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

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

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

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
THE ST. LUKE HOSPITALS, INC. PENSION PLAN

1b Three-digit plan number (PN) ▶ 005

1c Effective date of plan 01/01/1966

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)

ST. ELIZABETH MEDICAL CENTER, INC.

20 MEDICAL VILLAGE DRIVE
SUITE 271
EDGEWOOD, KY 41017

2b Employer Identification Number (EIN)
61-0445850

2c Sponsor's telephone number
859-301-5296

2d Business code (see instructions)
622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/07/2014	MARTIN OSCADAL
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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 [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address	**3b** Administrator's EIN	
	3c Administrator's telephone number	
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:	**4b** EIN	
a Sponsor's name	**4c** PN	

5	Total number of participants at the beginning of the plan year	**5**	2328
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**	922
b	Retired or separated participants receiving benefits	**6b**	478
c	Other retired or separated participants entitled to future benefits	**6c**	854
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	2254
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	43
f	Total. Add lines **6d** and **6e**.	**6f**	2297
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 1I 3H

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

9a Plan funding arrangement (check all that apply)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

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

▶ **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
THE ST. LUKE HOSPITALS, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ST. ELIZABETH MEDICAL CENTER, INC.

D Employer Identification Number (EIN)
61-0445850

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2013

2 Assets:

a Market value	**2a**	57617131
b Actuarial value	**2b**	56880828

3 Funding target/participant count breakdown:

		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	**3a**	486	18344917
b For terminated vested participants	**3b**	839	16386462
c For active participants:			
(1) Non-vested benefits	**3c(1)**		186375
(2) Vested benefits	**3c(2)**		25690760
(3) Total active	**3c(3)**	1003	25877135
d Total	**3d**	2328	60608514

4 If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]

a Funding target disregarding prescribed at-risk assumptions	**4a**	
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	**4b**	
5 Effective interest rate	**5**	6.39 %
6 Target normal cost	**6**	295000

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary

09/26/2014
Date

PAUL W. FOLEY, A.S.A., E.A.
Type or print name of actuary

14-05775
Most recent enrollment number

TRANSAMERICA
Firm name

508-903-6016
Telephone number (including area code)

24 PRIME PARK WAY
SUITE 400
NATICK, MA 01760-1528
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	3821834
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	3821834
10	Interest on line 9 using prior year's actual return of 12.27 %	0	468939
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		250516
	b Interest on (a) using prior year's effective interest rate of 7.10 % except as otherwise provided (see instructions)		17787
	c Total available at beginning of current plan year to add to prefunding balance		268303
	d Portion of (c) to be added to prefunding balance		268303
12	Other reductions in balances due to elections or deemed elections	0	2225911
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2333165

Part III Funding Percentages

14	Funding target attainment percentage	14	90.00 %
15	Adjusted funding target attainment percentage	15	90.00 %
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	90.43 %
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
04/10/2013	972000				
07/15/2013	972000				
10/15/2013	972000				
12/19/2013	11840000				
			Totals ► 18(b)	14756000	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	13975404

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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:	2nd segment:	3rd segment:	
4.94%	6.15%	6.76 %	☐ N/A, full yield curve used

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

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes	☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes	☐ No

27 If the plan is 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**	295000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	6060851	1612296
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month 07 Day 22 Year 2014) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1907296

	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**	1907296
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	13975404

38 Present value of excess contributions for current year (see instructions)

a Total (excess, if any, of line 37 over line 36)	**38a**	12068108
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**	0
43 Excess installment acceleration amount to be carried over to future plan years	**43**	0

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

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

A Name of plan
THE ST. LUKE HOSPITALS, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
ST. ELIZABETH MEDICAL CENTER, INC.

D Employer Identification Number (EIN)
61-0445850

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

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

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

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)

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

(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 12 15 28 38 50 59 61 62 63 64	RECORDKEEPER	76646	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

SEI INVESTMENTS

1 FREEDOM VALLEY DRIVE
PO BOX 1100
OAKS, PA 19456

(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 24 25 28 51	RECORDKEEPER	113301	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

WELLS FARGO

30 DAN ROAD
CANTON, MA 80302

(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?
16 23 53	BROKER	35077	Yes [ ] No [X]	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

61-0445850

(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?
16 23 53	BROKER	228816	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

(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: ERNST & YOUNG	**b** EIN: 34-6565596	
c Position: ACCOUNTANT		
d Address:	**e** Telephone:	

Explanation: CHANGED AUDITORS

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

2013

This Form is Open to Public Inspection.

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

A Name of plan
THE ST. LUKE HOSPITALS, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 005

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
ST. ELIZABETH MEDICAL CENTER, INC.

D Employer Identification Number (EIN)
61-0445850

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

a Name of MTIA, CCT, PSA, or 103-12 IE: DIVERSIFIED COLLECTIVE TRUST FUNDS

b Name of sponsor of entity listed in (a): DIVERSIFIED INVESTMENT ADVISORS

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)
04-6784256-001	C	1523826

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

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

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)
51-6567688-015	C	388866

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

2013

This Form is Open to Public Inspection

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

A Name of plan
THE ST. LUKE HOSPITALS, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
ST. ELIZABETH MEDICAL CENTER, INC.

D Employer Identification Number (EIN)
61-0445850

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	589000	
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	62553	69000
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)	736102	1523826
(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)	52449976	75996773
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	3781043	388866

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	57618674	77978465
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j	56448	29626
k	Total liabilities (add all amounts in lines 1g through1j)	1k	56448	29626
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	57562226	77948839

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)	14756000	
	(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)		14756000
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	75	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)		
	(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		75
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1482457	
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1482457
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	76102172	
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)	75994572	
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		107600
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)		
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		6776597
c Other income	2c		22601
d Total income. Add all **income** amounts in column (b) and enter total	2d		23145330
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2304877	
(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)		2304877
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)	35000	
(2) Contract administrator fees	2i(2)	41646	
(3) Investment advisory and management fees	2i(3)	113301	
(4) Other	2i(4)	263893	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		453840
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		2758717
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		20386613
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

(1) [ ] Unqualified **(2)** [ ] Qualified **(3)** [X] Disclaimer **(4)** [ ] Adverse

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

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

(1) Name: PLANTE MORAN **(2)** EIN: 38-1357951

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:

		Yes	No	Amount
a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a		X	
b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		X	

			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.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		1000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m			
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	**6b** Trust's EIN

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

2013

This Form is Open to Public Inspection.

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

A Name of plan
THE ST. LUKE HOSPITALS, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500
ST. ELIZABETH MEDICAL CENTER, INC.

D Employer Identification Number (EIN)
61-0445850

Part I Distributions

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions **1** 0

2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):

EIN(s): 13-3689044

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** 2

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

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

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

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

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

6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived) **6a**

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

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: 59.0% Investment-Grade Debt: 33.6% High-Yield Debt: 7.4% Real Estate: _____% Other: _____%

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

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

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

The St. Luke Hospitals, Inc. Pension Plan
Years Ended December 31, 2013 and 2012
With Report of Independent Auditors

The St. Luke Hospitals, Inc. Pension Plan

Financial Statements and Supplemental Schedules

Years Ended December 31, 2013 and 2012

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Report of Independent Auditors

To the Plan Administrator
The St. Luke Hospitals, Inc. Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The St. Luke Hospitals, Inc. Pension Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2013 and the related statement of changes in net assets available for benefits for the year then ended, and the statement of accumulated plan benefits as of December 31, 2012 and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States. Because of the matter described in the *Basis for Disclaimer of Opinion on the 2013 Financial Statements* paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2013 financial statements.

Basis for Disclaimer of Opinion on the 2013 Financial Statements

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 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 5, which was certified by Fifth Third Bank, SEI Private Trust Company, and State Street Bank and Trust Company on behalf of Transamerica Retirement Solutions (collectively, the "Trustees"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustees hold the Plan's investment assets and execute related transactions. The plan administrator has obtained a certification from the Trustees as of and for the year ended December 31, 2013 that the information provided to the plan administrator by the Trustees is complete and accurate.

Praxity MEMBER GLOBAL ALLIANCE OF INDEPENDENT FIRMS

To the Plan Administrator
The St. Luke Hospitals, Inc. Pension Plan

Disclaimer of Opinion on the 2013 Financial Statements

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion on the 2013 Financial Statements* paragraph, we have not been able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion on the 2013 financial statements. Accordingly, we do not express an opinion on the 2013 financial statements.

Other Matters

The accompanying supplemental schedules of assets held at end of year as of December 31, 2013 and reportable transactions for the year ended December 31, 2013 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA 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 on the 2013 Financial Statements* paragraph, we do not express an opinion on these supplemental schedules as a whole.

Report on Prior Year Financial Statements

The financial statements of The St. Luke Hospitals, Inc. Pension Plan that comprise the statement of net assets available for benefits as of December 31, 2012 and the related statement of changes in net assets available for benefits for the year then ended, were audited by other auditors, whose report dated October 10, 2013 disclaimed an opinion as permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Report on Compliance of Form and Content with DOL Rules and Regulations for 2013 Financial Statements

The form and content of the information included in the 2013 financial statements and supplemental schedules, other than that derived from the certified investment information, have been audited by us in accordance with auditing standards generally accepted in the United States 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 ERISA.

Plante & Moran, PLLC

Cincinnati, Ohio
September 23, 2014

The St. Luke Hospitals, Inc. Pension Plan

Statements of Net Assets Available for Benefits

	December 31, 2013	2012
Assets		
Investments:		
Money market fund	**$ 75,536,582**	**$ –**
Common/collective trust	**1,523,826**	736,102
Mutual funds	**460,191**	52,449,976
Hedge fund of funds	**388,866**	3,781,043
	77,909,465	56,967,121
Receivables:		
Contribution from employer	**–**	589,000
Accrued income	**69,000**	62,553
	69,000	651,553
Total assets	**77,978,465**	57,618,674
Liabilities		
Accrued administrative expenses	**29,626**	56,448
Total liabilities	**29,626**	56,448
Net assets available for benefits	**$ 77,948,839**	$ 57,562,226

See accompanying notes.

The St. Luke Hospitals, Inc. Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31, 2013	2012
Additions		
Investment income:		
Interest and dividends	**$ 1,505,133**	$ 1,459,825
Net appreciation in fair value of investments (Note 5)	**6,884,197**	4,855,773
	8,389,330	6,315,598
Contributions:		
Employer	**14,756,000**	1,980,000
Total additions	**23,145,330**	8,295,598
Deductions		
Benefits paid	**2,304,877**	1,986,336
Administrative expenses	**453,840**	400,877
Total deductions	**2,758,717**	2,387,213
Net increase	**20,386,613**	5,908,385
Net assets available for benefits:		
Beginning of year	**57,562,226**	51,653,841
End of year	**$ 77,948,839**	$ 57,562,226

See accompanying notes.

The St. Luke Hospitals, Inc. Pension Plan

Statement of Accumulated Plan Benefits

December 31, 2012

Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving benefits	$	16,169,823
Other participants		33,500,475
Total vested retirement benefits		49,670,298
Nonvested death and disability benefits		233,437
Total actuarial present value of accumulated plan benefits	**$**	**49,903,735**

See accompanying notes.

The St. Luke Hospitals, Inc. Pension Plan

Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2012

Actuarial present value of accumulated plan benefits at beginning of year	$	48,484,792
Increase (decrease) during the year attributed to:		
Change in actuarial assumptions		60,668
Actuarial experience		(456,247)
Increase for interest due to the decrease in the discount year		3,800,858
Benefits paid		(1,986,336)
Net increase		1,418,943
Actuarial present value of accumulated plan benefits at end of year	**$**	**49,903,735**

See accompanying notes.

The St. Luke Hospitals, Inc. Pension Plan

Notes to Financial Statements

December 31, 2013 and 2012

1. Description of Plan

The following description of The St. Luke Hospitals, Inc. Pension Plan (the "Plan") provides general information about the Plan's provisions. St. Elizabeth Medical Center, Inc. (St. Elizabeth Healthcare) is the plan sponsor. Participants should refer to the plan document and summary plan description for a more complete description of the provisions of the Plan, copies of which may be obtained from the plan sponsor.

General

Effective October 27, 2008, The St. Luke Hospitals, Inc. (St. Luke) merged into St. Elizabeth Healthcare. This was accomplished by a statutory merger between the two corporations with the surviving corporation being St. Elizabeth Healthcare.

St. Luke previously participated in a Joint Operating Agreement (JOA) with the Health Alliance of Greater Cincinnati (the "Health Alliance"). Effective February 20, 2009, St. Elizabeth Healthcare created the Plan, which covers certain former Health Alliance employees who, in conjunction with the St. Luke merger with St. Elizabeth Healthcare, became employees of St. Elizabeth Healthcare.

The Plan consists of the provisions of the existing Health Alliance Retirement Plan. Consistent with the terms of the Health Alliance Retirement Plan, all benefits accrued by the St. Luke employees and retirees under the Plan were "frozen" as of the end of December 13, 2008, and the Plan does not and shall not provide for any service after that date.

The Plan is a defined benefit plan that provides for retirement, death, and disability benefits and is subject to the provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA).

St. Elizabeth Healthcare's Board of Trustees has appointed an Administrative Committee of the Plan to serve as the plan administrator and fiduciary of the Plan. The investment policy of the Plan is approved by St. Elizabeth Healthcare's Finance and Investment Committee, which reports to the Board of Trustees. SEI Private Trust Company and State Street Bank and Trust Company are the trustees of the Plan. Diversified Investment Advisors, Inc. administers the benefit payments and serves as the Plan's actuary.

1. Description of Plan (continued)

Eligibility and Vesting

All St. Luke employees as of December 13, 2008 and former employees who were participating in the Health Alliance Retirement Plan became participants in the Plan on February 20, 2009. At the time of the spin-off, active participants became fully vested in their accrued benefits.

Benefits

Benefits are calculated in accordance with the provisions of the prior Health Alliance Retirement Plan as they applied to the St. Luke employees who participated in the Health Alliance Retirement Plan.

Participants may elect to receive the value of their accumulated plan benefits as a lump-sum distribution upon retirement or termination, or they may elect to receive their benefits as a life annuity payable monthly. If an active employee dies at age 55 or older, a death benefit equal to the value of the employee's accumulated pension benefits is paid to the employee's beneficiary. Active employees who become totally disabled receive annual disability benefits that are equal to the normal retirement benefit they have accumulated as of the time they became disabled. Disability benefits are paid until normal retirement age, at which time disabled participants begin receiving normal retirement benefits computed as though they had been employed through normal retirement age, with their annual compensation remaining the same as of the time they became disabled.

Funding

St. Elizabeth Healthcare contributes such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to participants and satisfy the ERISA minimum funding requirements. The Plan has met the ERISA minimum funding requirements for 2013 and 2012. No participant contributions are permitted.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

2. Summary of Significant Accounting Policies (continued)

Payment of Benefits

Benefits are recorded when paid.

Use of Estimates

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

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value. Fair value is defined as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (an exit price). See Note 4 for further discussion and disclosures related to fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded as earned. Dividends are recorded on the ex-dividend date. Net depreciation/appreciation includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Actuarial Present Value of Accumulated Plan Benefits

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

Reclassification and Restatement

Certain prior year amounts have been reclassified to conform to the current year presentation. As a result of the reclassification during 2013, it was determined that investments previously classified as Level 1 investments should have been classified as Level 2 based on the fair value hierarchy. Accordingly, the 2012 fair value disclosure has been updated.

3. Accumulated Plan Benefits

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

The actuarial cost method used to determine the target normal cost, target liability, and required contribution amounts for the Plan is the traditional unit credit actuarial cost method. Under this method, both the target normal cost and the target liability are based on the annual accrual of benefits as accruals occur each year.

The target liability for each active plan participant is equal to the actuarial present value of the participant's accrued benefit as of the valuation date. The total liability of the Plan is equal to the sum of such liabilities as determined for each active participant plus the actuarial present value of benefits being paid, or due to be paid, to retirees, beneficiaries, and former participants with deferred vested benefits.

The target normal cost for each active participant is equal to the actuarial present value of the benefit expected to be earned during the year, starting on the valuation date. The total target normal cost of the Plan is the sum of the target normal costs for each active plan participant.

Significant assumptions underlying the actuarial valuation are as follows:

Target liability interest rates		
	First Segment Rate	4.94%
	Second Segment Rate	6.15%
	Third Segment Rate	6.76%
Plan expenses	A load of $295,000 was added to the target normal cost for assumed administrative expenses in 2013.	
Assumed rate of return on investments	8.00%	
Retirement rate	Various rates ranging from 5% at age 55 to 100% at age 65	
Mortality basis	Static mortality table in accordance with Internal Revenue Service (IRS) Regulation 1.430(h)(3)-1 for the January 1, 2013 actuarial valuation	

3. Accumulated Plan Benefits (continued)

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

The change in assumption in 2012 is the result of a change in mortality tables from the IRS 2011 Combined Static Mortality table to the IRS 2013 Combined Static Mortality Table in 2012.

4. Fair Value Measurements

Fair value is defined under ASC 820 as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date (i.e., an exit price). To measure fair value, a hierarchy has been established that requires an entity to maximize the use of observable inputs and minimize the use of unobservable inputs. As such, the hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

Level 1 - Unadjusted quoted prices in active markets that are accessible to the reporting entity at the measurement date for identical assets and liabilities.

Level 2 - Inputs other than quoted prices in active markets for identical assets and liabilities that are observable either directly or indirectly for substantially the full term of the asset or liability. Level 2 inputs include the following:

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

Level 3 - Unobservable inputs for the asset or liability (i.e., supported by little or no market activity). Level 3 inputs include management’s own assumption about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk).

4. Fair Value Measurements (continued)

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

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

Money market fund: valued at the fair value based on quoted market prices (Level 1).

Common/collective trust money market fund: valued at the original cost plus any accrued interest, which approximates fair value (Level 2).

Mutual funds: valued based on quoted market prices in an active market, which represent the net asset value of shares held by the Plan at year-end (Level 1).

Hedge fund of funds: valued at the NAV provided by the administrator of the fund. The net asset value is based on the underlying assets owned by the fund, minus its liabilities, and then divided by the number of shares outstanding (Level 3).

The following table sets forth by level, within the fair value hierarchy, the Plan's assets carried at fair value as of December 31, 2013.

	Assets at Fair Value as of December 31, 2013			
	Level 1	**Level 2**	**Level 3**	**Total**
Money market fund	$ 75,536,582	$ –	$ –	$ 75,536,582
Common/collective trust[(a)]	–	1,523,826	–	1,523,826
U.S. equity mutual funds	262,541	–	–	262,541
International equity mutual funds	182,463	–	–	182,463
Fixed-income mutual funds	15,187	–	–	15,187
Hedge fund of funds[(b)]	–	–	388,866	388,866
Total assets at fair value	$ 75,996,773	$ 1,523,826	$ 388,866	$ 77,909,465

4. Fair Value Measurements (continued)

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

	Assets at Fair Value as of December 31, 2012			
	Level 1	**Level 2**	**Level 3**	**Total**
Common/collective trust[(a)]	$ –	$ 736,102	$ –	$ 736,102
U.S. equity mutual funds	22,144,951	–	–	22,144,951
International equity mutual funds	6,941,677	–	–	6,941,677
Fixed-income mutual funds	23,363,348	–	–	23,363,348
Hedge fund of funds[(b)]	–	–	3,781,043	3,781,043
Total assets at fair value	$ 52,449,976	$ 736,102	$ 3,781,043	$ 56,967,121

(a) This class represents investments in actively managed common collective trust funds with investments in money market funds. There were no unfunded commitments or redemption restrictions.

(b) The SEI Opportunity Collective Fund Class A (SEIOCF) provides a means to diversify risk and participate in investments in various private investment funds, many of which pursue hedge investment strategies. Withdrawals may be made from SEIOCF as of a valuation date that is also the last business day of a calendar quarter (March 31, June 30, September 30, December 31), at the value of the Plan's investment on such valuation date, provided that the Plan shall deliver a written request 65 business days prior to the date of the withdrawal specifying the dollar amount to be withdrawn and the quarterly valuation date with respect to which the withdrawal shall be made. If the Plan redeems its entire investment, 10% of the value of such investment may be held in escrow until the completion of SEIOCF's annual audit.

The Level 3 asset is a hedge fund of funds (alternative investment) whose carrying value is based on valuations provided by the administrators of the specific financial instruments. The underlying investments in these financial instruments may include marketable debt and equity securities, commodities, foreign currencies, derivatives, and private equity investments. The underlying investments themselves are subject to various risks, including market, credit, liquidity, and foreign exchange risk. St. Elizabeth Healthcare believes the carrying amount of these financial instruments in the Plan's statements of net assets available for benefits is a reasonable estimate of ownership interest. Because these financial instruments are not readily marketable, the estimated carrying value is subject to uncertainty and, therefore, may differ from the value that would have been used had a market for such financial instruments existed.

4. Fair Value Measurements (continued)

Following is a summary of the inputs and valuation techniques as of December 31, 2013 used for valuing Level 3 financial instruments:

Financial Instrument	Input	Valuation Technique
Hedge fund of funds	Long-Term Growth Rate	Income
	Weighted Average Cost of Capital	

For Level 3 securities, when observable prices are not available, the investment manager might use one or more valuation techniques such as the income approach for which sufficient and reliable data is available. Within Level 3, the use of the income approach generally consists of the net present value of estimated future cash flows, adjusted as appropriate for liquidity, credit, market and/or other risk factors. Significant increases (decreases) in any of the observable inputs in isolation would result in a significantly lower (higher) fair value measurement. The impact of these changes would be recognized over a period of time in accordance with applicable accounting guidance.

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. Transfers into Level 2 from Level 1 were made in 2012 and 2013 because of the lack of observable market data due to decreased market activity for the securities.

The intent is to use the alternative investment to reduce, rather than increase, market volatility risk when considered together with the Plan's assets as a whole. The Plan's fiduciaries do not anticipate any material adverse effect on the Plan's financial position as a result of its involvement in these instruments.

The table below summarizes the Plan's actual investment asset allocation as of December 31, 2013, in comparison to its target asset allocation per the Plan's Investment Policy Statement.

	2013 Actual	Target
Equity mutual funds	**1%**	51%
Fixed-income mutual funds	**<1**	36
Hedge fund of funds	**1**	13
Cash and cash equivalents	**98**	–
Total	**100%**	100%

4. Fair Value Measurements (continued)

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended 2013 and 2012.

	2013	2012
Balance, beginning of year	**$ 3,781,043**	$ 3,689,794
Unrealized gains related to instruments still held at the reporting date	**-**	91,249
Realized gains related to instruments sold	**107,600**	
Purchases	**388,866**	–
Sales	**(3,888,643)**	–
Balance, end of year	**$ 388,866**	$ 3,781,043

The $0 and $91,249 unrealized gains of the alternative investments are included within the net (depreciation) appreciation in the fair value of investments in the Plan's statements of changes in net assets available for benefits for the years ended December 31, 2013 and 2012, respectively.

Both observable and unobservable inputs may be used to determine the fair value of positions classified as Level 3 assets and liabilities. As a result, the unrealized gains for these assets and liabilities presented in the tables above may include changes in fair value that were attributable to both observable and unobservable inputs.

5. Unaudited Information

All investment information for the Plan disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2013 and 2012, and the net appreciation in the fair value of investments, interest, and dividends for the years ended December 31, 2013 and 2012, were obtained or derived from information provided to the plan administrator and certified as complete and accurate by Fifth Third Bank, SEI Private Trust Company, and State Street Bank and Trust Company on behalf of Transamerica Retirement Solutions, the trustees of the Plan.

5. Unaudited Information

The fair value of significant investments available for benefits are as follows:

	December 31 2013	2012
SEI Large Cap Disciplined Equity Fund	**$ 249,995**	$ 17,628,827
SEI Small / Mid Cap Equity Fund	**12,546**	4,516,124
SEI World Equity Ex-US Fund	**182,463**	6,941,677
SEI Core Fixed Income Fund	–	17,358,654
SEI High Yield Bond Fund	–	4,217,021
SEI Opportunity Collective Fund Class A	**388,866**	3,781,043
Fifth Third Federated Prime Cash Obligations Fund	**75,536,582**	–

During 2013 and 2012, the Plan's investments (including investments bought, sold, and held during the year) appreciated in fair value as follows:

	Year Ended December 31 2013	2012
Mutual funds	**$ 6,884,197**	$ 4,764,524
Hedge fund of funds	**-**	91,249
	$ 6,884,197	$ 4,855,773

6. Tax Status

The Plan has received a determination letter from the IRS dated November 21, 2011, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualified status. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code, and, therefore, believes the Plan is qualified and the related trust is tax exempt.

6. Tax Status (Continued)

U.S. GAAP requires Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2013, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, currently there are no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2010.

7. Related-Party Transactions

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

8. Administrative Expenses

The Plan incurs administrative expenses directly related to the Plan, which consist primarily of investment management fees, trustee fees, PBGC fees, and actuarial fees. These expenses are reported on the statements of changes in net assets available for benefits as administrative expenses. All other administrative expenses are paid by St. Elizabeth Healthcare on behalf of the Plan.

9. Risks and Uncertainties

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

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

10. Subsequent Events

The Plan has evaluated and disclosed any subsequent events through September 23, 2014, which is the date the Plan's financial statements were available to be issued.

11. Plan Termination

During 2014, the Board expressed its intent to terminate the Plan. A termination date has not been determined at this time. Once a date has been determined, all participants will be considered to be fully vested as of such date. Employees will receive either a lump sum payment or an annuity from the Plan once St. Elizabeth Healthcare receives IRS approval to terminate the Plan.

Supplemental Schedules

The St. Luke Hospitals, Inc. Pension Plan

EIN #61-0445850 Plan #005

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

December 31, 2013

(a)	(b) Identity of Issuer, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value			(d) Cost	(e) Current Value
		Money market fund				
*	Fifth Third	Federated Prime Cash Obligations Fund	75,536,582	shares	$ 75,536,582	$ 75,536,582
		Mutual funds				
*	SEI	Large Cap Disciplined Equity Fund	17,730	shares	248,932	249,995
*	SEI	Small / Mid Cap Equity Fund	808	shares	12,489	12,546
*	SEI	World Equity Ex-US Fund	14,573	shares	181,880	182,463
*	SEI	Emerging Markets Debt Fund	1,521	shares	15,202	15,187
					458,503	460,191
		Hedge fund of funds				
*	SEI	Opportunity Collective Fund Class A	388,866	shares	388,866	388,866
		Common/collective trust				
*	Transamerica	Money Market	83,987	units	1,523,826	1,523,826
					$ 77,907,777	$ 77,909,465

*Indicates party in interest to the Plan.

The St. Luke Hospitals, Inc. Pension Plan

EIN #61-0445250 Plan #005

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2013

(a) Identity of Party Involved	(b) Description of Asset (Including Interest Rate and Maturity in Case of a Loan)	Total Number of Purchases	Total Number of Sales	(c) Purchase Price	(d) Selling Price	(e) Lease Rental	(f) Expense incurred with Transaction	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain
Category 1 – Single transaction in excess of 5% of Plan assets										
Fifth Third	Prime Obligation Fund	1	0	$ 26,336,582	$ -	$ -	$ -	$ 26,336,582	$ -	$ -
Fifth Third	Prime Obligation Fund	1	0	19,500,000	-	-	-	19,500,000	-	-
Fifth Third	Prime Obligation Fund	1	0	23,000,000	-	-	-	23,000,000	-	-
Fifth Third	Prime Obligation Fund	1	0	6,700,000	-	-	-	6,700,000	-	-
SEI	Prime Obligation Fund	1	0	4,251,818	-	-	-	4,251,818	-	-
SEI	Prime Obligation Fund	1	0	59,444,764	-	-	-	59,444,764	-	-
SEI	Prime Obligation Fund	1	0	3,499,777	-	-	-	3,499,777	-	-
SEI	Prime Obligation Fund	0	1	-	63,696,582	-	-	63,696,582	-	-
SEI	Prime Obligation Fund	0	1	-	3,499,807	-	-	3,499,807	-	-
SEI	Large Cap Disciplined Equity Fund	0	1	-	20,680,467	-	-	13,916,910	-	6,763,557
SEI	Small / Mid Cap Equity Fund	0	1	-	5,593,030	-	-	4,040,198	-	1,552,832
SEI	World Equity EX-US Fund	0	1	-	7,873,251	-	-	6,271,360	-	1,601,891
SEI	Core Fixed Income Fund	0	1	-	19,243,917	-	-	19,238,141	-	5,776
SEI	High Yield Bond Fund	0	1	-	4,497,262	-	-	4,034,892	-	462,370
SEI	Opportunity Collective Fund Class A	0	1	-	3,888,643	-	-	3,663,049	-	225,594
Total Category 1 – Single transaction in excess of 5% of Plan assets				**142,732,941**	**128,972,959**	**-**	**-**	**261,093,880**	**-**	**10,612,020**
Category 3 – Series of transactions in excess of 5% of Plan assets										
Fifth Third	Prime Obligation Fund	4	0	75,536,582	-	-	-	75,536,582	-	-
SEI	Prime Obligation Fund	4	2	67,196,389	67,196,389	-	-	67,196,389	-	-
SEI	Large Cap Disciplined Equity Fund	3	36	848,555	23,609,884	-	-	15,948,431	-	7,661,453
SEI	Small / Mid Cap Equity Fund	3	36	221,638	6,412,485	-	-	4,569,096	-	1,843,389
SEI	Core Fixed Income Fund	7	34	3,205,041	20,347,937	-	-	20,314,359	-	33,578
SEI	World Equity EX-US Fund	3	34	335,623	8,309,920	-	-	6,645,419	-	1,664,501
SEI	High Yield Bond Fund	3	34	196,308	4,752,675	-	-	4,259,104	-	493,571
SEI	Opportunity Collective Fund Class A	1	1	388,866	3,888,643	-	-	3,663,049	-	225,594
Total Category 3 – Series of transactions in excess of 5% of Plan assets				**147,929,002**	**134,517,933**	**–**	**–**	**198,132,429**	**–**	**11,922,086**

There were no category 2 or 4 reportable transactions during the year ended December 31, 2013.

Attachment to 2013 Form 5500 Schedule SB,
Line 26 – Schedule of Active Participant Data

Plan Name: The St. Luke Hospitals, Inc. Pension Plan
Plan Sponsor: St. Elizabeth Medical Center, Inc.

E.I.N.: 61-0445850 Plan No.: 005
Plan Year: January 1, 2013 to December 31, 2013

	.....Completed Years of Credited Service										
Age	0 to 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 +	Total
0 – 24	0	0	0	0	0	0	0	0	0	0	0
25 – 29	0	55	1	0	0	0	0	0	0	0	56
30 – 34	0	64	38	3	0	0	0	0	0	0	105
35 – 39	0	44	35	30	2	0	0	0	0	0	111
40 – 44	0	39	30	32	24	3	0	0	0	0	128
45 – 49	0	29	35	20	16	22	0	0	0	0	122
50 – 54	3	37	31	18	24	28	22	3	0	0	166
55 – 59	0	17	24	27	36	27	16	17	2	0	166
60 – 64	0	17	13	18	14	21	13	4	5	1	106
65 – 69	0	7	7	4	5	9	0	2	0	0	34
70 & Up	0	2	0	0	1	4	2	0	0	0	9
Totals	3	311	214	152	122	114	53	26	7	1	1,003

Attachment to 2013 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods

Plan Name: The St. Luke Hospitals, Inc. Pension Plan
Plan Sponsor: St. Elizabeth Medical Center, Inc.

E.I.N.: 61-0445850 Plan No.: 005
Plan Year: January 1, 2013 to December 31, 2013

A ACTUARIAL COST METHOD

The actuarial cost method used to determine the target normal cost, target liability and required contribution amounts for the plan is the Traditional Unit Credit Actuarial Cost Method. Under this method, both the target normal cost and target liability are based on the annual accrual of benefits as accruals occur each year.

The target liability for each active plan participant is equal to the actuarial present value of the participant's accrued benefit as of the valuation date. The total target liability of the plan is equal to the sum of such liabilities as determined for each active participant plus the actuarial present value of benefits being paid, or due to be paid, to retirees, beneficiaries and former participants with deferred vested benefits.

The target normal cost for each active participant is equal to the actuarial present value of the benefit expected to be earned during the year starting on the valuation date. The total target normal cost of the plan is the sum of the target normal costs for each active plan participant.

All employees who are plan participants on a valuation date are included in the actuarial valuation.

B ASSET VALUATION METHOD

The actuarial value of assets is equal to the market value of assets on the valuation date reduced by the sum of:

1. 66.67% of gains and losses of the prior year;

2. 33.33% of gains and losses of the second prior year.

Investment gains and losses are determined by the excess or deficiency of the expected return over the actual return on the market value (including employer contributions receivable for any given year. However, the expected return on assets may be limited by certain statutory interest rates.

The actuarial valuation of assets is further constrained to be not less than 90% or more than 110% of market value (including employer contributions receivable).

Attachment to 2013 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods

Plan Name: The St. Luke Hospitals, Inc. Pension Plan
Plan Sponsor: St. Elizabeth Medical Center, Inc.

E.I.N.: 61-0445850 Plan No.: 005
Plan Year: January 1, 2013 to December 31, 2013

C INTEREST RATE METHODS

Target Liability Interest Rates	Segment rates for September prior to the valuation date as adjusted in accordance with Code Section 430(h)(2)(C)(iv).
PBGC Interest Rates	Based on the alternative premium funding target and the Target Liability Interest Rates, unadjusted by Code Section 430(h)(2)(C)(iv).
Expected Return on Assets/ ASC 960-20 Interest Rate	8.00%

D ACTUARIAL ASSUMPTIONS

Pre- and Post-Retirement Mortality	Static mortality table in accordance with IRS Regulation 1.430(h)(3)-1 for the valuation year.
Salary Increases	N/A
IRC Maximum Benefit and Compensation Limitations	
Benefit Limit	$205,000 for 2013 (previously, $200,000).
Compensation Limit	N/A
Social Security Wage Base Increases	N/A
Retirement Rates	Rates are as follows:

Age	Rate (%)
55-61	5
62-64	10
65+	100

Terminated vested participants are assumed to retire at age 65.

Attachment to 2013 Form 5500 Schedule SB,
Part V – Statement of Actuarial Assumptions/Methods

Plan Name: The St. Luke Hospitals, Inc. Pension Plan
Plan Sponsor: St. Elizabeth Medical Center, Inc.

E.I.N.: 61-0445850 Plan No.: 005
Plan Year: January 1, 2013 to December 31, 2013

D ACTUARIAL ASSUMPTIONS *(cont'd)*

Withdrawal Rates

Withdrawal rates for active participants are equal to the termination rates from the T-7 table of the Actuary's Pension Handbook. Withdrawal rates for sample ages are as follows:

Age	Rate (%)
25	9.67
30	9.30
40	7.75
50	4.22
55	1.55

Form of Payment

Life annuity.

Marital Assumption

It has been assumed that 100% of all active participants are married. Male participants are assumed to be the same age as their female spouses.

Plan Expenses

$295,000, (previously, $250,000).

ATTACHMENT TO THE 2013 SCHEDULE H OF FORM 5500
LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) &
LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS

Plan Sponsor: St. Elizabeth Medical Center, Inc.

Plan Name: The St. Luke Hospitals, Inc. Pension Plan

Plan Year: January 1, 2013 to December 31, 2013
EIN: 61-0445850 Plan No.: 005

Item 4i- Schedule of Assets Held at End of Year
Page 19 of the attached auditor's report of the Plan for the plan year ending December 31, 2013 provides the schedule of assets information.

Item 4j- Schedule of Reportable Transactions
Page 20 of the attached auditor's report of the Plan for the plan year ending December 31, 2013 provides the schedule of reportable transactions.

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

2013

This Form is Open to Public Inspection

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

▶ **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
THE ST. LUKE HOSPITALS, INC. PENSION PLAN

B Three-digit plan number (PN) ▶ 005

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
ST. ELIZABETH MEDICAL CENTER, INC.

D Employer Identification Number (EIN)
61-0445850

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

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

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2013			
2	Assets:			
	a Market value	2a		57617131
	b Actuarial value	2b		56880828
3	Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	486	18344917
	b For terminated vested participants	3b	839	16386462
	c For active participants:			
	(1) Non-vested benefits	3c(1)		186375
	(2) Vested benefits	3c(2)		25690760
	(3) Total active	3c(3)	1003	25877135
	d Total	3d	2328	60608514
4	If the plan is in at-risk status, check the box and complete lines (a) and (b) [ ]			
	a Funding target disregarding prescribed at-risk assumptions	4a		
	b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5	Effective interest rate	5		6.39 %
6	Target normal cost	6		295000

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

Paul W Foley — Signature of actuary

9/26/14 — Date

Paul W. Foley, A.S.A., E.A. — Type or print name of actuary

14-05775 — Most recent enrollment number

Transamerica — Firm name

(508) 903-6016 — Telephone number (including area code)

24 Prime Park Way
Suite 400
Natick, MA 01760-1528
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	3821834
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	3821834
10	Interest on line 9 using prior year's actual return of 12.27 %	0	468939
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		250516
	b Interest on (a) using prior year's effective interest rate of 7.10 % except as otherwise provided (see instructions)		17787
	c Total available at beginning of current plan year to add to prefunding balance		268303
	d Portion of (c) to be added to prefunding balance		268303
12	Other reductions in balances due to elections or deemed elections	0	2225911
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	2333165

Part III Funding Percentages

14	Funding target attainment percentage	14	90.00 %
15	Adjusted funding target attainment percentage	15	90.00 %
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	90.43 %
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
04-10-2013	972000				
07-15-2013	972000				
10-15-2013	972000				
12-19-2013	11840000				
			Totals ► 18(b)	14756000	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	13975404

20 Quarterly contributions and liquidity shortfalls:

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

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? [X] 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:	2nd segment:	3rd segment:	
4.94%	6.15%	6.76 %	☐ N/A, full yield curve used

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

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

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment		☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment		☒ Yes ☐ No
27 If the plan is 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**	295000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:	Outstanding Balance	Installment
a Net shortfall amortization installment	6060851	1612296
b Waiver amortization installment		

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1907296

	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**	1907296
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	13975404
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	**38a**	12068108
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**	0
43 Excess installment acceleration amount to be carried over to future plan years	**43**	0

Attachment to 2013 Form 5500 Schedule SB,
Line 19 – Discounted Employer Contributions

Plan Name: The St. Luke Hospitals, Inc. Pension Plan
Plan Sponsor: St. Elizabeth Medical Center, Inc.

E.I.N.: 61-0445850 Plan No.: 005
Plan Year: January 1, 2013 to December 31, 2013

Date	***Actual Contribution***	***Discounted Contribution***	***Effective Rate***	***Plan Year***
April 10, 2013	$ 972,000	$ 955,806	6.39%	01/01/2013 – 12/31/2013
July 15, 2013	972,000	940,361	6.39%	01/01/2013 – 12/31/2013
October 15, 2013	972,000	925,793	6.39%	01/01/2013 – 12/31/2013
December 19, 2013	11,840,000	11,153,444	6.39%	01/01/2013 – 12/31/2013
Total	$14,756,000	$13,975,404		

Attachment to 2013 Form 5500 Schedule SB,
Line 22 – Description of Weighted Average Retirement Age

Plan Name: The St. Luke Hospitals, Inc. Pension Plan
Plan Sponsor: St. Elizabeth Medical Center, Inc.

E.I.N.: 61-0445850 Plan No.: 005
Plan Year: January 1, 2013 to December 31, 2013

The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x*q_x^r * l_x / l_{55}$
55	0.05	1,000,000	1.000000	0.050000	2.750000
56	0.05	950,000	0.950000	0.047500	2.660000
57	0.05	902,500	0.902500	0.045125	2.572125
58	0.05	857,375	0.857375	0.042869	2.486388
59	0.05	814,506	0.814506	0.040725	2.402793
60	0.05	773,781	0.773781	0.038689	2.321343
61	0.05	735,092	0.735092	0.036755	2.242030
62	0.1	698,337	0.698337	0.069834	4.329691
63	0.1	628,504	0.628504	0.062850	3.959572
64	0.1	565,653	0.565653	0.056565	3.620181
65	1	509,088	0.509088	0.509088	33.090713

Average age at retirement	62.434836
Rounded for Schedule SB item 22	**62**

Attachment to 2013 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions

Plan Name: The St. Luke Hospitals, Inc. Pension Plan
Plan Sponsor: St. Elizabeth Medical Center, Inc.

E.I.N.: 61-0445850 Plan No.: 005
Plan Year: January 1, 2013 to December 31, 2013

Background	Effective December 13, 2008, benefit accruals ceased under the Health Alliance Retirement Plan (the "HA Plan") for The St. Luke Hospitals, Inc. employees who were participating in the HA Plan. Subsequently, assets and liabilities associated with The St. Luke Hospitals, Inc. employees and former employees who were participants in the HA Plan were "spun-off" to this new plan. The plan provisions summarized in this SECTION IX describe the provisions of the prior HA Plan as they applied to The St. Luke Hospitals, Inc. employees who participated in the HA Plan.
Plan Year	January 1 to December 31.
Covered Employee	An Employee who, as of January 1, 1999, was a participant or eligible to become a participant in one of the Old Plans and any other Employee other than (a) intern, resident, fellow or student nurse (b) independent contractor (c) active participant in PERS or STRS (d) contractor for University of Cincinnati who is an active participant in City Plan or (e) member of CBU that hasn't adopted provisions of the Plan.
Entry Date	January 1 or July 1.
Eligibility Computation Period	12-month period following date of hire and then each 12-month period from January 1 after date of hire.
Eligibility Year	An Eligibility Computation Period in which an individual is credited with at least 1,000 Hours of Service.
Participation	Each Covered Employee who is not already a Participant shall become a Participant on the later of (a) the Entry Date coinciding with or following the attainment age 21 and at least one Eligibility Year or (b) if not Covered Employee on such Entry Date, first date thereafter on which become Covered Employee has completed at least one Eligibility Year. No new participants shall enter the Plan after December 13, 2008.

Attachment to 2013 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions

Plan Name: The St. Luke Hospitals, Inc. Pension Plan
Plan Sponsor: St. Elizabeth Medical Center, Inc.

E.I.N.: 61-0445850 Plan No.: 005
Plan Year: January 1, 2013 to December 31, 2013

Earnings

Employee's hourly rate of base pay determined as of January 15 of the Plan Year excluding overtime, incentive compensation, shift differential, disability payments, severance payments, pensions or other forms of deferred compensation multiplied by 2080.

Final Average Earnings

Average of employee's Earnings for the highest 5 Plan Years out of the current Plan Year and the 9 Plan Years beginning before the current Plan Year.

If the averaging period is less than 5 full Plan Years, then the averaging period is used.

Earnings for service after December 13, 2008 are not recognized.

Covered Compensation

The average of the Social Security taxable wages bases in effect for each calendar year during the 35 year period ending with the calendar year in which the Participant attains Social Security Retirement Age. It is assumed that the Social Security Taxable Wage in effect at the beginning of the Plan Year will remain the same for all future Plan Years.

Credited Service

Includes any Credited Service under any Old Plan as of the date immediately preceding the effective date.

A full year of service is credited to a participant who works 1,800 or more hours during the plan year. If an employee has at least 1,000 hours but less than 1,800, then a partial year is credited based upon the following:

Hours of Service	Credited Service
>=1,000 and <1,200	0.6 Years
>=1,200 and <1,400	0.7 Years
>=1,400 and <1,600	0.8 Years
>=1,600 and <1,800	0.9 Years

No service is currently credited to a participant who works fewer than 1,000 hours during the plan year.

Credited Service *(cont'd)*

For any plan year in which individual becomes an Employee or ceases to be an Employee, and who does not complete at least 1,000 Hours of Service during such Plan Year, he or she shall receive credit as follows:

Hours	Credited Service
>=1 and <200	0.1 Years
>=200 and <400	0.2 Years
>=400 and <600	0.3 Years
>=600 and <800	0.4 Years
>=800 and < 1,000	0.5 Years

However, no Credited Service will be earned after December 13, 2008.

Vesting Service

Each Plan Year during which the Participant completes at least 1,000 Hours of Service.

Includes service under any Old Plan prior to the Effective Date and excludes any Years of Service for APC Physician.

At the time of the spin-off, active participants became fully vested in their accrued benefit.

Normal Retirement Benefit

Eligible the first month coincident with or next following age 65.

Accrued Benefit

1% of Final Average Earnings plus .35% of Final Average Earnings in excess of Covered Compensation multiplied by Years of Credited Service not to exceed 30.

As of December 13, 2008, benefits were "frozen" with no further accruals after that date.

Grandfathered Benefits

Grandfathered Participants are individuals with an Old Plan Accrued benefit as of December 31, 1998. The Accrued Benefit of a Grandfathered Participant shall be determined by the Old Plan provisions as modified by any Appendix applicable to the Old Plan.

Normal Retirement Benefit *(cont'd)*

Benefits for Transfers	If after December 31, 1998, a Grandfathered Participant is transferred from the employment of one Employer to another Employer, such Grandfathered Participant's Accrued Benefit shall continue to be determined in accordance with the terms of the Plan and any Appendix applicable to that Participant as of December 31, 1998.
Old Plan Benefits	If as of December 31, 1998, the Grandfathered Participant (a) was an Employee (b) had multiple Old Plan Accrued Benefits and (c) was only actively accruing benefits under one such Old Plan, the Grandfathered Participant's Accrued Benefit is the greater of the following: (1) the sum of the Former Old Plan(s) Accrued Benefit as of 12/31/98 plus the Accrued Benefit under the Plan and any Appendix applicable to the Active Old Plan taking into account only Earnings and Years of Credited Service not taken into account by the Former Old Plan(s), (2) Accrued Benefit under the Plan and any Appendix applicable to the Active Old Plan taking into account all Earnings and Years of Credited Service.
Late Retirement	Eligible the first month coincident with or next following termination of employment after age 65. Greater of Normal Retirement Benefit determined as of Late Retirement Date or Actuarial Equivalent as of Late Retirement Date of the Normal Retirement Benefit determined as of Normal Retirement Date. Retirement benefits must commence no later than the April 1st following the calendar year in which a Participant attains age 70-1/2.
Early Retirement Benefit	Normal Retirement Benefit reduced by 5/9% for each of the first 60 months plus 5/18% for each of the next 60 months by which Early Retirement Date precedes Normal Retirement Date.

Attachment to 2013 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions

Plan Name: The St. Luke Hospitals, Inc. Pension Plan
Plan Sponsor: St. Elizabeth Medical Center, Inc.

E.I.N.: 61-0445850 Plan No.: 005
Plan Year: January 1, 2013 to December 31, 2013

Deferred Vested Benefit	Normal Retirement Benefit payable at Normal Retirement Date or at an Early Retirement Date reduced in the same manner as for Early Retirement.
Pre-retirement Death Benefit	Eligible if death before Benefit Commencement Date with a Surviving Spouse. Payable the first month coincident with or next following the later of date of death or date Participant would have attained Early Retirement. The survivor annuity which would have been payable under the 50% Qualified Joint and Survivor Annuity form of payment. If the Participant dies on or after Early Retirement Date, then the benefit is payable immediately. If Participant dies prior to Early Retirement Date, then assume the Participant terminates on the earlier of either the date of termination or death, survives to Early Retirement Date, elects the 50% Qualified Joint and Survivor Annuity, then dies.
Form of Benefit	The normal form of payment for a single participant is a life annuity. The normal form of payment for married participants is an actuarially reduced 50% Qualified Joint and Survivor Annuity. Optional forms of benefit are: (i) An actuarially equivalent benefit of 100%, 66 2/3%, or 50% Joint and Contingent annuity. (ii) An actuarially equivalent benefit of five, ten, fifteen, or twenty years certain and continuous annuity. (iii) An actuarially equivalent benefit of ten, fifteen or twenty years certain. (iv) A life annuity for married participants.

Attachment to 2013 Form 5500 Schedule SB,
Part V – Summary of Plan Provisions

Plan Name: The St. Luke Hospitals, Inc. Pension Plan
Plan Sponsor: St. Elizabeth Medical Center, Inc.

E.I.N.: 61-0445850 Plan No.: 005
Plan Year: January 1, 2013 to December 31, 2013

Actuarial Equivalence	1984 Unisex Pension Mortality set back four years and 8% interest. For lump-sums, 417(e) interest rate for the fifth full calendar month preceding the Plan Year containing the Benefit Commencement Date and 417(e) mortality.
Employee Contributions	None. The entire cost of the plan is paid by the employer.
IRC Maximum Benefit and Compensation Limitations	
Benefit Limit	$205,000 for 2013 (previously, $200,000).
Compensation Limit	N/A

St. Luke Hospitals, Inc. Pension Plan
EIN No.: 61-0445850, Plan No. 005
Schedule H, Line 4i - Schedule of Assets
Plan Year Ending: 12/31/2013

(a)	(b) Identity of Issue, Borrower, Lessor or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Par or Maturity Value	(e) CURRENT VALUE
	Diversified Investment Advisors	Money Market Fund	$ 1,523,826
		Collective Trust Total	**$ 1,523,826**
		TOTAL PLAN ASSETS	**$ 1,523,826**

* Indicates Party-In-Interest to the Plan

Attachment to 2013 Form 5500 Schedule SB,
Line 32 – Schedule of Amortization Bases

Plan Name: The St. Luke Hospitals, Inc. Pension Plan
Plan Sponsor: St. Elizabeth Medical Center, Inc.

E.I.N.: 61-0445850 Plan No.: 005
Plan Year: January 1, 2013 to December 31, 2013

Amortization Schedule

(a) Year	(b) Type	(c) Present Value	(d) Years Left	(e) Payment
2010	Shortfall	5,315,708	4	1,426,533
2011	Shortfall	2,862,688	5	629,038
2012	Shortfall	(4,077,665)	6	(770,404)
2013	Shortfall	1,960,120	7	327,129
Total		$ 6,060,851		$1,612,296

Attachment to 2013 Form 5500 Schedule SB,
Line 24 – Change in Actuarial Assumptions

Plan Name: The St. Luke Hospitals, Inc. Pension Plan
Plan Sponsor: St. Elizabeth Medical Center, Inc.

E.I.N.: 61-0445850 Plan No.: 005
Plan Year: January 1, 2013 to December 31, 2013

For 2013, plan expenses totaled $295,000 (previously, $250,000).