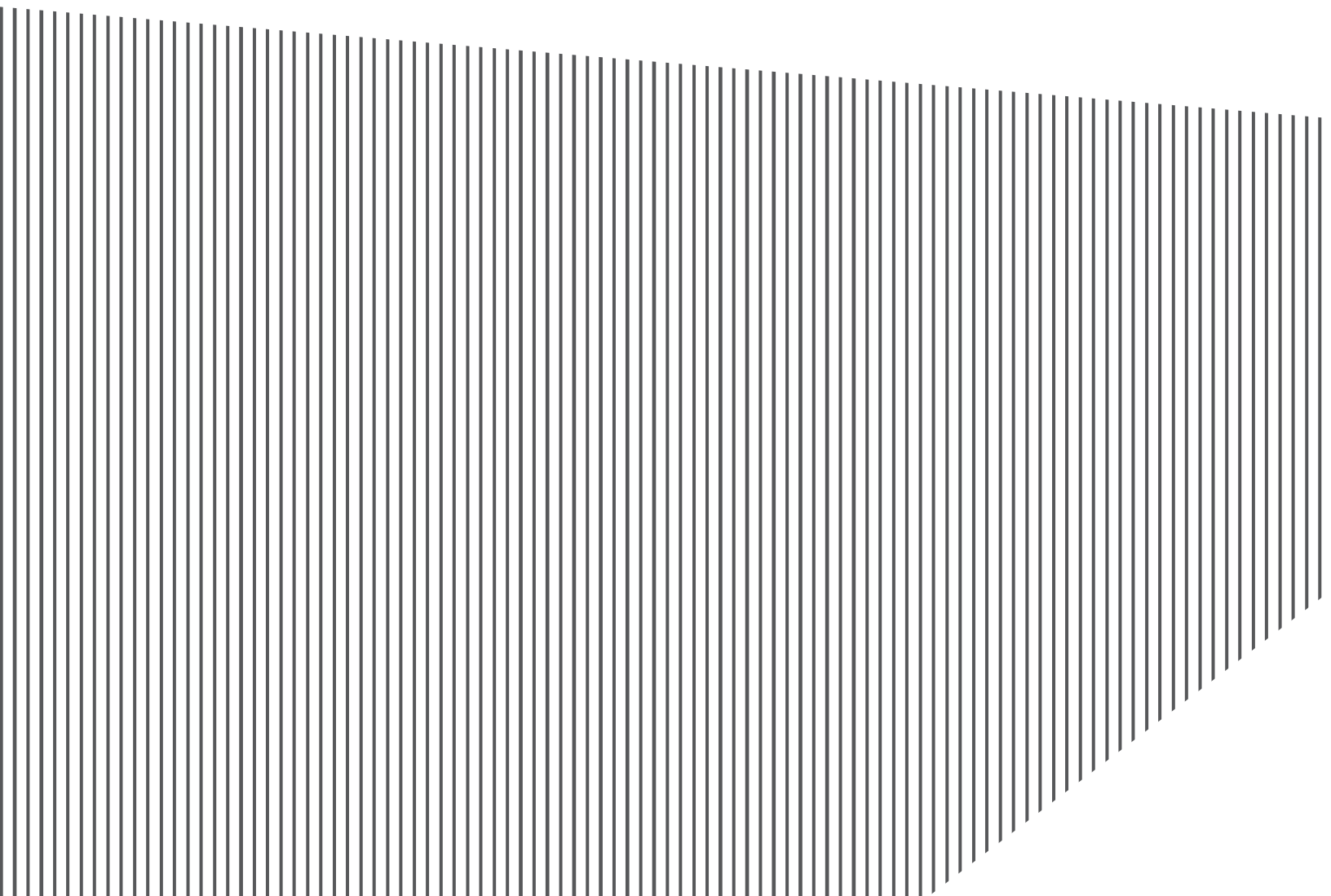
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Schedule SB - Statement by Enrolled Actuary

Plan Sponsor	Catholic Health Initiatives
EIN/PN	EIN 47-0617373 PN 008
Plan Name	Catholic Health Initiatives Retirement Plan for For-Profit Entities
Valuation Date	January 1, 2012
Enrolled Actuary	Judy M. Kruse
Enrollment Number	11-05907

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Catholic Health Initiatives Retirement Plan for For-Profit Entities
EIN: 47-0617373 Plan Number: 008
Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial Assumptions and Methods

Contributions

Economic Assumptions

Interest rate basis:

- | | |
|---------------------|---------------|
| ▶ Applicable month | January 2012 |
| ▶ Yield curve basis | Segment rates |

Funding interest rates:

- | | |
|---------------------------|-------|
| ▶ First segment rate | 5.54% |
| ▶ Second segment rate | 6.85% |
| ▶ Third segment rate | 7.52% |
| ▶ Effective interest rate | 7.01% |

Annual rates of increase

- | | |
|-------------------------------------|-------|
| ▶ Compensation | N/A |
| ▶ Future Social Security wage bases | N/A |
| ▶ Statutory limits on compensation | N/A |
| ▶ Interest crediting rate | 3.50% |
| ▶ Return on assets | 7.75% |

Catholic Health Initiatives Retirement Plan for For-Profit Entities
 EIN: 47-0617373 Plan Number: 008
 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Demographic Assumptions

Mortality for contributions:

- ▶ **Healthy** Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2027 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2019 using Scale AA)

- ▶ **Disabled** Separate rates for non-annuitants (based on RP-2000 "Employees" table without collar or amount adjustments, projected to 2027 using Scale AA) and annuitants (based on RP-2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2019 using Scale AA)

Termination

Rates varying by age and service

Representative rates:

<i>Years</i>	<i>Rate</i>
1	.375
2	.250
3	.200

Thereafter, age related turnover

Sample rates:

<i>Age</i>	<i>Rate</i>
25	.145
30	.138
35	.125
40	.108
45	.085
50	.054
55	.019

Disability

Included in withdrawal rates

Catholic Health Initiatives Retirement Plan for For-Profit Entities
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 Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Retirement	Age 65, or current age if older.
Benefit commencement date	
▶ Deferred vested benefit	The later of age 60 or termination of employment if cash balance, otherwise age 65.
▶ Retirement benefit	Upon termination of employment
Form of payment	Former HCP and Novare participants: Lump sum Former SCNHS For-Profit and CGH plan participants: Life annuity
Percent married	100% of males and females. Used to value pre-retirement surviving spouse benefits and in determining the optional forms expected to be elected at commencement.
Spouse age	Wife three years younger than husband
Timing of benefit payments	Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement
Administrative expense	Prior year's actual expenses
Methods	
Valuation date	First day of plan year
Funding target	Present value of accrued benefits
Target normal cost	Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year

Catholic Health Initiatives Retirement Plan for For-Profit Entities
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Schedule SB, Part V – Statement of Actuarial Assumptions/Methods

Actuarial value of assets	<p>Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of fair value, including discounted contributions receivable (discounted using the effective interest rate for the 2011 plan year).</p> <p>The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets.</p>
Benefits Not Valued	<p>All benefits described in the Plan Provisions section of this report were valued based on discussions with Catholic Health Initiatives regarding the likelihood that these benefits will be paid. Towers Watson has reviewed the plan provisions with Catholic Health Initiatives and, based on that review, is not aware of any significant benefits required to be valued that were not.</p>
Change in assumptions and methods since prior valuation	<p>The funding interest rate base and the required mortality table used to calculate the funding target and target normal cost were updated pursuant to the requirements of the Pension Protection Act of 2006.</p> <p>The assumed plan-related expenses added to the target normal cost were changed to reflect prior year actual experience.</p> <p>The segment rates used to determine minimum funding requirements and benefit restrictions were revised by applying the corridors of MAP-21.</p>

Catholic Health Initiatives Retirement Plan for For-Profit Entities

EIN: 47-0617373 Plan Number: 008

Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions - Former Nazareth For-Profit Plan Participants

Effective Date	January 1, 1995
Definitions	
Plan Year	12-month period commencing each January 1.
Eligibility	All lay employees who are not leased employees, not covered under a collective bargaining agreement, not classified as a temporary, an occasional PRN, or a seasonal employee, not eligible to accrue benefits under the SCNHS defined contribution retirement plan and not employed by a not-for-profit non-taxable employer, become members on the January 1 or July 1 following completion of 12 consecutive months of employment in which the employee worked at least 1,000 hours.
Participant Contribution	None
Service Considered	Service and credited service prior to January 1, 1995 will be calculated by the terms of the individual employer's joiner agreement. Service and credited service on and after January 1, 1995 will be the number of plan years during which an employee works 1,000 hours (750 hours for employees of a subsidiary of CARITAS Medical Center for plan years prior to 1997).
Compensation Considered	Monthly earnings for any calendar year shall mean total cash compensation paid by the employer plus any salary reduction amounts pursuant to Code Sections 125, 402(g)(3) and 402(h)(1)(B), divided by the number of months (rounded to the nearer month) during the calendar year for which the member was compensated.
Average Annual Compensation	The highest average of monthly earnings for any 5 consecutive calendar years preceding the calculation date.
Normal Retirement Date	The first month coincident with or immediately following a member's 65th birthday. For employees who become members after attaining age 60, the normal retirement date will be the fifth anniversary of the date the employee became a member.
Early Retirement Date	The first day of any month coincident with or immediately following termination of employment subsequent to attaining age 55 and 5 years of service.
Late Retirement Date	The first day of any month coincident with or immediately following termination of employment subsequent to a member's normal retirement date.

Catholic Health Initiatives Retirement Plan for For-Profit Entities

EIN: 47-0617373 Plan Number: 008

Schedule SB, Part V – Summary of Plan Provisions

Normal Retirement Benefit A monthly retirement income equal to 0.9% of the member's average monthly earnings plus 0.5% of the member's average monthly earnings in excess of the Covered Compensation, such sum multiplied by credited service to a maximum of 30 years. Minimum benefits apply to certain employees as of December 31, 1991. Effective December 31, 2001, the accrued benefit under the plan is frozen.

Late retirement benefit The normal retirement benefit at late retirement date.

Early retirement benefit If the participant has been credited with 20 or more years of service (15 for an active employee of a subsidiary of CARITAS Medical Center as of December 31, 1996) as of his early retirement date, he will receive a monthly retirement income equal to his accrued retirement income multiplied by a percentage in accordance with the following table:

<u>Age at Retirement</u>	<u>Percent of Benefit Payable</u>
62-65	100%
61	95
60	90
59	85
58	80
57	75
56	68
55	61

Catholic Health Initiatives Retirement Plan for For-Profit Entities

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Schedule SB, Part V – Summary of Plan Provisions

If a member does not meet the service requirement listed above as of his early retirement date, he will receive a monthly retirement income equal to his accrued retirement income multiplied by a percentage in accordance with the following table:

<u>Age at Retirement</u>	<u>Percent of Benefit Payable</u>
65	100%
64	95
63	90
62	85
61	80
60	75
59	70
58	65
57	60
56	55
55	50

Proportional reductions will be made for any partial year for which a reduction is required.

Minimum early retirement benefits may be applicable for certain employees as of December 31, 1991.

Accrued Retirement Income

The amount of normal retirement income earned by a member as of the calculation date and based upon his average monthly earnings, covered compensation, and credited service as of the calculation date.

Catholic Health Initiatives Retirement Plan for For-Profit Entities

EIN: 47-0617373 Plan Number: 008

Schedule SB, Part V – Summary of Plan Provisions

Disability Benefit

- ▶ **Eligibility** Upon determination of total and permanent disablement as evidenced by the member's eligibility for long-term disability benefits paid for by the employer but administered by an independent third party.
- ▶ **Benefit** A monthly retirement income payable at his normal retirement date and based upon his monthly earnings and covered compensation on the January 1 preceding his disablement and his credited service as of normal retirement date.

Death Benefit

- ▶ **Before Retirement** If an active member or a terminated or disabled participant dies after becoming vested, his spouse (if any) is entitled to a benefit commencing at the time the participant could have retired if still living and equal to 50% of the qualified joint and 50% of the survivor annuity. If the previously described participant is not married at the time of death, a benefit is payable to the beneficiary and determined as if the member was married to a spouse of the same age.
- ▶ **After Retirement** The benefit, if any, is dependent upon the optional form of payment selected at retirement.

Termination Benefit

- ▶ **Eligibility** A member who has completed 5 or more years of service will be entitled to a termination benefit.
- ▶ **Benefit** Such termination benefit will be equal to his accrued retirement income at date of termination payable at normal retirement date.

Optional forms of retirement benefits

A monthly income payable for life with 60, 120, or 180 payments guaranteed; a monthly income payable for the lifetime of the participant and continuing thereafter to a beneficiary in an amount one-half, two-thirds, or equally as great to the beneficiary; or a monthly benefit payable for the participant and beneficiary's lifetime and reducing on the death of the first one to die to an amount two-thirds as large as that payable for the lifetime of the participant and beneficiary. A lump sum option or limited lump sum option is available to some participants.

Cost of living adjustments

None

Catholic Health Initiatives Retirement Plan for For-Profit Entities

EIN: 47-0617373 Plan Number: 008

Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions - Former Health Care Providers Plan Participants

Effective Date	Effective Date of this Plan: July 1, 1995
Most recent amendment	<ul style="list-style-type: none">▶ Original Plan: November 1, 1967 (Good Samaritan Hospital of Cincinnati)▶ Amendment for Tax Reform: July 1, 1988▶ Restatement: July 1, 1992 to Cash Balance Provisions
Definitions	
Plan Year	Twelve-month period commencing each January 1.
Eligibility	Members of the prior plan as of June 30, 1995 remain eligible as of July 1, 1995. Thereafter, an employee is eligible on the last day of the month following attainment of age 21 and completion of one year of employment or a subsequent plan year in which the employee completes 1,000 hours of service. Effective July 1, 1996, no new members will join this plan.
Participant Contribution	None
Service Considered	
<ul style="list-style-type: none">▶ Vesting Service	An employee shall receive one year of vesting service for each Plan year in which he or she is credited with 1,000 Hours of Service.
<ul style="list-style-type: none">▶ One-Year Break in Service	Any Plan Year after an employee's termination in which the employee fails to work more than 500 hours.
Normal Retirement	
<ul style="list-style-type: none">▶ Eligibility	The first day of the month coincident with or immediately following the member's 65 th birthday.
<ul style="list-style-type: none">▶ Benefit	A Cash Balance Account is established for each plan participant. This account is credited as of July 1, 1995, with an Initial Balance and with Service Credits and Interest Credits at the end of each plan year thereafter. This account is solely a bookkeeping entity and does not represent a participant's claim with respect to any plan asset. Effective July 1, 1996, no additional Service Credits will be credited.
<ul style="list-style-type: none">▶ Initial Balance	The Cash Balance Account of any participant who was a participant of the prior plan will be credited with an amount equal to the actuarial equivalent of the participant's prior plan account balance as of June 30, 1995.

Catholic Health Initiatives Retirement Plan for For-Profit Entities

EIN: 47-0617373 Plan Number: 008

Schedule SB, Part V – Summary of Plan Provisions

- ▶ **Interest Credits** At the end of each Plan year, a participant's Cash Balance Account will be credited with Interest Credits. The rate is equal to the average yield of five-year Treasury notes during the 12-month period preceding the second latest month prior to the plan year. Interest Credits are credited to the account balance prior to crediting any Service Credits for Plan Year.

Early Retirement

- ▶ **Eligibility** The first day of the month following age 55 and five (5) years of vesting service.
- ▶ **Benefit** The Cash Balance Account as defined for Normal Retirement, with accruals through the Early Retirement Date.

Late Retirement

- ▶ **Eligibility** The first day of the month subsequent to the member's normal retirement date and following actual termination of employment.
- ▶ **Benefit** The Cash Balance Account as defined for Normal Retirement, with accruals through the Late Retirement Date.

Termination benefits

- ▶ **Eligibility** Completion of five (5) years of vesting service, or age 65.
- ▶ **Benefit** The Cash Balance Account as defined for Normal Retirement, with accruals through the date of termination. Interest Credits are credited to the Cash Balance Account up until the account balance is distributed.

Pre-retirement Death Benefit

- ▶ **Eligibility** If a member dies after becoming vested, but before retiring, his surviving spouse or beneficiary is entitled to a pre-retirement death benefit.
- ▶ **Benefit** The beneficiary is eligible to receive the Cash Balance Account balance on the earliest post election processing date following the member's death. Interest Credits are credited to the Cash Balance Account up until the account balance is distributed to the spouse or beneficiary. A spouse can elect a single life annuity.

Optional forms of retirement benefits

Life Only; Life and Five Years Certain; Life and Ten Years Certain; Joint and 50% Survivor; Joint and 75% Survivor; Five Years Only; Ten Years Only; Lump Sum.

Form of benefits

- ▶ **Automatic Form for Unmarried Employees** A monthly life annuity.
- ▶ **Automatic Form for Married Employees** Joint and 50% Survivor Annuity.

Catholic Health Initiatives Retirement Plan for For-Profit Entities

EIN: 47-0617373 Plan Number: 008

Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions - Former Novare Services, Inc. Retirement Income Plan Participants

Effective Date	Effective Date of this Plan: July 1, 1997
Most recent amendment	<ul style="list-style-type: none">▶ Original Plan: November 1, 1967 (Good Samaritan Hospital of Cincinnati)▶ Amendment for Tax Reform: July 1, 1988▶ Restatement: July 1, 1993 to Cash Balance Provisions▶ Freeze: July 10, 1999
Definitions	
Plan Year	Twelve-month period commencing each January 1.
Eligibility	Members of the prior plan as of June 30, 1993 remain eligible as of July 1, 1993. Thereafter, an employee is eligible on the last day of the month following attainment of age 21 and completion of one year of employment or a subsequent plan year in which the employee completes 1,000 hours of service. Effective April 1, 1999, no new members will join this plan.
Participant Contribution	None
Service Considered	
▶ Vesting Service	An employee shall receive one year of vesting service for each Plan year in which he or she is credited with 1,000 Hours of Service.
▶ One-Year Break in Service	Any Plan Year after an employee's termination in which the employee fails to work more than 500 hours.
Normal Retirement	
▶ Eligibility	The first day of the month coincident with or immediately following the member's 65 th birthday.
▶ Benefit	A Cash Balance Account is established for each plan participant. This account is credited as of July 1, 1993, with an Initial Balance and with Service Credits and Interest Credits at the end of each plan year thereafter. This account is solely a bookkeeping entity and does not represent a participant's claim with respect to any plan asset. Effective July 10, 1999, no additional Service Credits will be credited.
▶ Initial Balance	The Cash Balance Account of any participant who was a participant of the prior plan will be credited with an amount equal to the actuarial equivalent of the participant's prior plan account balance as of June 30, 1993.

Catholic Health Initiatives Retirement Plan for For-Profit Entities

EIN: 47-0617373 Plan Number: 008

Schedule SB, Part V – Summary of Plan Provisions

- ▶ **Interest Credits** At the end of each Plan year, a participant's Cash Balance Account will be credited with Interest Credits. The rate is equal to the average yield of five-year Treasury notes during the 12-month period preceding the second latest month prior to the plan year. Interest Credits are credited to the account balance prior to crediting any Service Credits for Plan Year.

Early Retirement

- ▶ **Eligibility** The first day of the month following age 55 and five (5) years of vesting service.
- ▶ **Benefit** The Cash Balance Account as defined for Normal Retirement, with accruals through the Early Retirement Date.

Late Retirement

- ▶ **Eligibility** The first day of the month subsequent to the member's normal retirement date and following actual termination of employment.
- ▶ **Benefit** The Cash Balance Account as defined for Normal Retirement, with accruals through the Late Retirement Date.

Termination benefits

- ▶ **Eligibility** Completion of five (5) years of vesting service, or age 65.
- ▶ **Benefit** The Cash Balance Account as defined for Normal Retirement, with accruals through the date of termination. Interest Credits are credited to the Cash Balance Account up until the account balance is distributed.

Pre-retirement Death Benefit

- ▶ **Eligibility** If a member dies after becoming vested, but before retiring, his surviving spouse or beneficiary is entitled to a pre-retirement death benefit.
- ▶ **Benefit** The beneficiary is eligible to receive the Cash Balance Account balance on the earliest post election processing date following the member's death. Interest Credits are credited to the Cash Balance Account up until the account balance is distributed to the spouse or beneficiary. A spouse can elect a single life annuity.

Optional forms of retirement benefits

Life Only; Life and Five Years Certain; Life and Ten Years Certain; Joint and 50% Survivor; Joint and 75% Survivor; Joint and 100% Survivor; Five Years Only; Ten Years Only; Lump Sum.

Form of benefits

- ▶ **Automatic Form for Unmarried Employees** A monthly life annuity.
- ▶ **Automatic Form for Married Employees** Joint and 50% Survivor Annuity.

Catholic Health Initiatives Retirement Plan for For-Profit Entities

EIN: 47-0617373 Plan Number: 008

Schedule SB, Part V – Summary of Plan Provisions

Plan Provisions - Former Community General Hospital Pension Plan Participants

Effective Date	Effective Date of this Plan: January 1, 1989
Most recent amendment	<ul style="list-style-type: none">▶ Original Plan: January 1, 1963▶ Amendment for Tax Reform: July 1, 1989▶ Latest Amendment: December 31, 2001
Definitions	
Plan Year	Twelve-month period commencing each January 1, effective July 1, 2000.
Eligibility	An employee is eligible on the next Entry Date – January 1 or July 1 – following attainment of age 21 and completion of one year of employment or a subsequent plan year in which the employee completes 1,000 hours of service.
Participant Contribution	None
Service Considered	An employee shall receive one year of vesting service for each Plan Year in which he or she is credited with 1,000 Hours of Service.
▶ Years of Service	An employee shall receive one year of service for each 12 consecutive month period ending each June 30, through June 30, 1997, and for each Plan Year thereafter, in which he or she is credited with 1,000 Hours of Service. If an employee completes 1,000 Hours of Service during the 12 consecutive month period ending June 30, 1997, and 500 Hours of Service during the 6 consecutive month period ending December 31, 1997, the employee shall be credited with two years of service.
▶ Break in Service	Any 12-month period ending each June 30 through June 30, 1997, and any Plan Year thereafter in which the employee fails to work more than 500 hours. If an employee completes fewer than 501 Hours of Service during the 12 consecutive month periods ending June 30, 1997, and December 31, 1997, the employee will be credited with two Breaks in Service.
Average Monthly Compensation	For service prior to January 1, 1973, monthly earnings during the five consecutive or fewer years immediately preceding January 1, 1973, or preceding the first January 1 on which an employee hired before 1973 became a participant, whichever is later.
Monthly Compensation	1/12 of the participant's compensation for the prior Plan Year.

Catholic Health Initiatives Retirement Plan for For-Profit Entities

EIN: 47-0617373 Plan Number: 008

Schedule SB, Part V – Summary of Plan Provisions

Normal Retirement

- ▶ **Eligibility** The first day of the month coincident with or immediately following the member's 65th birthday.
- ▶ **Pre-1973 Benefit** A monthly retirement income equal to 5/6 of 1% of the first \$600 of the member's average monthly compensation plus 1.5% of the member's average monthly compensation in excess of \$600, such sum multiplied by years of service from date of employment to January 1, 1973, or to the first January 1 on which the employee is a participant in the plan, whichever is later.
- ▶ **1973 – 1988 Benefit** An accrued monthly retirement income equal to 5/6 of 1% of the first \$600 of the member's monthly compensation plus 1.5% of the member's monthly compensation in excess of \$600, for each year of service during a Plan Year which commences on or after a member's entry into the plan and which commences on or after January 1, 1973, and before January 1, 1989.
- ▶ **Post 1988 Benefit** An accrued monthly retirement income equal to 0.9% of the first \$666.66 of the member's monthly compensation plus 1.5% of the member's monthly compensation in excess of \$666.66, for each year of service during a Plan Year which commences on or after a member's entry into the plan and which commences on or after January 1, 1989. Effective June 30, 1997, benefit accruals under the plan will cease.

Early Retirement

- ▶ **Eligibility** The first day of the month following age 60 and ten (10) years of vesting service.
- ▶ **Benefit** A monthly retirement income equal to his accrued retirement income multiplied by a percentage in accordance with the following table (interpolated between ages in complete months):

<u>Age at Retirement</u>	<u>Percent of Benefit Payable</u>
65	100.00%
64	93.33%
63	86.67%
62	80.00%
61	73.33%
60	66.67%

Catholic Health Initiatives Retirement Plan for For-Profit Entities

EIN: 47-0617373 Plan Number: 008

Schedule SB, Part V – Summary of Plan Provisions

59	63.33%
58	60.00%
57	56.67%
56	53.33%
55	50.00%

Late Retirement

- ▶ **Eligibility** The first day of the month subsequent to the member's normal retirement date.
- ▶ **Benefit** If employee elects commencement after termination, a monthly retirement income based on accruals through termination date.
If employee elects commencement before termination, age 65 payment with lump sum catch up payments for payments that would have been made had the member requested commencement at Normal Retirement Date. Any further benefit accruals will be paid at next termination date.

Termination benefits

- ▶ **Eligibility** Completion of five (5) years of service without a break in service, or age 65.
- ▶ **Benefit** A monthly retirement income accrued using average monthly compensation or monthly compensation, as appropriate, and years of service to the first day of the month coincident with or next following the date that the member terminated employment.

Disability Benefit

- ▶ **Eligibility** Completion of ten (10) years of service and remains disabled for six months.
- ▶ **Benefit** A monthly retirement income accrued and reduced for early payment based in the same manner as the early retirement benefit, with a further reduction of 3.33% per year before age 55. The benefit continues until death or end of the disabled state.

Pre-retirement Death Benefit

- ▶ **Eligibility** If a member dies after becoming vested, but before retiring, his surviving spouse or beneficiary is entitled to a pre-retirement death benefit.

Catholic Health Initiatives Retirement Plan for For-Profit Entities

EIN: 47-0617373 Plan Number: 008

Schedule SB, Part V – Summary of Plan Provisions

- ▶ **Benefit**

The beneficiary, if the beneficiary is a spouse, is eligible to receive the member's age 65 annuity under the plan, reduced based on member's age at commencement using the early retirement reduction table and reducing further 3.33% per year before age 55, converted to a Joint and 50% Survivor benefit and halved.

Alternately the beneficiary can elect an actuarially equivalent lump sum amount, reduced by member's age accordingly. If the actuarially equivalent amount is less than \$5,000 or the beneficiary is not a spouse, the lump sum is mandatory.

Optional forms of retirement benefits

Life Only; Life and Five Years Certain; Life and Ten Years Certain; Life and Fifteen Years Certain; Joint and 50% Survivor; Joint and 75% Survivor; Joint and 100% Survivor; Lump Sum.

Form of benefits

- ▶ **Automatic Form for Unmarried Employees**

A monthly life annuity.
- ▶ **Automatic Form for Married Employees**

Joint and 50% Survivor Annuity.

Catholic Health Initiatives Retirement Plan for For-Profit Entities

EIN: 47-0617373 Plan Number: 008

Schedule SB, Line 22 – Description of Weighted Average Retirement Age

The valuation assumption for the Catholic Health Initiatives Retirement Plan for For-Profit Entities is that all active participants will retire upon reaching age 65.

**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

2012**This Form is Open to Public
Inspection**For calendar plan year 2012 or fiscal plan year beginning 01/01/2012 and ending 12/31/2012► **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 Catholic Health Initiatives Retirement Plan for For-Profit Entities	B Three-digit plan number (PN) ► 008
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Catholic Health Initiatives	D Employer Identification Number (EIN) 47-0617373
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>1</u> Day <u>1</u> Year <u>2012</u>		
2 Assets:		
a Market value	2a	13,578,956
b Actuarial value	2b	13,687,376
3 Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	133
b For terminated vested participants	3b	455
c For active participants:		
(1) Non-vested benefits	3c(1)	0
(2) Vested benefits	3c(2)	1,451,989
(3) Total active	3c(3)	92
d Total	3d	680
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	7.01 %
6 Target normal cost	6	70,000

Statement by Enrolled Actuary

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

SIGN HERE	JUDY M. KRUSE  Signature of actuary	09/23/2013 Date
JUDY M. KRUSE Type or print name of actuary	TOWERS WATSON PENNSLYVANIA INC. Firm name	11-05907 Most recent enrollment number
191 NORTH WACKER DRIVE, SUITE 2100 CHICAGO Address of the firm	IL 60606-1615	(312) 525-2500 Telephone number (including area code)

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) 2012
v. 120126

Part II Beginning of Year Carryover Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	524,089	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	80,007	0
9	Amount remaining (line 7 minus line 8)	444,082	0
10	Interest on line 9 using prior year's actual return of <u>1.59</u> %	7,061	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b Interest on (a) using prior year's effective interest rate of <u>5.93</u> % except as otherwise provided (see instructions)		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	451,143	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	118.54 %
15	Adjusted funding target attainment percentage	15	122.58 %
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	104.28 %
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
Totals ►			18(b)	0	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	0

20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No			
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No			
c If line 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

Part V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 5.54 %	2nd segment: 6.85 %	3rd segment: 7.52 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 65
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 subject to 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	70,000
b Excess assets, if applicable, but not greater than line 31a		31b	70,000
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment.....		0	0
b Waiver amortization installment		0	0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..		34	0
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....		36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....		37	0
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)		38a	0
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 an election was made to use PRA 2010 funding relief for this plan:			
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	

Catholic Health Initiatives
Retirement Plan for For-Profit Entities

EIN #47-0617373 Plan #008

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

December 31, 2012

Identity of Issue, Borrower, Lessor, or Similar Party	Shares Held	Cost	Current Value
The Bank of New York Mellon			
EB Temporary Investment Money Market Fund*	177,925	\$ 177,925	\$ 177,925
			<u>\$ 177,925</u>

*Party in interest

Catholic Health Initiatives
Retirement Plan for For-Profit Entities

EIN #47-0617373 Plan #008

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2012

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) – Series of Transactions in Excess of 5% of Beginning Year Assets:						
The Bank of New York Mellon						
EB Temporary Investment Money Market Fund	Purchases	\$ 502,557	\$ –	\$ 502,557	\$ 502,557	\$ –
	Sales	–	467,644	467,644	467,644	–

There were no category (i), (ii), or (iv) reportable transactions during 2012.
Columns (e) and (f) have not been presented as this information is not applicable.