

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2012 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 <u>DEACONESS HOSPITAL RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/01/1966</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>06/01/1966</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>06/01/1966</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>DEACONESS HOSPITAL</u> <u>311 STRAIGHT STREET</u> <u>CINCINNATI, OH 45219-1018</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>31-0537109</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>513-559-2190</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>31-0537109</u>	2c Sponsor's telephone number <u>513-559-2190</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>31-0537109</u>					
2c Sponsor's telephone number <u>513-559-2190</u>					
2d Business code (see instructions) <u>622000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature. Signature of plan administrator	10/11/2013 Date	JENNIFER SIMON Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature. Signature of employer/plan sponsor	10/11/2013 Date	JENNIFER SIMON 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 DEACONESS HOSPITAL 311 STRAIGHT STREET CINCINNATI, OH 45219-1018		3b Administrator's EIN 31-0537109
		3c Administrator's telephone number 513-559-2656
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 1249
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	13
b Retired or separated participants receiving benefits.....	6b	352
c Other retired or separated participants entitled to future benefits.....	6c	838
d Subtotal. Add lines 6a , 6b , and 6c	6d	1203
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e	33
f Total. Add lines 6d and 6e	6f	1236
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 1G 1I		
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:		
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)		
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> 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>DEACONESS HOSPITAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DEACONESS HOSPITAL</u>	D Employer Identification Number (EIN) <u>31-0537109</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: <table><tr><td>a Market value</td><td>2a</td><td><u>44229402</u></td></tr><tr><td>b Actuarial value</td><td>2b</td><td><u>44838978</u></td></tr></table>	a Market value	2a	<u>44229402</u>	b Actuarial value	2b	<u>44838978</u>																		
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b Actuarial value	2b	<u>44838978</u>																							
3	Funding target/participant count breakdown: <table><tr><td></td><td>(1) Number of participants</td><td>(2) Funding Target</td></tr><tr><td>a For retired participants and beneficiaries receiving payment.....</td><td>3a</td><td><u>360</u> <u>21515687</u></td></tr><tr><td>b For terminated vested participants.....</td><td>3b</td><td><u>875</u> <u>26115087</u></td></tr><tr><td>c For active participants:</td><td></td><td></td></tr><tr><td> (1) Non-vested benefits.....</td><td>3c(1)</td><td><u>8815</u></td></tr><tr><td> (2) Vested benefits.....</td><td>3c(2)</td><td><u>782144</u></td></tr><tr><td> (3) Total active</td><td>3c(3)</td><td><u>14</u> <u>790959</u></td></tr><tr><td>d Total</td><td>3d</td><td><u>1249</u> <u>48421733</u></td></tr></table>		(1) Number of participants	(2) Funding Target	a For retired participants and beneficiaries receiving payment.....	3a	<u>360</u> <u>21515687</u>	b For terminated vested participants.....	3b	<u>875</u> <u>26115087</u>	c For active participants:			(1) Non-vested benefits.....	3c(1)	<u>8815</u>	(2) Vested benefits.....	3c(2)	<u>782144</u>	(3) Total active	3c(3)	<u>14</u> <u>790959</u>	d Total	3d	<u>1249</u> <u>48421733</u>
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d Total	3d	<u>1249</u> <u>48421733</u>																							
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐ <table><tr><td>a Funding target disregarding prescribed at-risk assumptions</td><td>4a</td><td></td></tr><tr><td>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</td><td>4b</td><td></td></tr></table>	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																			
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5	Effective interest rate	5	<u>7.06 %</u>																						
6	Target normal cost.....	6	<u>487006</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>09/30/2013</u>
Signature of actuary		Date
<u>MARTIN E. MOLLOY</u>		<u>11-06227</u>
Type or print name of actuary		Most recent enrollment number
<u>AON CONSULTING, INC.</u>		<u>614-436-8100</u>
Firm name		Telephone number (including area code)
<u>445 HUTCHINSON AVE., SUITE 900</u> <u>COLUMBUS, OH 43235-8619</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 ☐

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)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>0.99</u> %	0	0
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>6.33</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)	0	0

Part III Funding Percentages			
14	Funding target attainment percentage	14	92.60 %
15	Adjusted funding target attainment percentage	15	92.60 %
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	77.47 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/13/2012	562928	0			
07/13/2012	562928	0			
10/15/2012	562928	0			
07/11/2013	357196	0			
09/12/2013	357196	0			
			Totals ►	18(b)	2403176
				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	2268851
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
0	0	0
(4) 4th	0	

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 4
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	487006	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	3582755	941777	
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	1428783	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35)	36	1428783	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	2268851	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	840068	
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 <u>DEACONESS HOSPITAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DEACONESS HOSPITAL</u>	D Employer Identification Number (EIN) <u>31-0537109</u>	

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation <u>BLACKROCK FINANCIAL MANAGEMENT</u>
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13-3806691

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

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

WELLINGTON CIF RESEARCH EQUITY FUND

04-2755549

(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?
27 28 51 68	NONE	54640	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

PNC BANK

31-1072449

(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?
21 50 52 56 62 68	NONE	52724	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

AON CONSULTING

23-2293237

(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	NONE	45806	Yes ☐ No ☒	Yes ☐ No ☐		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)

JP MORGAN INVESTMENT MANAGEMENT INC

13-3200244

(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?
27 28 50 51	NONE	23469	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SIT INVESTMENT ASSOCIATES, INC.

41-1404829

(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?
28 50 68	NONE	17849	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

STATE STREET GLOBAL ADVISORS

04-1867445

(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?
19 51	NONE	5391	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(c) Describe the information that the service provider failed or refused to provide
(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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>DEACONESS HOSPITAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>DEACONESS HOSPITAL</u>	D Employer Identification Number (EIN) <u>31-0537109</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: S&P 500 FLAGSHIP NL CM13

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN <u>04-0025081-028</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>11209895</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: WELLINGTON CIF RESEARCH EQUITY FUND

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

c EIN-PN <u>04-2767481-054</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9509990</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB CORE BOND FUND

b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK

c EIN-PN <u>20-3847783-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>8074115</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

c EIN-PN	d Entity code	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
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For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

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 DEACONESS HOSPITAL RETIREMENT PLAN**b** Name of plan sponsor DEACONESS HOSPITAL**c** EIN-PN 31-0537109-001**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 <u>01/01/2012</u> and ending <u>12/31/2012</u>		
A Name of plan <u>DEACONESS HOSPITAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DEACONESS HOSPITAL</u>	D Employer Identification Number (EIN) <u>31-0537109</u>	

	Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	0	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	1624964	714392
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	32700	35247
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	539993	791237
	(2) U.S. Government securities.....	1c(2)	0	241920
	(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)	138997	247211
	(5) Partnership/joint venture interests	1c(5)	932160	0
	(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)	25772653	28794000
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	15245876	19355079
	(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	44287343	50179086

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	44287343	50179086
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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)	2403176	
(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)		2403176
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1237	
(B) U.S. Government securities	2b(1)(B)	3860	
(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)		5097
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	20114	
(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)		20114
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	10211448	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	9996933	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		214515
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	5128157	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		5128157

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		169775
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		571169
c Other income.....	2c		4422
d Total income. Add all income amounts in column (b) and enter total.....	2d		8516425

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2258566	
(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)		2258566
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)	98530	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	97748	
(4) Other	2i(4)	169838	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		366116
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		2624682

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		5891743
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: PRICEWATERHOUSECOOPERS, L.L.P.

(2) EIN: 13-4008324

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	
4c			
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	
4d			
e Was this plan covered by a fidelity bond?	X		1000000
4e			
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	
4f			
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	
4g			
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	
4h			
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		
4i			
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		
4j			
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	
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

5b(1) Name of plan(s)

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

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>DEACONESS HOSPITAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DEACONESS HOSPITAL</u>	D Employer Identification Number (EIN) <u>31-0537109</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>31-1072449</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>1</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
--	-----------------------------------	-----------------------------------	-------------------------------	--

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.
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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: 73.0% Investment-Grade Debt: 26.0% High-Yield Debt: 1.0% Real Estate: 0.0% Other: 0.0%

- 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):



The Deaconess Hospital Retirement Plan

**Financial Statements
December 31, 2012 and 2011, and
Supplemental Schedules at December 31, 2012**

The Deaconess Hospital Retirement Plan

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 Note: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	



Independent Auditor's Report

To the Participants and Administrator of
the Deaconess Hospital Retirement Plan

Report on the Financial Statements

We were engaged to audit the financial statements of The Deaconess Hospital Retirement Plan (the "Plan"), 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 the financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by PNC Bank, Ohio, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2012 and 2011 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.



Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Assets (Held at End of Year) and Schedule of Reportable Transactions at December 31, 2012 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

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

PricewaterhouseCoopers LLP

October 3, 2013

The Deaconess Hospital Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2012 and 2011

	2012	2011
Assets		
Investments, at fair value		
Money market funds	\$ 791,237	\$ 539,993
Common stocks	247,211	138,997
Registered investment companies	19,355,079	15,245,876
Common collective trusts	28,794,000	25,772,653
U.S. government securities	241,920	-
Limited partnership	-	932,160
Total investments	<u>49,429,447</u>	<u>42,629,679</u>
Employer's contribution receivable	714,392	1,624,964
Accrued interest and dividends	<u>35,247</u>	<u>32,700</u>
Total assets	<u>50,179,086</u>	<u>44,287,343</u>
Liabilities		
Accrued administrative expenses	<u>14,523</u>	<u>14,983</u>
Net assets available for benefits	<u>\$ 50,164,563</u>	<u>\$ 44,272,360</u>

The accompanying notes are an integral part of these financial statements.

The Deaconess Hospital Retirement Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2012 and 2011

	2012	2011
Additions		
Interest and dividends	\$ 770,577	\$ 870,364
Employer's contribution	2,403,176	2,428,457
Net appreciation (depreciation) in fair value of investments	5,342,672	(443,792)
Total additions	<u>8,516,425</u>	<u>2,855,029</u>
Deductions		
Benefit payments	2,258,566	2,221,997
Administrative expenses	365,656	385,289
Total deductions	<u>2,624,222</u>	<u>2,607,286</u>
Net increase	5,892,203	247,743
Net assets available for benefits		
Beginning of year	<u>44,272,360</u>	<u>44,024,617</u>
End of year	<u>\$ 50,164,563</u>	<u>\$ 44,272,360</u>

The accompanying notes are an integral part of these financial statements.

The Deaconess Hospital Retirement Plan

Notes to Financial Statements

December 31, 2012 and 2011

1. Description of the Plan

The following description of The Deaconess Hospital Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The plan was adopted by The Deaconess Hospital of Cincinnati, Ohio (the "Hospital"), the sponsor of the Plan, effective June 1, 1966 and as amended. The Plan is a noncontributory defined benefit retirement plan with PNC Bank, Ohio, N.A. as the Trustee. All employees of the Hospital and eligible Participating Employers who meet eligibility requirements become a participant in the Plan. Participating Employers are: The Deaconess Health Associations Fund, Inc., The Deaconess Health Care Services Company, and Tri-State Health Systems Inc. (non-physician employees). In addition, eligible employees include employees of Deaconess Long Term Care, Inc. and Deaconess Enterprises, Inc. (d.b.a. Select Health Services) prior to December 31, 1998 and eligible employees of Deaconess Home Health Care hired prior to April 1, 2001. Tristate Primary Care, LLC became a Participating Employer under the Plan, effective August 31, 2002, for non-physician employees only. The Deaconess Health Care Services Company ceased to be a Participating Employer under the Plan effective January 1, 2003. An eligible employee means any Hospital or Participating Employer employee except for leased employees, physicians (hired after December 31, 1998), and most employees covered by a collective bargaining agreement.

Eligibility and Pension Benefits

Effective December 31, 2009, the Plan was frozen and no eligible employees can become a participant in the Plan if the entry is after December 31, 2009 nor can any reemployed former participant again become a participant if reemployment is after December 31, 2009. In addition, all participants no longer will accrue any additional benefits under the Plan after December 31, 2009.

Prior to December 31, 2009, an eligible participant was defined as an eligible full-time employee who attained the age of 21 years and completed at least 1,000 hours of continuous service, with full accrued benefits upon retirement from age 65 or with reduced benefits upon retirement from age 55 to 64, with the normal retirement age being 65. Employees who worked beyond age 65 accrued benefits until retirement, subject to the maximum limit of years of credited service. Employees who terminated with less than five years of service have no rights to future benefits from the Plan.

Upon termination of service or death, disability, or retirement, a participant will have the option to receive payments of their vested account balance as a lump sum or monthly payments. Benefits are payable to designated beneficiaries in the event of a participant's death.

Final average earnings were frozen as of December 31, 2009. The monthly benefit for participants is determined by multiplying years of credited service (maximum 25 years) times 2% of the participant's final average earnings, plus 0.5% of the participant's final average earnings times years of credited services in excess of 25 years (maximum of an additional 15 years), minus 2% of the participant's primary social security benefit times years of credited service (maximum 25 years). These results are then collectively multiplied by the following fraction: participant years of credited service as of the date of determination is made divided by the years of credited service they would have earned had they remained employed by the Hospital, or for a participant in an affiliated Participating Employer, until their normal retirement date.

The Deaconess Hospital Retirement Plan

Notes to Financial Statements

December 31, 2012 and 2011

Recent Accounting Pronouncements

In May 2011, the FASB issued a new accounting standard intended to improve the comparability of fair value measurements presented and disclosed in financial statements prepared in accordance with U.S. GAAP and IFRS. The amendments are of two types: (i) those that clarify the Board's intent about the application of existing fair value measurement and disclosure requirements and (ii) those that change a particular principle or requirement for measuring fair value or for disclosing information about fair value measurements. The update was effective for annual periods beginning after December 15, 2011. The adoption of this guidance did not have a material impact on the Plan's financial statements.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 6 for a discussion of fair value measurements.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Use of Estimates

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

Expenses

Administration of the Plan is performed by the Hospital with PNC Bank, Ohio, N.A. as the Trustee (both of which are parties in interest). Actuarial services are provided by AON Hewitt. All reasonable expenses incurred in the administration of the Plan and actuarial services provided by the Plan, may be paid by the Plan. To the extent that such expenses are not paid by the Plan, they will be paid by the Hospital.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on the average of the highest five consecutive calendar years of compensation paid during the ten calendar years preceding the date of severance. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date. The Plan's actuary performed an actuarial valuation of the

The Deaconess Hospital Retirement Plan
Notes to Financial Statements
December 31, 2012 and 2011

Plan as of January 1, 2012 and 2011 and has determined the actuarial present value of all vested and nonvested benefits.

The significant actuarial assumptions used in the actuarial valuations were: (a) life expectancy of participants based on the 2013 and 2012 Static Mortality table for annuitants and non-annuitants per IRS Section 1.430(h)(3) - 1(e) for January 1, 2012 and January 1, 2011, respectively, (b) retirement age assumed to occur at any age from 62 to 68 for both January 1, 2012 and 2011; and (c) the assumed investment rate of return of 7.5% and 8.0% for January 1, 2012 and 2011, respectively. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present values of accumulated plan benefits.

The actuarial present value of accumulated plan benefits as of January 1, 2012 is as follows:

Vested benefits	
Participating employees	\$ 20,914,431
Retirees and beneficiaries	26,015,817
Total vested benefits	<u>46,930,248</u>
Nonvested benefits	5,704
Total actuarial present value of accumulated plan benefits	<u>\$ 46,935,952</u>

The changes in accumulated plan benefits for the year beginning January 1, 2011 were attributed to the following:

Actuarial present value of accumulated plan benefits as of January 1, 2011	\$ 43,496,775
Increase (decrease) during the year attributed to	
Benefits accumulated	3,391,137
Benefits paid	(2,258,566)
Changes in actuarial assumptions	2,490,584
Other	<u>(183,978)</u>
Actuarial present value of accumulated plan benefit as of January 1, 2012	<u>\$ 46,935,952</u>

4. Funding Policy

The Hospital funds pension plan benefits as accrued. The minimum funding requirements of the Employee Retirement Income Security Act of 1974 ("ERISA") have been met for the Plan years beginning January 1, 2012 and 2011.

The Deaconess Hospital Retirement Plan
Notes to Financial Statements
December 31, 2012 and 2011

5. Investments

Investments held by the Plan at December 31, 2012 and 2011, and the related net appreciation and depreciation in fair value during the respective years, are summarized below:

	2012		2011	
	Fair Value at End of Year	Net Appreciation (Depreciation) in Fair Value	Fair Value at End of Year	Net Appreciation (Depreciation) in Fair Value
Money market funds	\$ 791,237	\$ -	\$ 539,993	\$ -
Common stocks	247,211	38,770	138,997	1,962
Registered investment companies	19,355,079	1,825,041	15,245,876	(1,400,813)
Common collective trusts	28,794,000	3,481,480	25,772,653	351,523
U.S. government securities	241,920	(2,619)	-	-
Limited partnership	-	-	932,160	603,536
	<u>\$ 49,429,447</u>	<u>\$ 5,342,672</u>	<u>\$ 42,629,679</u>	<u>\$ (443,792)</u>

The fair values of individual investments that represent 5% or more of the Plan's net assets available for benefits are as follows at December 31:

	2012	2011
S&P 500 Flagship Non-Lending Fund	\$ 11,209,895	\$ 9,663,028
Wellington CIF Research Fund	9,509,990	7,952,840
JP Morgan Core Bond Fund	8,074,115	8,156,785
American Europacific Growth Fund	2,782,650	*
Harbor Fund	2,573,954	*

* does not exceed 5% of net assets as of the respective reporting period

6. Fair Value Measurements

Fair value is the amount that would be received from the sale of an asset or paid for transfer of a liability in an orderly transaction between market participants, i.e., an exit price. To estimate an exit price, a three-level hierarchy is used. The fair value hierarchy prioritizes the inputs, which refer broadly to assumptions market participants would use in pricing an asset or a liability, into three levels:

- Level 1 Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Plan has the ability to access.
- Level 2 Inputs to the valuation methodology include:
 - Quoted prices for similar assets or liabilities in active markets;
 - Quoted prices for identical or similar assets or liabilities in inactive markets;
 - Inputs other than quoted prices that are observable for the asset or liability;
 - Inputs that are derived principally from or corroborated by observable market data by correlation or other means.

The Deaconess Hospital Retirement Plan

Notes to Financial Statements

December 31, 2012 and 2011

If the asset or liability has a specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or a liability.

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

The following is a description of the valuation methodologies used for assets measured at fair value:

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

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Common collective trusts: The Plan's interests in collective trusts are valued based on information reported by the investment advisor using audited financial statements of the collective trusts at year end. The fair value is based on the underlying investments of the trusts. Underlying securities for which quotations are readily available are valued at their most recent bid prices in the principal market in which such securities are normally traded. Underlying short term deposits with maturities for 60 days or less, including commercial paper, time deposits, discount notes and other short term investments, are valued at original cost plus accrued interest or at amortized cost, which approximates fair value.

The Plan holds common collective trusts with a fair value of \$28,794,000 and \$25,772,653 at December 31, 2012 and 2011, respectively. Common collective trusts greater than 5% of net assets held at the end of the respective years are detailed in Note 5. There are no unfunded commitments with respect to these investments; however, they may be subject to redemption restrictions, at the Trustee's discretion, to the extent that it is determined such actions would disrupt management of the fund.

U.S. Government securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

Limited partnership: Valued at the net asset value ("NAV") of the shares held by the Plan at year end as derived from audited financial statements. Substantially all assets held by the partnership are equity securities traded on active markets.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future 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.

The Deaconess Hospital Retirement Plan
Notes to Financial Statements
December 31, 2012 and 2011

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2012 and 2011.

Assets at Fair Value as of December 31, 2012				
	Level 1	Level 2	Level 3	Total
Mutual funds				
Money market	\$ 791,237	\$ -	\$ -	\$ 791,237
Registered investment companies				
Mutual funds - equity	10,136,073	-	-	10,136,073
Exchange traded equities - equity	694,370	-	-	694,370
Exchange traded equities - fixed income	2,913,933	-	-	2,913,933
Mutual funds - fixed income	5,610,703	-	-	5,610,703
Common stock	247,211	-	-	247,211
U.S. government securities	-	241,920	-	241,920
Other assets				
Common collective trusts	-	28,794,000	-	28,794,000
	<u>\$ 20,393,527</u>	<u>\$ 29,035,920</u>	<u>\$ -</u>	<u>\$ 49,429,447</u>

Assets at Fair Value as of December 31, 2011				
	Level 1	Level 2	Level 3	Total
Mutual funds				
Money market	\$ 539,993	\$ -	\$ -	\$ 539,993
Registered investment companies				
Mutual funds - equity	8,352,886	-	-	8,352,886
Exchange traded equities - equity	1,091,720	-	-	1,091,720
Exchange traded equities - fixed income	2,447,379	-	-	2,447,379
Mutual funds - fixed income	3,353,891	-	-	3,353,891
Common stock	138,997	-	-	138,997
Limited partnership				
Hedge funds	-	932,160	-	932,160
Other assets				
Common collective trusts	-	25,772,653	-	25,772,653
	<u>\$ 15,924,866</u>	<u>\$ 26,704,813</u>	<u>\$ -</u>	<u>\$ 42,629,679</u>

The Deaconess Hospital Retirement Plan

Notes to Financial Statements

December 31, 2012 and 2011

7. Financial Data Certified by the Trustee

The following is a summary of the Plan's financial information and data included in the Plan's financial statements and supplemental schedules which was certified by the Trustee as of December 31, 2012 and 2011 and for the years then ended as complete and accurate, in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

	2012	2011
Statements of Net Assets Available for Benefits		
Investments, at fair value	\$ 49,429,447	\$ 42,629,679
Statements of Changes in Net Assets Available for Benefits		
Interest and dividends	770,577	870,364
Net appreciation (depreciation) in fair value of investments	5,342,672	(443,792)

8. Plan Termination

Although the Hospital has not expressed an intent to terminate the Plan, it may do so at any time. In the event the Plan terminates, and net assets are not sufficient to provide benefits to participants, pensioners and beneficiaries, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations.

If the assets available for allocation under any category are insufficient to fully satisfy the benefits of all individuals, the assets will be distributed proportionately. If any assets remain after all the liabilities for accrued benefits have been satisfied, such assets will be distributed to the Hospital.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits and certain disability and survivor pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations.

9. Related Party Transactions

The Company provides certain accounting, recordkeeping, and administrative services to the Plan, for which it receives no compensation.

10. Tax Status of the Plan

The Plan obtained its latest determination letter dated October 1, 2003, in which the Internal Revenue Service (IRS) stated the Plan was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions by the Plan, and has concluded that as of December 31, 2012, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are

The Deaconess Hospital Retirement Plan

Notes to Financial Statements

December 31, 2012 and 2011

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.

11. Risks and Uncertainties

Investments are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments 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 and the statements of changes in 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 estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

12. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of the net assets available for benefits per the financial statements to the Form 5500 at December 31:

	2012	2011
Net assets available for benefits per the financial statements	\$ 50,164,563	\$ 44,272,360
Accrued administrative expenses	<u>14,523</u>	<u>14,983</u>
Net assets available for benefits per the Form 5500	<u>\$ 50,179,086</u>	<u>\$ 44,287,343</u>

The following is a reconciliation of the increase in net assets available for benefits per the financial statements to the Form 5500 at December 31, 2012:

Increase in net assets available for benefits per the financial statements	\$ 5,892,203
Accrued administrative expenses at December 31, 2012	14,523
Accrued administrative expenses at December 31, 2011	<u>(14,983)</u>
Increase in net assets available for benefits per the Form 5500	<u>\$ 5,891,743</u>

13. Subsequent Events Evaluation

The Plan has evaluated subsequent events through October 3, 2013 as this was the date financial statements were made available to be issued. No matters were identified that would materially impact the financial statements or require disclosure.

The Deaconess Hospital Retirement Plan
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2012

(a)	(b)	(c)	(d)	(e)
	Identify of Issuer of Borrower	Description of Investment	Cost**	Current Value**
	Money market funds			
	Blackrock Liquidity Funds Treasury Trust Fund	institutional Shares #62	\$ 317,993	\$ 317,993
	Blackrock Liquidity Funds Temp Fund	Institutional Shares #24	473,244	473,244
			791,237	791,237
	US government securities			
	Federal Home Loan Mtg Loan Mtg Corp Gold Pool	07.000% DUE 10/01/2026 Shares: 63,152	73,671	74,915
	Govt Natl Mtg Assn Pool	07.000% DUE 12/15/2037 Shares: 35,470	42,210	40,922
	US Treasury Notes	01.750% DUE 05/15/2022 Shares: 125,000	127,262	126,083
			243,143	241,920
	Common stocks			
	Avinci Media Corp (AVMC)	Shares: 225	1	-
	Helios Total Return FD Inc (HTR)	Shares: 9,966	240,697	235,397
	Nuveen Ariz Divid Advantage (NAZ)	Shares: 800	12,103	11,814
			252,801	247,211
	Registered investment companies			
	Alliancebernstein Income (ACG)	Shares: 21,500	174,290	174,150
	American Europacific Growth Fund (RERGX)	Shares: 67,573	2,642,906	2,782,650
	American Income Fund (MRF)	Shares: 8,342	63,783	69,823
	American Select Portfolio (SLA)	Shares: 3,500	36,777	38,255
	American Strategic Income (BSP)	Shares: 6,934	78,953	61,158
	American Strategic Income PT (ASP)	Shares: 1,900	21,149	21,755
	Blackrock Build America Bond (BBN)	Shares: 2,200	46,659	50,314
	Blackrock Core Bond Trust (BHK)	Shares: 7,300	95,882	108,770
	Blackrock Credit Allocation (BTZ)	Shares: 18,832	232,724	258,563
	Blackrock Enhanced (EGF)	Shares: 13,333	205,789	208,395
	Blackrock Income Opportunity (BNA)	Shares: 16,300	167,953	184,842
	Blackrock Income Trust Inc (BKT)	Shares: 39,200	271,014	288,120
	Blackrock Muniholdings Insured (MUE)	Shares: 1,432	18,123	21,595
	CRM Small Cap Value Fund-INS (CRISX)	Shares: 104,202	2,245,691	2,122,596
	Cutwater Select Income Fund (CSI)	Shares: 1,136	19,314	22,325
	Eaton Vance Limited Duration (EVV)	Shares: 2,400	37,077	39,984
	Eaton Vance Municipal Bond FD (EIM)	Shares: 4,660	55,101	65,193
	Eaton Vance Short Duration (EVG)	Shares: 9,462	157,657	163,787
	First Trust/FIDAC Mortgage (FMY)	Shares: 8,600	150,685	151,876
	FPA Crescent Fund CL I (FPAC)	Shares: 64,807	1,799,618	1,898,202
	Harbor Fund (HAINX)	Shares: 41,435	1,886,455	2,573,954
	Helios Strategic Income Fund Inc (HSA)	Shares: 1,800	10,844	11,376
	MFS Charter Income Trust (MCR)	Shares: 2,100	19,471	21,252
	MFS Government Markets Income (MGF)	Shares: 15,979	108,545	109,456
	MFS Intermarket Income Trist I (CMK)	Shares: 3,400	25,990	29,886
	Montgomery Street Income (MTS)	Shares: 9,400	145,883	158,860
	Nuveen Build American Bond Fund (NBB)	Shares: 1,675	33,370	35,477
	WHG Income Opportunity Fund (WHGIX)	Shares: 150,132	1,722,468	1,842,122
	American Strategic Inc III FD (CSP)	Shares: 2,600	19,109	19,474
	Ashmore Emerging Markets Small-Cap Equity Fund	Shares: 22,611	261,692	270,207
	Federated Enhances Treas Income Fd (FTT)	Shares: 4,799	71,094	68,050
	Franklin Templeton limited Duration (FTF)	Shares: 6,00	7,829	8,622
	Invesco California Value Municipal (VCV)	Shares: 1,342	18,258	18,439
	Invesco Municipal Opportunity Trust (VMO)	Shares: 4,535	65,514	66,166
	Invesco Quality Municipal Income Trust (IIM)	Shares: 1,529	22,040	20,950

Note: This schedule reports those assets required to be reported under ERISA section 2520.103-11 and Form 5500, Schedule H, Line 4(i).

** Information certified as to completeness and accuracy by PNC Bank, Ohio, N.A.

The Deaconess Hospital Retirement Plan
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2012

Identify of Issuer of Borrower	Description of Investment	Cost**	Current Value**
Invesco Value Municipal Income Trust (IIM)	Shares: 1	7	8
Morgan Stanley Income Securities (ICB)	Shares: 400	7,597	7,384
Nuveen Build America Bond Opportunity Fund (NBD)	Shares: 6,200	133,458	134,291
Nuveen Mortgage Opportunity Term Fund 2 (JMT)	Shares: 500	11,936	13,590
Nuveen Mortgage Opportunity Term Fund (JLS)	Shares: 900	20,795	24,498
Nuveen Municipal Opportunity Fund (NIO)	Shares: 5,600	86,963	85,848
Nuveen Ohio Divid Advantage Municipal Fund 2 (XNBXJ)	Shares: 2,800	46,169	44,492
Nuveen Ohio Dividend Advantage Muni FD 3 (XNVJX)	Shares: 1,600	27,396	26,944
Nuveen Ohio Dividend Advantage Municipal Fund (XNXIX)	Shares: 1,600	26,721	26,096
Nuveen Preferred Income Opportunities Fund (JPC)	Shares: 3,100	28,332	30,101
Nuveen Prem Income Mun FD 2 (NPM)	Shares: 10,200	157,384	155,040
Nuveen Quality PFD Income FD (JTP)	Shares: 802	6,238	6,953
Nuveen Quality PFD Income FD 2 (JPS)	Shares: 900	7,519	8,514
Nuveen Quality Preferred III (JHP)	Shares: 886	6,672	7,877
Oppenheimer Developing Markets Fund Class (ODVYX)	Shares: 10,681	352,644	372,570
PCM Fund Inc (PCM)	Shares: 1,800	12,138	21,636
PIMCO All Asset Fund Instl FD (PIMCO)	Shares: 148,679	1,852,249	1,870,379
PIMCO Income Strategy Fund (PFL)	Shares: 1,200	14,081	15,288
PIMCO Income Strategy Fund II (PFN)	Shares: 2,100	21,722	23,205
Putnam master Intermediate Income Trust (PIM)	Shares: 24,700	127,266	124,982
Putnam Premier Income Trust (PPT)	Shares: 9,698	59,587	52,951
Wells Fargo Advantage Multi Sector Income Fund (ERC)	Shares: 10,400	156,945	168,168
Western Asset Inflation Management Fund (IMF)	Shares: 3,500	64,794	65,765
Western Asset Mortgage Defined Opportunity Fund (DMO)	Shares: 400	8,692	9,684
Western Asset Variable Rate Strategic Fund (GFY)	Shares: 3,270	51,874	58,075
William Blair Small Cap Growth (WBSIX)	Shares: 81,675	1,376,492	2,014,096
		<u>17,605,378</u>	<u>19,355,079</u>
Common collective trusts			
Wellington CIF Research	Shares: 608,834	6,852,007	9,509,990
JP Morgan Core Bond Fund	Shares: 492,024	5,811,480	8,074,115
S & P 500 Flagship Non-Lending Fund (CM13)	Shares: 36,297	8,890,293	11,209,895
		<u>21,553,780</u>	<u>28,794,000</u>
		<u>\$ 40,446,339</u>	<u>\$ 49,429,447</u>

Note: This schedule reports those assets required to be reported under ERISA section 2520.103-11 and Form 5500, Schedule H, Line 4(i).

** Information certified as to completeness and accuracy by PNC Bank, Ohio, N.A.

The Deaconess Hospital Retirement Plan
Schedule H, Line 4(j) - Schedule of Reportable Transactions
December 31, 2012***

(a)	(b)	(c)	(d)	(g)	(h)	(i)
Identify of Party Involved	Description of Assets	Purchase Price**	Selling Price**	Cost of Asset**	Current Value on Transaction Date**	Net Gain or (Loss)**
Category (I) - Single Transaction in Excess of 5%						
None						
Category (II) - Series of Transactions (non-securities) with Same Broker in Excess of 5%						
None						
Category (III) - Series of Transactions in the Same Security in Excess of 5%						
Blackrock	Blackrock Liquidity Funds Treasury Trust Fund					
	Sale - 9		1,589,945	1,589,945	1,589,945	-
	Purchase- 16	1,575,604		1,575,604	1,575,604	-
Blackrock	Blackrock Liquidity Funds Temp Fund					
	Sale- 5		2,785,703	2,785,703	2,785,703	-
	Purchase- 7	3,051,288		3,051,288	3,051,288	-
Category (IV) - Single Transactions (securities) with One Broker in Excess of 5%						
None						

Note: This schedule includes those assets purchased and/or sold during the current year that are in excess of 5% of the fair market value of the Plan assets as required by ERISA Section 2520.103-6 and Form 5500 Schedule H, Line 4(j).
****** Information certified as to completeness and accuracy by PNC Bank, Ohio, N.A.
******* Columns (e) and (f) have been omitted as they were not applicable.

Schedule SB Attachment (Form 5500)—2012 Plan Year
Deaconess Hospital Retirement Plan
EIN: 31-0537109 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2012

Attained Age	Number of Participants Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29		1								
30-34		1								
35-39				2						
40-44				1						
45-49		1				2				
50-54							1			
55-59					1		2			
60-64						1	1			
65-69										
70+										

N-14

Schedule SB Attachment (Form 5500)—2012 Plan Year
Deaconess Hospital Retirement Plan
EIN: 31-0537109 PN: 001

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

Interest rates	Based on segment rates with a four-month lookback (as of September 2011)	
1st segment rate	Minimum Funding and	Maximum Deductible
2nd segment rate	Benefit Restrictions	Limit and PBGC
3rd segment rate	5.54%	2.06%
	6.85%	5.25%
	7.52%	6.32%
Retirement age		
Active participants	See Table 1	
Terminated vested participants	Age 65	
Mortality rates		
Healthy and disabled	2012 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)	
Withdrawal rates	See Table 2	
Disability rates	None	
Decrement timing	Beginning of year	
Surviving spouse benefit	It is assumed that 80% of males and 50% of females have an eligible spouse, and that spouses are the same age.	
Benefit limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$200,000.	

Schedule SB Attachment (Form 5500)—2012 Plan Year
Deaconess Hospital Retirement Plan
EIN: 31-0537109 PN: 001

Valuation of plan assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected return on assets

2010 plan year

8.00%; limited to 6.82%

2011 plan year

8.00%; limited to 6.57%

Trust expenses included in target normal cost

The normal cost for funding purposes includes assumed expenses equal to the actual expenses paid by the trust in the previous year plus the PBGC Premium for the current year. General administrative expenses include trustee, investment and actuarial fees.

Actuarial method

Standard unit credit cost method

Valuation date

January 1, 2012

Schedule SB Attachment (Form 5500)—2012 Plan Year
Deaconess Hospital Retirement Plan
EIN: 31-0537109 PN: 001

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
62	15.00%
63	5.00%
64	10.00%
65	50.00%
66	75.00%
67	75.00%
68+	100.00%

Schedule SB Attachment (Form 5500)—2012 Plan Year
Deaconess Hospital Retirement Plan
EIN: 31-0537109 PN: 001

Table 2—Page 1 of 2

Withdrawal Rates

Age	Years of Service		
	0	1	2+
15	40.0000%	25.0000%	17.9384%
16	40.0000%	25.0000%	17.9384%
17	40.0000%	25.0000%	17.9384%
18	40.0000%	25.0000%	17.9384%
19	40.0000%	25.0000%	17.9384%
20	40.0000%	25.0000%	17.9384%
21	40.0000%	25.0000%	17.8207%
22	40.0000%	25.0000%	17.6903%
23	40.0000%	25.0000%	17.5474%
24	40.0000%	25.0000%	17.3919%
25	40.0000%	25.0000%	17.2242%
26	40.0000%	25.0000%	17.0413%
27	40.0000%	25.0000%	16.8033%
28	40.0000%	25.0000%	16.5174%
29	40.0000%	25.0000%	16.1910%
30	40.0000%	25.0000%	15.8305%
31	40.0000%	25.0000%	15.4419%
32	40.0000%	25.0000%	15.0308%
33	40.0000%	25.0000%	14.6011%
34	40.0000%	25.0000%	14.1563%
35	40.0000%	25.0000%	13.6986%
36	40.0000%	25.0000%	13.2299%
37	40.0000%	25.0000%	12.7508%
38	40.0000%	25.0000%	12.2614%
39	40.0000%	25.0000%	11.7612%
40	40.0000%	25.0000%	11.2500%
41	40.0000%	25.0000%	10.7238%
42	40.0000%	25.0000%	10.1791%
43	40.0000%	25.0000%	9.6155%
44	40.0000%	25.0000%	9.0330%

Schedule SB Attachment (Form 5500)—2012 Plan Year
Deaconess Hospital Retirement Plan
EIN: 31-0537109 PN: 001

Table 2—Page 2 of 2

Withdrawal Rates

Age	Years of Service		
	0	1	2+
45	40.0000%	25.0000%	8.4319%
46	40.0000%	25.0000%	7.8098%
47	40.0000%	25.0000%	7.1634%
48	40.0000%	25.0000%	6.4900%
49	40.0000%	25.0000%	5.7890%
50	40.0000%	25.0000%	5.0645%
51	40.0000%	25.0000%	4.3289%
52	40.0000%	25.0000%	3.6029%
53	40.0000%	25.0000%	2.9106%
54	40.0000%	25.0000%	2.2778%
55	40.0000%	25.0000%	1.7264%
56	40.0000%	25.0000%	1.2499%
57	40.0000%	25.0000%	0.8557%
58	40.0000%	25.0000%	0.5464%
59	40.0000%	25.0000%	0.3179%
60	40.0000%	25.0000%	0.1614%
61	40.0000%	25.0000%	0.0654%
62+	0.0000%	0.0000%	0.0000%

The Deaconess Hospital Retirement Plan
Schedule H, Line 4(j) - Schedule of Reportable Transactions
December 31, 2012***

(a) Identify of Party Involved	(b) Description of Assets	(c) Purchase Price**	(d) Selling Price**	(g) Cost of Asset**	(h) Current Value on Transaction Date**	(i) Net Gain or (Loss)**
Category (I) - Single Transaction in Excess of 5%						
None						
Category (II) - Series of Transactions (non-securities) with Same Broker in Excess of 5%						
None						
Category (III) - Series of Transactions in the Same Security in Excess of 5%						
Blackrock	Blackrock Liquidity Funds Treasury Trust Fund Sale - 9 Purchase- 16	1,575,604	1,589,945	1,589,945 1,575,604	1,589,945 1,575,604	- -
Blackrock	Blackrock Liquidity Funds Temp Fund Sale- 5 Purchase- 7	3,051,288	2,785,703	2,785,703 3,051,288	2,785,703 3,051,288	- -
Category (IV) - Single Transactions (securities) with One Broker in Excess of 5%						
None						

Note: This schedule includes those assets purchased and/or sold during the current year that are in excess of 5% of the fair market value of the Plan assets as required by ERISA Section 2520.103-6 and Form 5500 Schedule H, Line 4(j).
****** Information certified as to completeness and accuracy by PNC Bank, Ohio, N.A.
******* Columns (e) and (f) have been omitted as they were not applicable.

**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 Deaconess Hospital Retirement Plan		B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Deaconess Hospital		D Employer Identification Number (EIN) 31-0537109
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ Other		
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	44,229,402	
b Actuarial value		2b	44,838,978	
3 Funding target/participant count breakdown:				
		(1) Number of participants	(2) Funding Target	
a For retired participants and beneficiaries receiving payment.....		3a	360	21,515,687
b For terminated vested participants.....		3b	875	26,115,087
c For active participants:				
(1) Non-vested benefits		3c(1)		8,815
(2) Vested benefits		3c(2)		782,144
(3) Total active.....		3c(3)	14	790,959
d Total.....		3d	1,249	48,421,733
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		7.06 %
6 Target normal cost		6		487,006

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***Martin E. Molloy* *WM*

Signature of actuary

09/30/2013

Date

Martin E. Molloy

Type or print name of actuary

11-06227

Most recent enrollment number

Aon Consulting, Inc.

Firm name

(614) 436-8100

Telephone number (including area code)

445 Hutchinson Ave., Suite 900

Columbus

OH 43235-8619

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)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>0.99</u> %		
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>6.33</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)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	92.60 %
15 Adjusted funding target attainment percentage	15	92.60 %
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	77.47 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/13/2012	562,928				
07/13/2012	562,928				
10/15/2012	562,928				
07/11/2013	357,196				
09/12/2013	357,196				
Totals ▶			18(b)	2,403,176	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	2,268,851

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
0	0	0	0

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**

4

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**

487,006

b Excess assets, if applicable, but not greater than line 31a**31b**

0

32 Amortization installments:

Outstanding Balance

Installment

a Net shortfall amortization installment.....

3,582,755

941,777

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**

1,428,783

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**

1,428,783

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

2,268,851

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

840,068

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 SB Attachment (Form 5500)—2012 Plan Year
Deaconess Hospital Retirement Plan
EIN: 31-0537109 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Date	Amount	Interest Rate	Days to Discount to 1/1/2012	Interest Adjusted Contribution
April 13, 2012	\$ 562,928	7.06%	103	\$ 552,224
July 13, 2012	562,928	7.06%	194	542,936
October 15, 2012	562,928	7.06%	288	533,506
July 11, 2013	357,196	7.06%	557	321,972
September 12, 2013	<u>357,196</u>	7.06%	620	<u>318,213</u>
Total Contribution	\$ 2,403,176			\$ 2,268,851

Schedule SB Attachment (Form 5500)—2012 Plan Year
Deaconess Hospital Retirement Plan
EIN: 31-0537109 PN: 001

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
62	15.00%	1.0000	9.30
63	5.00%	0.8500	2.68
64	10.00%	0.8075	5.17
65	50.00%	0.7268	23.62
66	75.00%	0.3634	17.99
67	75.00%	0.0908	4.56
68	100.00%	0.0227	1.54
Weighted Average			64.86

Schedule SB Attachment (Form 5500)—2012 Plan Year
Deaconess Hospital Retirement Plan
EIN: 31-0537109 PN: 001

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

Interest rates	Based on segment rates with a four-month lookback (as of September 2011)	
1st segment rate	Minimum Funding and	Maximum Deductible
2nd segment rate	Benefit Restrictions	Limit and PBGC
3rd segment rate	5.54%	2.06%
	6.85%	5.25%
	7.52%	6.32%
Retirement age		
Active participants	See Table 1	
Terminated vested participants	Age 65	
Mortality rates		
Healthy and disabled	2012 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)	
Withdrawal rates	See Table 2	
Disability rates	None	
Decrement timing	Beginning of year	
Surviving spouse benefit	It is assumed that 80% of males and 50% of females have an eligible spouse, and that spouses are the same age.	
Benefit limits	Projected benefits are limited by the current IRC section 415 maximum benefit of \$200,000.	

Schedule SB Attachment (Form 5500)—2012 Plan Year
Deaconess Hospital Retirement Plan
EIN: 31-0537109 PN: 001

Valuation of plan assets

Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value.

A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).

Expected return on assets

2010 plan year

8.00%; limited to 6.82%

2011 plan year

8.00%; limited to 6.57%

Trust expenses included in target normal cost

The normal cost for funding purposes includes assumed expenses equal to the actual expenses paid by the trust in the previous year plus the PBGC Premium for the current year. General administrative expenses include trustee, investment and actuarial fees.

Actuarial method

Standard unit credit cost method

Valuation date

January 1, 2012

Schedule SB Attachment (Form 5500)—2012 Plan Year
Deaconess Hospital Retirement Plan
EIN: 31-0537109 PN: 001

Table 1

Retirement Rates

<u>Age</u>	<u>Rate</u>
62	15.00%
63	5.00%
64	10.00%
65	50.00%
66	75.00%
67	75.00%
68+	100.00%

Schedule SB Attachment (Form 5500)—2012 Plan Year
Deaconess Hospital Retirement Plan
EIN: 31-0537109 PN: 001

Table 2—Page 1 of 2

Withdrawal Rates

Age	Years of Service		
	0	1	2+
15	40.0000%	25.0000%	17.9384%
16	40.0000%	25.0000%	17.9384%
17	40.0000%	25.0000%	17.9384%
18	40.0000%	25.0000%	17.9384%
19	40.0000%	25.0000%	17.9384%
20	40.0000%	25.0000%	17.9384%
21	40.0000%	25.0000%	17.8207%
22	40.0000%	25.0000%	17.6903%
23	40.0000%	25.0000%	17.5474%
24	40.0000%	25.0000%	17.3919%
25	40.0000%	25.0000%	17.2242%
26	40.0000%	25.0000%	17.0413%
27	40.0000%	25.0000%	16.8033%
28	40.0000%	25.0000%	16.5174%
29	40.0000%	25.0000%	16.1910%
30	40.0000%	25.0000%	15.8305%
31	40.0000%	25.0000%	15.4419%
32	40.0000%	25.0000%	15.0308%
33	40.0000%	25.0000%	14.6011%
34	40.0000%	25.0000%	14.1563%
35	40.0000%	25.0000%	13.6986%
36	40.0000%	25.0000%	13.2299%
37	40.0000%	25.0000%	12.7508%
38	40.0000%	25.0000%	12.2614%
39	40.0000%	25.0000%	11.7612%
40	40.0000%	25.0000%	11.2500%
41	40.0000%	25.0000%	10.7238%
42	40.0000%	25.0000%	10.1791%
43	40.0000%	25.0000%	9.6155%
44	40.0000%	25.0000%	9.0330%

Schedule SB Attachment (Form 5500)—2012 Plan Year
Deaconess Hospital Retirement Plan
EIN: 31-0537109 PN: 001

Table 2—Page 2 of 2

Withdrawal Rates

Age	Years of Service		
	0	1	2+
45	40.0000%	25.0000%	8.4319%
46	40.0000%	25.0000%	7.8098%
47	40.0000%	25.0000%	7.1634%
48	40.0000%	25.0000%	6.4900%
49	40.0000%	25.0000%	5.7890%
50	40.0000%	25.0000%	5.0645%
51	40.0000%	25.0000%	4.3289%
52	40.0000%	25.0000%	3.6029%
53	40.0000%	25.0000%	2.9106%
54	40.0000%	25.0000%	2.2778%
55	40.0000%	25.0000%	1.7264%
56	40.0000%	25.0000%	1.2499%
57	40.0000%	25.0000%	0.8557%
58	40.0000%	25.0000%	0.5464%
59	40.0000%	25.0000%	0.3179%
60	40.0000%	25.0000%	0.1614%
61	40.0000%	25.0000%	0.0654%
62+	0.0000%	0.0000%	0.0000%

Schedule SB Attachment (Form 5500)—2012 Plan Year
Deaconess Hospital Retirement Plan
EIN: 31-0537109 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

The following summary describes principal plan provisions assumed in calculating the cost of your pension plan.

General Information

Original Effective Date:	June 1, 1966
Effective Date of Last Amendment:	January 1, 2010
Plan Year:	January 1st to December 31st
Employer Fiscal Year	January 1st to December 31st
Employer ID Number:	31-0537109
Plan Administrator's ID Number:	31-0537109
Plan Number:	001
Plan Administrator:	Deaconess Hospital

Eligibility

All eligible employees of the Employer who work 1,000 hours a year or more are eligible to participate in the Plan upon the January 1 or July 1 coinciding with or next following the attainment of age 21 or the completion of one year of service, whichever is later. Physician Employees and Flexible Schedule Employees are not eligible to participate. No new participants may enter the Plan after December 31, 2009.

Service

Service shall equal total years of service with the Employer. A year of service is credited for each plan year in which an employee works 1,000 hours.

A break in service occurs at the start of any plan year in which the employee works 500 hours or less for the Employer in such year, if his employment has terminated. Service will not be interrupted by:

- (1) A leave of absence granted by the Employer, including maternity or paternity leave,
- (2) A period of service in the Armed Forces of the United States under which employment rights are granted,
- (3) A period of disability during which the participant is being paid directly or indirectly by the Employer.

Schedule SB Attachment (Form 5500)—2012 Plan Year
Deaconess Hospital Retirement Plan
EIN: 31-0537109 PN: 001

An employee will be given credit for his pre-break service if either of the following occurs:

- (1) The employee had a vested interest in his Accrued Benefit at the time of his break in service, or
- (2) The employee's period of absence was less than his pre-break service, or less than five years.

Creditable service shall be credited if an employee works more than 1,000 hours in a plan year. If fewer than 1,000 hours are worked, the employee receives no credited service. Under certain conditions, military service will be considered credited service.

Service was frozen as of December 31, 2009.

Normal Retirement Date

Normal Retirement Date is the first day of the month coincident with or next following attainment of age 65.

Normal Retirement Benefit

The amount of annual benefit to be paid in monthly installments for life, based on service to Normal Retirement Date, is:

- (1) 2% of Final Average Earnings multiplied by years of credited service (up to a maximum of 25 years), plus
- (2) 0.5% of Final Average Earnings multiplied by years of credited service in excess of 25 (up to a maximum of 15 years)
- (3) less the minimum of
 - (a) 2% of the Primary Insurance provided by Social Security multiplied by the years of credited service (up to a maximum of 25 years)
 - (b) 50% of the sum of (1) and (2) above
 - (c) 0.75% of a three-year average annual compensation multiplied by years of credited service (up to a maximum of 35 years). For purposes of this average annual compensation, wages in excess of the Social Security wage base are not considered.

Delayed Retirement

A participant may continue in the employment of the Employer after his Normal Retirement Date. In such event he will receive at actual retirement the benefit he would have received on his Normal Retirement Date, actuarially increased to reflect delayed payment. However, the benefit will not be less than the benefit accrued at Delayed Retirement reflecting Service and Final Average Earnings to such date.

Schedule SB Attachment (Form 5500)—2012 Plan Year
Deaconess Hospital Retirement Plan
EIN: 31-0537109 PN: 001

Final Average Earnings

The average of the highest five consecutive calendar years of compensation paid during the 10 calendar years preceding the date of severance. Compensation shall include elective deferrals under a plan maintained by the Employer including deferrals to a code Section 125 plan. Final Average Earnings are frozen as of December 31, 2009.

Accrued Benefit

The Accrued Benefit at any time prior to a participant's Normal Retirement Date shall be the benefit described in Normal Retirement Benefit, multiplied by a fraction with the numerator being years of credited service at termination and the denominator being years of credited service if he had continued to work until his Normal Retirement Date.

Early Retirement Benefit

Upon the completion of fifteen years of service and the attainment of age 55, a participant may elect to retire. He may receive a monthly benefit for life beginning at his Normal Retirement Date equal to the Accrued Benefit at early retirement date. Payments may begin immediately, with the benefit being reduced one-fifteenth for each of the first five years and one-thirtieth for each of the next five years by which the payment date precedes the Normal Retirement Date.

Death Benefit

In the event of a vested married participant's death after the completion of five years of service, but prior to meeting the requirements for early retirement, it will be assumed the participant had terminated employment the day prior to death, survived to his early retirement date, elected a joint and one-half survivor benefit, and died the following day.

In the event of a vested married participant's death after meeting the requirements for early retirement, his surviving spouse will receive one-half of the joint and one-half survivor benefit calculated on the day of his death.

For a vested terminated participant, death benefits are calculated as for active participants, but based on the participant's Accrued Benefit at his termination date.

Severance Benefit

Upon the termination of employment after five or more years of service, a participant shall have a vested interest in his Accrued Benefit which will be payable at Normal Retirement Date. A vested terminated participant may elect to receive his vested interest at age 55 if the service condition for early retirement is met. Such benefit will be reduced as described under Early Retirement Benefits. Participants who terminated in 2009 and 2010 during a period referred to as a partial plan termination period were automatically vested whether they had 5 years of service or not.

Schedule SB Attachment (Form 5500)—2012 Plan Year
Deaconess Hospital Retirement Plan
EIN: 31-0537109 PN: 001

Optional Methods of Settlement

All Optional Methods of Settlement are actuarially equivalent to the normal form of annuity. If a married participant does not elect the normal form of annuity or does not elect one of the Optional Methods of Settlement described below, then the participant's retirement benefit shall automatically be paid under option (1) below. The options are:

- (1) A reduced benefit to be paid during the participant's lifetime with one-half the reduced benefit to be continued to his spouse for her lifetime after his death.
- (2) A reduced benefit to be paid during the participant's lifetime with 66-2/3% of the reduced benefit, 75% of the reduced benefit, or 100% of the reduced benefit to be continued to his spouse for her lifetime after his death.
- (3) A reduced benefit to be paid for 60 or 120 months certain and thereafter for life.
- (4) A lump sum settlement under \$5,000.

All Optional Methods of Settlement are actuarially equivalent to the normal form of annuity based on the 1971 Group Annuity Mortality Table for Males, projected to 1990 by Scale D, with an age setback of four years for the participant and one year for the beneficiary, and 7% interest. For lump sum benefits, assumptions are based on the applicable mortality table and the applicable interest rates as of the December preceding the beginning of the Plan Year containing the date of distribution.

Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards, or is unable to pay benefits when due.

If the Plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

The above description is a summary only; for additional details, reference should be made to the formal plan document.

Plan Changes Since the Prior Year

The funding, financial accounting, and plan reporting valuations do not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2012 Plan Year
Deaconess Hospital Retirement Plan
EIN: 31-0537109 PN: 001

Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2012

Attained Age	Number of Participants Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29		1								
30-34		1								
35-39				2						
40-44				1						
45-49		1				2				
50-54							1			
55-59					1		2			
60-64						1	1			
65-69										
70+										

N-14

Schedule SB Attachment (Form 5500)—2012 Plan Year
Deaconess Hospital Retirement Plan
EIN: 31-0537109 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

Type Of Base	Present Value of Installments	Valuation Date Established	Remaining Years in Amortization Period	Amortization Amount
Shortfall	\$112,456	January 1, 2009	4	\$30,427
Shortfall	\$3,565,065	January 1, 2010	5	\$791,899
Shortfall	\$6,203,222	January 1, 2011	6	\$1,188,374
Shortfall	<u>(\$6,297,988)</u>	January 1, 2012	7	<u>(\$1,068,923)</u>
Total	\$3,582,755			\$941,777

Schedule SB Attachment (Form 5500)—2012 Plan Year
Deaconess Hospital Retirement Plan
EIN: 31-0537109 PN: 001

Schedule SB, line 19—Discounted Employer Contributions

Date	Amount	Interest Rate	Days to Discount to 1/1/2012	Interest Adjusted Contribution
April 13, 2012	\$ 562,928	7.06%	103	\$ 552,224
July 13, 2012	562,928	7.06%	194	542,936
October 15, 2012	562,928	7.06%	288	533,506
July 11, 2013	357,196	7.06%	557	321,972
September 12, 2013	<u>357,196</u>	7.06%	620	<u>318,213</u>
Total Contribution	\$ 2,403,176			\$ 2,268,851

Schedule SB Attachment (Form 5500)—2012 Plan Year
Deaconess Hospital Retirement Plan
EIN: 31-0537109 PN: 001

Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at beginning of year.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
62	15.00%	1.0000	9.30
63	5.00%	0.8500	2.68
64	10.00%	0.8075	5.17
65	50.00%	0.7268	23.62
66	75.00%	0.3634	17.99
67	75.00%	0.0908	4.56
68	100.00%	0.0227	1.54
Weighted Average			64.86

Schedule SB Attachment (Form 5500)—2012 Plan Year
Deaconess Hospital Retirement Plan
EIN: 31-0537109 PN: 001

Schedule SB, Part V—Summary of Plan Provisions

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Plan Number:	001
Plan Administrator:	Deaconess Hospital

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Schedule SB Attachment (Form 5500)—2012 Plan Year
Deaconess Hospital Retirement Plan
EIN: 31-0537109 PN: 001

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 - (a) 2% of the Primary Insurance provided by Social Security multiplied by the years of credited service (up to a maximum of 25 years)
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Schedule SB Attachment (Form 5500)—2012 Plan Year
Deaconess Hospital Retirement Plan
EIN: 31-0537109 PN: 001

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Schedule SB Attachment (Form 5500)—2012 Plan Year
Deaconess Hospital Retirement Plan
EIN: 31-0537109 PN: 001

Optional Methods of Settlement

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Amendment or Termination of Plan

The Employer reserves the right to amend or terminate the Plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the Plan if the Employer fails to meet the minimum funding standards, or is unable to pay benefits when due.

If the Plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the Employer shall be liable for any unfunded vested benefits to the extent required by law.

The above description is a summary only; for additional details, reference should be made to the formal plan document.

Plan Changes Since the Prior Year

The funding, financial accounting, and plan reporting valuations do not reflect any plan changes.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

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The Deaconess Hospital Retirement Plan
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2012

(a)	(b)	(c)	(d)	(e)
	Identify of Issuer of Borrower	Description of Investment	Cost**	Current Value**
Money market funds				
	Blackrock Liquidity Funds Treasury Trust Fund	Institutional Shares #62	\$ 317,993	\$ 317,993
	Blackrock Liquidity Funds Temp Fund	Institutional Shares #24	473,244	473,244
			791,237	791,237
US government securities				
	Federal Home Loan Mtg Loan Mtg Corp Gold Pool	07.000% DUE 10/01/2026 Shares: 63,152	73,671	74,915
	Govt Nati Mtg Assn Pool	07.000% DUE 12/15/2037 Shares: 35,470	42,210	40,922
	US Treasury Notes	01.750% DUE 05/15/2022 Shares: 125,000	127,262	126,083
			243,143	241,920
Common stocks				
	Avinci Media Corp (AVMC)	Shares: 225	1	-
	Helios Total Return FD Inc (HTR)	Shares: 9,966	240,697	235,397
	Nuveen Ariz Divid Advantage (NAZ)	Shares: 800	12,103	11,814
			252,801	247,211
Registered investment companies				
	Alliancebernstein Income (ACG)	Shares: 21,500	174,290	174,150
	American Europacific Growth Fund (RERGX)	Shares: 67,573	2,642,906	2,782,650
	American Income Fund (MRF)	Shares: 8,342	63,783	69,823
	American Select Portfolio (SLA)	Shares: 3,500	36,777	38,255
	American Strategic Income (BSP)	Shares: 6,934	78,953	61,158
	American Strategic Income PT (ASP)	Shares: 1,900	21,149	21,755
	Blackrock Build America Bond (BBN)	Shares: 2,200	46,659	50,314
	Blackrock Core Bond Trust (BHK)	Shares: 7,300	95,882	108,770
	Blackrock Credit Allocation (BTZ)	Shares: 18,832	232,724	258,563
	Blackrock Enhanced (EGF)	Shares: 13,333	205,789	208,395
	Blackrock Income Opportunity (BNA)	Shares: 16,300	167,953	184,842
	Blackrock Income Trust Inc (BKT)	Shares: 39,200	271,014	288,120
	Blackrock Muniholdings Insured (MUE)	Shares: 1,432	18,123	21,595
	CRM Small Cap Value Fund-INS (CRISX)	Shares: 104,202	2,245,691	2,122,596
	Cutwater Select Income Fund (CSI)	Shares: 1,136	19,314	22,325
	Eaton Vance Limited Duration (EVV)	Shares: 2,400	37,077	39,984
	Eaton Vance Municipal Bond FD (EIM)	Shares: 4,660	55,101	65,193
	Eaton Vance Short Duration (EVG)	Shares: 9,462	157,657	163,787
	First Trust/FIDAC Mortgage (FMV)	Shares: 8,600	150,685	151,876
	FPA Crescent Fund CL I (FPAC)	Shares: 64,807	1,799,618	1,898,202
	Harbor Fund (HAINX)	Shares: 41,435	1,886,455	2,573,954
	Helios Strategic Income Fund Inc (HSA)	Shares: 1,800	10,844	11,376
	MFS Charter Income Trust (MCR)	Shares: 2,100	19,471	21,252
	MFS Government Markets Income (MGF)	Shares: 15,979	108,545	109,456
	MFS Intermarket Income Trist I (CMK)	Shares: 3,400	25,990	29,886
	Montgomery Street Income (MTS)	Shares: 9,400	145,883	158,860
	Nuveen Build American Bond Fund (NBB)	Shares: 1,675	33,370	35,477
	WHG Income Opportunity Fund (WHGIX)	Shares: 150,132	1,722,468	1,842,122
	American Strategic Inc III FD (CSP)	Shares: 2,600	19,109	19,474
	Ashmore Emerging Markets Small-Cap Equity Fund	Shares: 22,611	261,692	270,207
	Federated Enhances Treas Income Fd (FTT)	Shares: 4,799	71,094	68,050
	Franklin Templeton limited Duration (FTF)	Shares: 6,00	7,829	8,622
	Invesco California Value Municipal (VCV)	Shares: 1,342	18,258	18,439
	Invesco Municipal Opportunity Trust (VMO)	Shares: 4,535	65,514	66,166
	Invesco Quality Municipal Income Trust (IIM)	Shares: 1,529	22,040	20,950

Note: This schedule reports those assets required to be reported under ERISA section 2520.103-11 and Form 5500, Schedule H, Line 4(i).

** Information certified as to completeness and accuracy by PNC Bank, Ohio, N.A.

The Deaconess Hospital Retirement Plan
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2012

Identify of Issuer of Borrower	Description of Investment	Cost**	Current Value**
Invesco Value Municipal Income Trust (IIM)	Shares: 1	7	8
Morgan Stanley Income Securities (ICB)	Shares: 400	7,597	7,384
Nuveen Build America Bond Opportunity Fund (NBD)	Shares: 6,200	133,458	134,291
Nuveen Mortgage Opportunity Term Fund 2 (JMT)	Shares: 500	11,936	13,590
Nuveen Mortgage Opportunity Term Fund (JLS)	Shares: 900	20,795	24,498
Nuveen Municipal Opportunity Fund (NIO)	Shares: 5,600	86,963	85,848
Nuveen Ohio Divid Advantage Municipal Fund 2 (XNBXJ)	Shares: 2,800	46,169	44,492
Nuveen Ohio Dividend Advantage Muni FD 3 (XNVJX)	Shares: 1,600	27,396	26,944
Nuveen Ohio Dividend Advantage Municipal Fund (XNXIX)	Shares: 1,600	26,721	26,096
Nuveen Preferred Income Opportunities Fund (JPC)	Shares: 3,100	28,332	30,101
Nuveen Prem Income Mun FD 2 (NPM)	Shares: 10,200	157,384	155,040
Nuveen Quality PFD Income FD (JTP)	Shares: 802	6,238	6,953
Nuveen Quality PFD Income FD 2 (JPS)	Shares: 900	7,519	8,514
Nuveen Quality Preferred III (JHP)	Shares: 886	6,672	7,877
Oppenheimer Developing Markets Fund Class (ODVYX)	Shares: 10,681	352,644	372,570
PCM Fund Inc (PCM)	Shares: 1,800	12,138	21,636
PIMCO All Asset Fund Instl FD (PIMCO)	Shares: 148,679	1,852,249	1,870,379
PIMCO Income Strategy Fund (PFL)	Shares: 1,200	14,081	15,288
PIMCO Income Strategy Fund II (PFN)	Shares: 2,100	21,722	23,205
Putnam master Intermediate Income Trust (PiM)	Shares: 24,700	127,266	124,982
Putnam Premier Income Trust (PPT)	Shares: 9,698	59,587	52,951
Wells Fargo Advantage Multi Sector Income Fund (ERC)	Shares: 10,400	156,945	168,168
Western Asset Inflation Management Fund (IMF)	Shares: 3,500	64,794	65,765
Western Asset Mortgage Defined Opportunity Fund (DMO)	Shares: 400	8,692	9,684
Western Asset Variable Rate Strategic Fund (GFY)	Shares: 3,270	51,874	58,075
William Blair Small Cap Growth (WBSIX)	Shares: 81,675	1,376,492	2,014,096
		<u>17,605,378</u>	<u>19,355,079</u>
Common collective trusts			
Wellington CIF Research	Shares: 608,834	6,852,007	9,509,990
JP Morgan Core Bond Fund	Shares: 492,024	5,811,480	8,074,115
S & P 500 Flagship Non-Lending Fund (CM13)	Shares: 36,297	8,890,293	11,209,895
		<u>21,553,780</u>	<u>28,794,000</u>
		<u>\$ 40,446,339</u>	<u>\$ 49,429,447</u>

Note: This schedule reports those assets required to be reported under ERISA section 2520.103-11 and Form 5500, Schedule H, Line 4(i).

** Information certified as to completeness and accuracy by PNC Bank, Ohio, N.A.

Schedule SB Attachment (Form 5500)—2012 Plan Year
Deaconess Hospital Retirement Plan
EIN: 31-0537109 PN: 001

Schedule SB, line 32—Schedule of Amortization Bases

Type Of Base	Present Value of Installments	Valuation Date Established	Remaining Years in Amortization Period	Amortization Amount
Shortfall	\$112,456	January 1, 2009	4	\$30,427
Shortfall	\$3,565,065	January 1, 2010	5	\$791,899
Shortfall	\$6,203,222	January 1, 2011	6	\$1,188,374
Shortfall	<u>(\$6,297,988)</u>	January 1, 2012	7	<u>(\$1,068,923)</u>
Total	\$3,582,755			\$941,777