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
CHP RETIREMENT SAVINGS PLAN 403B

1b Three-digit plan number (PN) ▶ 010

1c Effective date of plan 01/01/2002

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

CATHOLIC HEALTH PARTNERS

615 ELSINORE PLACE
CINCINNATI, OH 45202

2b Employer Identification Number (EIN)
31-1161086

2c Sponsor's telephone number
513-639-2800

2d Business code (see instructions)
622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2014	DIANNA SMITH
	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 ☐ Same as Plan Sponsor Name ☒ Same as Plan Sponsor Address

CATHOLIC HEALTH PARTNERS PENSION & OVERSIGHT COMMITTEE

3b Administrator's EIN 31-1161086

3c Administrator's telephone number 513-639-2764

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	550
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**	2367
b	Retired or separated participants receiving benefits	**6b**	2
c	Other retired or separated participants entitled to future benefits	**6c**	81
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	2450
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	1
f	Total. Add lines **6d** and **6e**.	**6f**	2451
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	1465
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:
2F 2G 2M

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

9a Plan funding arrangement (check all that apply)

- **(1)** ☐ Insurance
- **(2)** ☐ Code section 412(e)(3) insurance contracts
- **(3)** ☒ Trust
- **(4)** ☐ General assets of the sponsor

9b Plan benefit arrangement (check all that apply)

- **(1)** ☐ Insurance
- **(2)** ☐ Code section 412(e)(3) insurance contracts
- **(3)** ☒ Trust
- **(4)** ☐ General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE 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
CHP RETIREMENT SAVINGS PLAN 403B

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
CATHOLIC HEALTH PARTNERS

D Employer Identification Number (EIN)
31-1161086

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

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

FSC SECURITIES CORP

2300 WINDY RIDGE PKWY STE 1100
ATLANTA, GA 30339

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

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

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

NATIONWIDE

ONE NATIONWIDE PLAZA
COLUMBUS, OH 43215

(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?
55	NONE	13062	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

FIDELITY INVESTMENTS INSTITUTIONAL

04-2647786

(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?
37 50 60 64 65	RECORDKEEPER	3390	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

EDWARD D.A SOMMER

300 WEST WILSON BRIDGE
WORTHINGTON, OH 43085

(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?
55	NONE	2082	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [X]

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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Part III Termination Information on Accountants and Enrolled Actuaries (see instructions)

(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE 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
CHP RETIREMENT SAVINGS PLAN 403B

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
CATHOLIC HEALTH PARTNERS

D Employer Identification Number (EIN)
31-1161086

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)	0	1963982
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	0	1527557
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	6861	277090
(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)	50373	117738
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(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)	3081649	12017113
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(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	3138883	15903480
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h	0	2983799
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	2983799
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	3138883	12919681

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)	2041324	
(B) Participants	2a(1)(B)	230296	
(C) Others (including rollovers)	2a(1)(C)	548	
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		2272168
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	8	
(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)	1945	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		1953
(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)	95906	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		95906
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(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)		254415
c Other income	2c		4250
d Total income. Add all **income** amounts in column (b) and enter total	2d		2628692
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	622116	
(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)		622116
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)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	3390	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		3390
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		625506
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		2003186
l Transfers of assets:			
(1) To this plan	2l(1)		10761411
(2) From this plan	2l(2)		2983799

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: ERNST & YOUNG LLP **(2)** EIN: 34-6565596

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

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

Part IV Compliance Questions

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

During the plan year:

		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		5000000
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	X		
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n	X		

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

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

5b(1) Name of plan(s)	**5b(2)** EIN(s)	**5b(3)** PN(s)
LAUREL LAKE RETIREMENT COMMUNITY, INC. SECTION 403(B) RETIREMENT PLAN	34-1481142	001

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
CHP RETIREMENT SAVINGS PLAN 403B

B Three-digit plan number (PN) ▶ 010

C Plan sponsor's name as shown on line 2a of Form 5500
CATHOLIC HEALTH PARTNERS

D Employer Identification Number (EIN)
31-1161086

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): 04-6568107

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**

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

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

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

See audited financial statements for Accountant’s Opinion.

Attachment to 2013 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name CHP Retirement Savings Plan 403b **EIN:** 31-1161086
Plan Sponsor's Name Catholic Health Partners **PN:** 010

(a)	(b) Identity of issue, 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
	See attached financials.			

Financial Statements and Supplemental Schedule

CHP Retirement Savings Plan 403(b)
December 31, 2013 and 2012, and
Year Ended December 31, 2013
With Report of Independent Auditors

Ernst & Young LLP

Building a better working world

CHP Retirement Savings Plan 403(b)

Financial Statements
and Supplemental Schedule

December 31, 2013 and 2012, and Year Ended December 31, 2013

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Report of Independent Auditors

The Board of Trustees
Catholic Health Partners

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of CHP Retirement Savings Plan 403(b), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statement of changes in net assets available for benefits for the year ended December 31, 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified investment information described in Note 3, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the entities that certified the investment information meet the requirements of 29 CFR 2520.103-8. The plan administrator has obtained certifications as of December 31, 2013 and 2012, and for the year ended December 31, 2013, stating that the investment information provided to the plan administrator is complete and accurate.

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Disclaimer of Opinion on Financial Statements

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

Disclaimer of Opinion on Supplemental Schedule

The accompanying supplemental schedule of assets (held at end of year) as of December 31, 2013, is presented for purposes of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedule referred to above.

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

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

Ernst & Young LLP

October 13, 2014

A member firm of Ernst & Young Global Limited

CHP Retirement Savings Plan 403(b)

Statements of Net Assets Available for Benefits

	December 31	
	2013	**2012**
Assets		
Investments:		
Money market	**$ 277,090**	$ 6,861
Mutual funds	**12,017,113**	3,081,649
Total investments	**12,294,203**	3,088,510
Receivables:		
Employer non-elective contribution receivable	**1,963,982**	–
Notes receivable from participants	**117,738**	50,373
Receivables from other qualified plans	**1,527,557**	–
Total assets	**15,903,480**	3,138,883
Liabilities		
Payables to other qualified plans	**2,983,799**	–
Net assets available for benefits	**$ 12,919,681**	$ 3,138,883

See accompanying notes.

CHP Retirement Savings Plan 403(b)

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2013

Additions	
Investment income:	
Net appreciation in fair value of investments	$ 254,415
Interest and dividends	95,914
	350,329
Contributions:	
Participant	230,296
Employer	2,041,324
Rollovers	548
	2,272,168
Interest income on notes receivable from participants	1,945
Total additions	2,624,442
Transfers	
Transfers from other qualified plans	10,761,411
Transfers to other qualified plans	(2,983,799)
	7,777,612
Deductions	
Benefit payments	622,116
Administrative (income) expenses	(860)
Total deductions	621,256
Net increase	9,780,798
Net assets available for benefits at beginning of year	3,138,883
Net assets available for benefits at end of year	$ 12,919,681

See accompanying notes.

CHP Retirement Savings Plan 403(b)

Notes to Financial Statements

December 31, 2013

1. Description of Plan

The following description of the CHP Retirement Savings Plan 403(b) (the Plan) provides general information about the Plan's provisions. Catholic Health Partners (the Company) is the plan sponsor. Participants should refer to the plan document and summary plan description for a more complete description of the Plan's provisions, copies of which may be obtained from the plan sponsor.

Laurel Lake Retirement Community, Inc. previously established, effective as of January 1, 2002, a retirement savings plan subject to Section 403(b) of the Internal Revenue Code (the Code), known as the Laurel Lake Retirement Community, Inc. Section 403(b) Retirement Plan. Effective September 28, 2012, the Company assumed sponsorship of the Laurel Lake Retirement Community, Inc. Section 403(b) Retirement Plan and elected to restate and rename it as the Plan. On the same date, the Company consolidated the Plan design, implemented various new features, and merged another of the Company's 403(b) plan, the Marcum & Wallace Memorial Hospital 403(b) Plan, into the Plan effective September 28, 2012.

Effective December 31, 2013, all assets and liabilities that were held as part of the CHP Savings Plan 403(b) attributable to employees and former employees of Marcum and Wallace Memorial Hospital, Inc., Mercy Health Partners – Lourdes, Inc., and Mercy Health Physicians – Paducah LLC, as well as employees of Mercy Hospital of Southwest Ohio who are employed at the Sacred Heart Nursing Home, were transferred into the Plan. The net assets related to these employees account balances, $9,233,854 million in total, were transferred into the Plan as of December 31, 2013.

Effective December 31, 2013, the Matched Savings Plan for Allen Medical Center was merged into the Plan. As such, the net assets held in the Allen Medical Center plan of $1,527,557 were transferred into the Plan during January 2014. As of December 31, 2013, a receivable for these net assets to transfer these employees participant accounts as of December 31, 2013 has been recorded on the statement of net assets available for benefits.

Effective December 31, 2013, the Company sold Laurel Lake Retirement Community, Inc. to Laurel Lake Foundation. In connection with this sale, participant accounts for former employees of Laurel Lake Retirement Community, Inc. were transferred to Laurel Lake Foundation's retirement plan. Total net assets of $2,983,799 were transferred, $2,434,885 from Fidelity and $548,914 from Nationwide Insurance, during March 2014. As of December 31, 2013, a liability for these net assets to be transferred has been recorded on the statement of net assets available

1. Description of Plan (continued)

for benefits. As all Nationwide Insurance's investments pertained to Laurel Lake Retirement Community, Inc., it will no longer be one of the Plan's trustees following the transfer of the net assets in 2014.

For the transferred plans noted above, upon the transfer of assets from the transferred plan to the Plan, all benefits payable to the transferred plan participants and their beneficiaries shall be payable under the Plan except that each transferred plan participant will receive a benefit under the Plan that is at least equal to the benefit the transferred plan participant would have received immediately prior to the merger.

General

The Plan is a defined contribution plan covering certain eligible employees of the Company who have at least one year of service in order to become eligible for the Plan. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 wholly owned subsidiaries of the Company, as amended (ERISA).

The CHP Retirement Plan Committee (the Committee) is responsible for the general administration of the Plan (previously the Catholic Health Partners Pension Oversight Committee). MetLife Fiduciary Trust Company and Nationwide Insurance were the trustees of the Plan from January 1, 2012 until September 27, 2012. Effective September 28, 2012, the Plan changed their trustee from MetLife Fiduciary Trust Company to Fidelity Investments (the Plan administrator); however, there was no change in the Plan's investment assets previously stated on Nationwide Insurance through December 31, 2013.

Contributions

Participants may elect to defer up to 75% in whole percentages of their eligible pay on a pretax basis or as a Roth contribution on an after-tax basis, as defined by the Plan. Each year, the Company will provide match on the first 6% of eligible pay that is deferred to the Plan. Eligible participants with less than five years of service will receive an employer match equal to 33% of pretax or Roth contributions on the first 6% of eligible pay deferred to the Plan. Eligible participants with greater than five years of service will receive an employer match equal to 50% of pretax or Roth contributions on the first 6% of eligible pay deferred to the Plan. Additionally, the Company contributes a discretionary contribution equal to 1% of the employee's pretax

1. Description of Plan (continued)

compensation to all eligible participants. To be eligible for the Company contributions, participants must complete one year of service during which the participant is credited with at least 1,000 hours of service. All contributions are subject to certain limitations of the Code.

With respect to each transferred plan participant, each such eligible participant shall continue to be or shall become a participant on the merger date if such eligible participant was eligible to receive an allocation of employer matching contributions under the terms of the merged plan or prior plan in which he or she was a participant on the day immediately preceding the merger date. Participants may also contribute amounts representing distributions from other qualified defined benefit or contribution plans.

Participant Accounts

Each participant's account is credited with (a) the participant's contribution or rollovers, (b) the allocations of the Company's discretionary and matching contributions, and (c) allocations of the Plan's earnings, and is charged with an allocation of administrative expenses. Allocations are based on compensation and account balances, as defined by the Plan. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

Participant-Directed Investment Options

Upon enrollment in the Plan, a participant may direct contributions, specifying whole number percentages with the entire amount allocated to equal to 100%, to any investment option available during the year.

Vesting

Participants are immediately vested in their contributions plus actual earnings thereon. For participants hired before the merger date of December 31, 2013, they are 100% vested in all the employer contributions and any earnings on them. For participants hired after the merger date, they are vested 100% in all the employer contributions and any earnings on them after the completion of three years of service.

1. Description of Plan (continued)

Forfeitures

Any discretionary and matching contributions forfeited by participants who terminate employment prior to becoming fully vested are used first by restoring the amount of previous forfeitures and then by either reducing the amount of employer contributions or by paying plan administrative expenses. As of December 31, 2013, unallocated forfeited non-vested accounts were $568, and no forfeitures were used to reduce employer contributions during the year. For the year ended December 31, 2012, there were $18 unallocated forfeited non-vested accounts, and no forfeitures used to reduce the employer contributions.

Participant Loans

The Plan allows participants to apply for and obtain loans, limited to 50% of the participant's vested account balance not to exceed $50,000, from the vested balance of the participant's account. For loans taken before the merger date (September 28, 2012), these loans must be repaid within 5 years unless the loan is used to finance the participant's primary residence, in which case, the loan must be repaid in 15 years. For loans taken after the merger date, these loans must be repaid within five years unless the loan is used to finance the participant's primary residence, in which case, the Plan administrator shall have the discretion to determine the repayment period for such loan. Each loan shall bear interest at a rate to be fixed by the Plan administrator and, in determining the interest rate, the Plan administrator shall take into consideration interest rates currently being charged by commercial lending institutions. Interest rates shall be fixed for the term of the loan at the time the loan is made, and the Plan administrator shall determine periodically the interest rate to be charged on new loans.

Payment of Benefits

On termination of service due to death, disability, or retirement, participants may elect to receive a distribution equal to the value of their vested interest in their account or defer receipt of their account balance until age 70½.

Participants may withdraw money for financial hardship if certain conditions are met. This hardship distribution is not in addition to other benefits and will therefore reduce the benefit that will be received at retirement.

1. Description of Plan (continued)

Administrative Expenses

The Plan's administrative expenses are paid by either the Plan or the Company, as provided by the Plan's provisions. Administrative expenses paid by the Plan include record-keeping and trustee fees. Expenses relating to purchases, sales, or transfers of the Plan's investments are charged to the particular investment fund to which the expenses relate. All other administrative expenses of the Plan are paid by the Company.

Plan Termination

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event the Plan terminates, participants will become 100% vested in their accounts.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Payment of Benefits

Benefits are recorded when paid.

Notes Receivable From Participants

Notes receivable from participants represent participant loans that are recorded at their unpaid principal balance plus any accrued but unpaid interest. Interest income on notes receivable from participants is recorded when it is earned. Related fees are recorded as administrative expenses and are recorded when they are incurred. No allowance for credit losses has been recorded as of December 31, 2013 or 2012. If a participant ceases to make loan repayments and the Plan administrator deems the participant loan to be a distribution, the participant loan balance is reduced and a benefit payment is recorded.

2. Summary of Significant Accounting Policies (continued)

Use of Estimates

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

Investment Valuation and Income Recognition

Investments held by the Plan 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 appreciation in the fair value of investments includes the Plan's gains and losses on investments bought and sold, as well as held, during the year.

3. Investments

Individual investments that represent 5% or more of the Plan's net assets available for benefits are as follows:

	December 31	
	2013	**2012**
Wells Fargo Advantage DJ Target 2010 Fund Plan Administrator Class	**$ (a)**	$ 364,522
Wells Fargo Advantage DJ Target 2015 Fund Plan Administrator Class	**1,426,247**	535,508
Wells Fargo Advantage DJ Target 2020 Fund Plan Administrator Class	**1,671,522**	390,049
Wells Fargo Advantage DJ Target 2025 Fund Plan Administrator Class	**2,115,416**	375,264
Wells Fargo Advantage DJ Target 2030 Fund Plan Administrator Class	**1,181,907**	169,548
Wells Fargo Advantage DJ Target 2035 Fund Plan Administrator Class	**1,367,670**	233,240
Wells Fargo Advantage DJ Target 2040 Fund Plan Administrator Class	**1,126,868**	(a)
Wells Fargo Advantage DJ Target 2045 Fund Plan Administrator Class	**618,912**	(a)

(a) Investment is less than 5%

During 2013, the Plan's net appreciation in the fair value of investments (including investments purchased, sold, and held during the year) resulted solely from the Plan's investment in mutual funds.

Mutual funds	$ 254,415

All investment information disclosed in the accompanying financial statements and supplemental schedule, including investments held and notes receivable from participants at December 31, 2013 and 2012, and net appreciation in fair value of investments, interest, dividends, and interest income on notes receivable from participants for the year ended December 31, 2013, was obtained or derived from information provided to the Plan administrator and certified as complete and accurate by Nationwide Insurance and Fidelity Investments.

3. Investments (continued)

MetLife Fiduciary Trust Company and Nationwide Insurance held the Plan's investment assets from January 1, 2012 to September 27, 2012, and Fidelity Investments and Nationwide Insurance held the Plan's investment assets as of December 31, 2013 and 2012, and for the period September 28, 2012 to December 31, 2013.

4. Fair Value Measurements

The Plan follows the provisions ASC 820, *Fair Value Measurement*. 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 (i.e., an exit price). The fair value hierarchy prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets and liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3). The three levels of the fair value hierarchy are described below:

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

- 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 asset or liabilities (e.g., interest rate and yield curve quotes at commonly quoted intervals)

  – Inputs that are derived principally from or corroborated by observable market data by correlation or other means

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

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 measure in its entirety.

Following is a description of the valuation techniques and inputs used for each major class of assets measured at fair value by the Plan.

Mutual funds and money market – Valued at the closing price reported on the major market on which the individual securities are traded and are classified within Level 1 of the valuation hierarchy. The Plan does not adjust the quoted market price for such financial instruments.

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:

	Level 1	**Level 2**	**Level 3**	**Total**
Money market	**$ 277,090**	**$ –**	**$ –**	**$ 277,090**
Mutual funds:				
Target fund	**10,351,026**	**–**	**–**	**10,351,026**
Other	**1,666,087**	**–**	**–**	**1,666,087**
Total mutual funds	**12,017,113**	**–**	**–**	**12,017,113**
Total assets at fair value	**$ 12,294,203**	**$ –**	**$ –**	**$ 12,294,203**

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:

	Level 1	**Level 2**	**Level 3**	**Total**
Money market	$ 6,861	$ –	$ –	$ 6,861
Mutual funds:				
Target fund	2,432,242	–	–	2,432,242
Other	649,407	–	–	649,407
Total mutual funds	3,081,649	–	–	3,081,649
Total assets at fair value	$ 3,088,510	$ –	$ –	$ 3,088,510

5. 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 such changes could materially affect participants' account balances and the amounts reported in the statements of net assets available for benefits.

6. Related-Party Transactions

The Plan holds units of mutual funds managed by Fidelity Investments and Nationwide Insurance, the trustees of the Plan. The related transactions qualify as party-in-interest transactions; however, they are exempt from the prohibited transactions rules under ERISA.

7. Tax Status

The underlying non-standardized prototype plan has received an opinion letter from the Internal Revenue Service (IRS) dated March 31, 2008 stating that the form of the plan is qualified under Section 401 of the Internal Revenue Code (the Code) and therefore, the related trust is tax-exempt. In accordance with Revenue Procedures 2013-6 and 2011-49, the plan administrator has determined that it is eligible to and has chosen to rely on the current IRS prototype plan opinion letter. 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.

GAAP requires management of the Plan 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 and 2012, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2010.

8. Subsequent Events

Management evaluated subsequent events for the Plan through October 13, 2014, the date the financial statements were available to be issued.

Supplemental Schedule

CHP Retirement Savings Plan 403(b)

EIN 31-1161086 Plan #001

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

December 31, 2013

Custodian	Identity of Issue, Borrower, Lessor, or Similar Party		Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	Cost	Current Value
Fidelity Workplace Services LLC	Fidelity® Money Market Trust Retirement Money Market Portfolio	*	Money Market	**	$ 277,090
Fidelity Workplace Services LLC	Brokerage Link – External Mutual Funds		Mutual Fund	**	71,943
Fidelity Workplace Services LLC	Brokerage Link – Fidelity Mutual Funds	*	Mutual Fund	**	41,598
Fidelity Workplace Services LLC	Wells Fargo Advantage DJ Target Today Fund Administrator Class		Mutual Fund	**	101,226
Fidelity Workplace Services LLC	Wells Fargo Advantage DJ Target 2050 Fund Administrator Class		Mutual Fund	**	415,493
Fidelity Workplace Services LLC	Wells Fargo Advantage DJ Target 2045 Fund Administrator Class		Mutual Fund	**	618,912
Fidelity Workplace Services LLC	Wells Fargo Advantage DJ Target 2040 Fund Administrator Class		Mutual Fund	**	1,126,868
Fidelity Workplace Services LLC	Wells Fargo Advantage DJ Target 2035 Fund Administrator Class		Mutual Fund	**	1,367,670
Fidelity Workplace Services LLC	Wells Fargo Advantage DJ Target 2030 Fund Administrator Class		Mutual Fund	**	1,181,907
Fidelity Workplace Services LLC	Wells Fargo Advantage DJ Target 2025 Fund Administrator Class		Mutual Fund	**	2,115,416
Fidelity Workplace Services LLC	Wells Fargo Advantage DJ Target 2020 Fund Administrator Class		Mutual Fund	**	1,671,522
Fidelity Workplace Services LLC	Wells Fargo Advantage DJ Target 2015 Fund Administrator Class		Mutual Fund	**	1,426,247
Fidelity Workplace Services LLC	Wells Fargo Advantage DJ Target 2010 Fund Administrator Class		Mutual Fund	**	325,765
Fidelity Workplace Services LLC	Spartan® Total Market Index Fund – Fidelity Advantage Class	*	Mutual Fund	**	125,067
Fidelity Workplace Services LLC	PIMCO Total Return Fund Class A		Mutual Fund	**	125,982
Fidelity Workplace Services LLC	PIMCO All Asset Fund Class P		Mutual Fund	**	114,107
Fidelity Workplace Services LLC	Neuberger Berman Socially Responsive Fund Trust Class		Mutual Fund	**	16,582
Fidelity Workplace Services LLC	DFA U.S. Small Cap Portfolio Institutional Class		Mutual Fund	**	143,524
Fidelity Workplace Services LLC	DFA International Small Company Portfolio Institutional Class		Mutual Fund	**	32,422
Fidelity Workplace Services LLC	DFA Emerging Markets Portfolio Institutional Class		Mutual Fund	**	43,078
Fidelity Workplace Services LLC	American Century Investments Growth Fund Investor Class		Mutual Fund	**	131,846
Fidelity Workplace Services LLC	American Beacon Large Cap Value Fund Investor Class		Mutual Fund	**	159,509
Fidelity Workplace Services LLC	American Funds EuroPacific Growth Fund Class R		Mutual Fund	**	99,719
Nationwide Financial Services, Inc.	Wells Fargo Advantage Government Sec Inv.		Mutual Fund	**	14,878
Nationwide Financial Services, Inc.	Oppenheimer Value A		Mutual Fund	**	590
Nationwide Financial Services, Inc.	Oppenheimer Main St Small & Mid Cap A		Mutual Fund	**	205
Nationwide Financial Services, Inc.	Oppenheimer Capital Appreciation A		Mutual Fund	**	9,986
Nationwide Financial Services, Inc.	Oakmark Equity & Income II		Mutual Fund	**	29,304
Nationwide Financial Services, Inc.	Nationwide S&P 500 Index Svc	*	Mutual Fund	**	51,668
Nationwide Financial Services, Inc.	Nationwide Money Market Instl	*	Mutual Fund	**	67,717
Nationwide Financial Services, Inc.	MFS International New Discovery A		Mutual Fund	**	32,566
Nationwide Financial Services, Inc.	JPMorgan Mid Cap Value A		Mutual Fund	**	5,618
Nationwide Financial Services, Inc.	Janus Twenty T		Mutual Fund	**	56,509
Nationwide Financial Services, Inc.	Janus Fund T		Mutual Fund	**	1,173
Nationwide Financial Services, Inc.	Invesco Van Kampen Equity and Income A		Mutual Fund	**	4,062
Nationwide Financial Services, Inc.	Invesco Van Kampen American Franchise A		Mutual Fund	**	2,461
Nationwide Financial Services, Inc.	Invesco Real Estate A		Mutual Fund	**	12,566
Nationwide Financial Services, Inc.	Invesco MidCap Grade A		Mutual Fund	**	9,245
Nationwide Financial Services, Inc.	Invesco Dynamics Inv.		Mutual Fund		
Nationwide Financial Services, Inc.	Heartland Value Inv.		Mutual Fund	**	4,679
Nationwide Financial Services, Inc.	Fidelity Advisor Equity Growth A		Mutual Fund	**	33,670
Nationwide Financial Services, Inc.	Eaton Vance Worldwide Health Sci A		Mutual Fund	**	6,134
Nationwide Financial Services, Inc.	Dreyfus Intermediate Term Inc. A		Mutual Fund	**	46,412
Nationwide Financial Services, Inc.	Baron Growth Retail		Mutual Fund	**	72,969
Nationwide Financial Services, Inc.	Aston/Fairpinte Mid Cap N		Mutual Fund	**	33,339
Nationwide Financial Services, Inc.	American Century International Growth A		Mutual Fund	**	3,365
Nationwide Financial Services, Inc.	American Century Income & Growth A		Mutual Fund	**	33,663
Nationwide Financial Services, Inc.	Aberdeen U.S. Equity A		Mutual Fund	**	27,931
Participant loans		*	Interest rate 4.25%	**	117,738
					$ 12,411,941

* Denotes party in interest

**Participant-directed investment, cost not required

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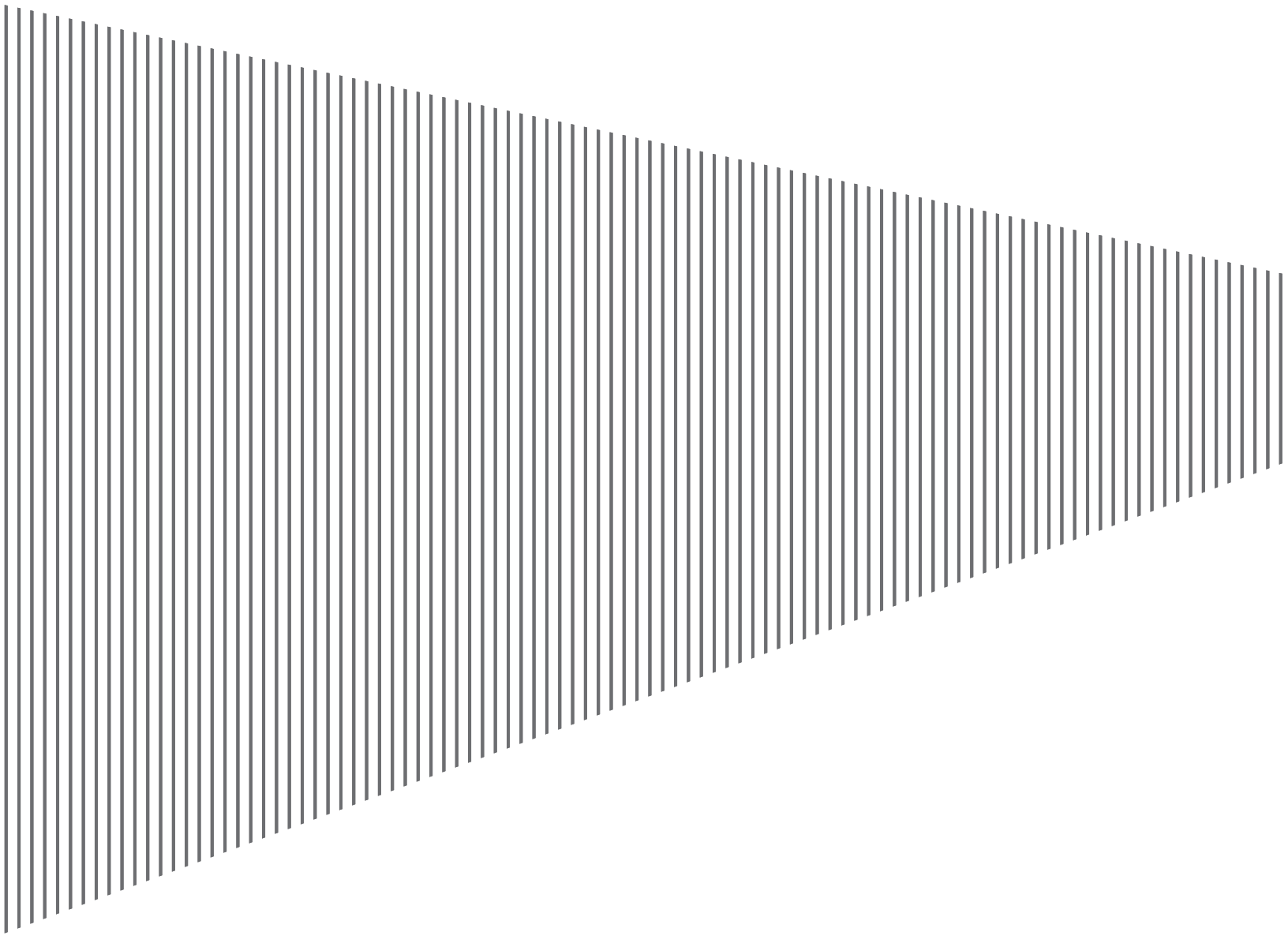
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