

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
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information										
1a Name of plan <u>DEACONESS HOSPITAL RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/01/1966</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>31-0537109</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>513-559-2190</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>622000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>06/01/1966</u>		2b Employer Identification Number (EIN) <u>31-0537109</u>		2c Sponsor's telephone number <u>513-559-2190</u>		2d Business code (see instructions) <u>622000</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>06/01/1966</u>											
2b Employer Identification Number (EIN) <u>31-0537109</u>											
2c Sponsor's telephone number <u>513-559-2190</u>											
2d Business code (see instructions) <u>622000</u>											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>DEACONESS HOSPITAL</u> <u>311 STRAIGHT STREET</u> <u>CINCINNATI, OH 45219-1018</u>											

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2014	JENNIFER SIMON
	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 DEACONESS HOSPITAL 311 STRAIGHT STREET CINCINNATI, OH 45219-1018		3b Administrator's EIN 31-0537109 3c Administrator's telephone number 513-559-2656
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		4b EIN 4c PN
5 Total number of participants at the beginning of the plan year		5 1236
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 7
b Retired or separated participants receiving benefits		6b 381
c Other retired or separated participants entitled to future benefits		6c 809
d Subtotal. Add lines 6a , 6b , and 6c		6d 1197
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e 35
f Total. Add lines 6d and 6e		6f 1232
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		
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) ☐ 0 A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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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 <u>DEACONESS HOSPITAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>DEACONESS HOSPITAL</u>	D Employer Identification Number (EIN) <u>31-0537109</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2013</u>	
2 Assets:	
a Market value	2a <u>50150076</u>
b Actuarial value	2b <u>49027051</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>375</u> <u>22291469</u>
b For terminated vested participants.....	3b <u>848</u> <u>28394958</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>6365</u>
(2) Vested benefits	3c(2) <u>876879</u>
(3) Total active.....	3c(3) <u>13</u> <u>883244</u>
d Total.....	3d <u>1236</u> <u>51569671</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>6.70 %</u>
6 Target normal cost.....	6 <u>372784</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/15/2014</u>
Signature of actuary		Date
<u>SCOTT LANHAM</u>		<u>14-06847</u>
Type or print name of actuary		Most recent enrollment number
<u>BUCK CONSULTANTS, LLC</u>		<u>513-784-0005</u>
Firm name		Telephone number (including area code)
<u>720 EAST PETE ROSE WAY, SUITE 300</u> <u>CINCINNATI, OH 45202</u>		
Address of the firm		

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

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

Schedule SB (Form 5500) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>14.12</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		840068
b Interest on (a) using prior year's effective interest rate of <u>7.06</u> % except as otherwise provided (see instructions)		59309
c Total available at beginning of current plan year to add to prefunding balance		899377
d Portion of (c) to be added to prefunding balance		899377
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	899377

Part III Funding Percentages		
14 Funding target attainment percentage	14	93.32 %
15 Adjusted funding target attainment percentage	15	93.32 %
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	92.60 %
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
04/12/2013	357196	0			
01/14/2014	357196	0			
			Totals ►	18(b)	714392
				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	684837
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 5.23%	2nd segment: 6.51%	3rd segment: 7.16 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.....	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	372784	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	3441997	1052027	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	1424811	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	740598	740598
36 Additional cash requirement (line 34 minus line 35).....	36	684213	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	684837	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	624	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	624	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110
		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 <u>DEACONESS HOSPITAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>DEACONESS HOSPITAL</u>	D Employer Identification Number (EIN) <u>31-0537109</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

13-3806691

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

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

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

SIT INVESTMENT ASSOCIATES, INC.

41-1404829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 68	NONE	81181	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

WELLINGTON CIF RESEARCH EQUITY FUND

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 51 68	NONE	64636	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

AON CONSULTING

23-2293237

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	NONE	54158	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

BUCK CONSULTANTS

13-3954297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 14	NONE	27500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JP MORGAN INVESTMENT MANAGEMENT INC

13-3200244

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
27 28 50 51	NONE	22194	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

STATE STREET GLOBAL ADVISORS

04-1867445

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	6254	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	DFE/Participating Plan Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
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a Name of MTIA, CCT, PSA, or 103-12 IE: S&P 500 FLAGSHIP NL CM13

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

c EIN-PN <u>04-0025081-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13032139</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: WELLINGTON CIF RESEARCH EQUITY FUND

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

c EIN-PN <u>04-2767481-054</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>13338352</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB CORE BOND FUND

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

c EIN-PN <u>20-3847783-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>7232737</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE:

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

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

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

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

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

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

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

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

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

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

a Plan name DEACONESS HOSPITAL RETIREMENT PLAN**b** Name of plan sponsor DEACONESS HOSPITAL**c** EIN-PN 31-0537109-001**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN**a** Plan name**b** Name of plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013		
A Name of plan DEACONESS HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 DEACONESS HOSPITAL	D Employer Identification Number (EIN) 31-0537109	

Part I	Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
1	Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets			
a	Total noninterest-bearing cash	1a	0	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	714392	357196
	(2) Participant contributions	1b(2)		
	(3) Other	1b(3)	35247	64589
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	791237	731442
	(2) U.S. Government securities	1c(2)	241920	0
	(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)	247211	198776
	(5) Partnership/joint venture interests	1c(5)	0	0
	(6) Real estate (other than employer real property)	1c(6)		
	(7) Loans (other than to participants)	1c(7)		
	(8) Participant loans	1c(8)		
	(9) Value of interest in common/collective trusts	1c(9)	28794000	33603228
	(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)	19355079	23650309
	(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	50179086	58605540

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	0	11818
k Total liabilities (add all amounts in lines 1g through 1j)	1k	0	11818

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	50179086	58593722
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	714392	
(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)		714392

b Earnings on investments:**(1) Interest:**

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	162	
(B) U.S. Government securities	2b(1)(B)	8130	
(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)		8292

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	22442	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		22442

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	6754881	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	6492997	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		261884

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	8649671	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		8649671

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		195776
(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)		1425373
c Other income	2c		29650
d Total income. Add all income amounts in column (b) and enter total	2d		11307480

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2395971	
(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)		2395971
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)	68681	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	151834	
(4) Other	2i(4)	276358	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		496873
j Total expenses. Add all expense amounts in column (b) and enter total	2j		2892844

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		8414636
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

b Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)?

☒ Yes ☐ No

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

(1) Name: PRICEWATERHOUSECOOPERS, L.L.P.

(2) EIN: 13-4008324

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d		X	
e Was this plan covered by a fidelity bond?	X		1000000
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?		X	
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?		X	
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?		X	
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.)	X		
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.)		X	
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?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
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.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-1072449</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>1</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

Part III	Amendments
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9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box.....	☐ Increase	☐ Decrease	☐ Both	☒ No
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Part IV	ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.
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10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?	☐ Yes	☐ No
11 a Does the ESOP hold any preferred stock?	☐ Yes	☐ No
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.).....	☐ Yes	☐ No
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?.....	☐ Yes	☐ No

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



The Deaconess Hospital Retirement Plan

**Financial Statements
December 31, 2013 and 2012, and
Supplemental Schedule at December 31, 2013**

The Deaconess Hospital Retirement Plan

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Supplemental Schedule	
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year) December 31, 2013.....	13-14
Note: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	



Independent Auditor's Report

To the Participants and Administrator of
The Deaconess Hospital Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Deaconess Hospital Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 7, which was certified by PNC Bank, Ohio, N.A., the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2013 and 2012 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.



Disclaimer of Opinion

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

Other Matter

The supplemental Schedule of Assets (Held at End of Year) at December 31, 2013 is required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and is presented for the purpose of additional analysis and is not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on this supplemental schedule.

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

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

PricewaterhouseCoopers LLP

October 15, 2014

The Deaconess Hospital Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2013 and 2012

	2013	2012
Assets		
Investments, at fair value		
Money market funds	\$ 731,442	\$ 791,237
Common stocks	198,776	247,211
Registered investment companies	23,650,309	19,355,079
Common collective trusts	33,603,228	28,794,000
U.S. government securities	-	241,920
Total investments	58,183,755	49,429,447
Employer's contribution receivable	357,196	714,392
Accrued interest and dividends	64,589	35,247
Total assets	58,605,540	50,179,086
Liabilities		
Accrued administrative expenses	11,818	14,523
Net assets available for benefits	<u>\$ 58,593,722</u>	<u>\$ 50,164,563</u>

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

The Deaconess Hospital Retirement Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2013 and 2012

	2013	2012
Additions		
Interest and dividends	\$ 1,681,533	\$ 770,577
Employer's contribution	714,392	2,403,176
Net appreciation in fair value of investments	8,911,555	5,342,672
Total additions	<u>11,307,480</u>	<u>8,516,425</u>
Deductions		
Benefit payments	2,395,971	2,258,566
Administrative expenses	482,350	365,656
Total deductions	<u>2,878,321</u>	<u>2,624,222</u>
Net increase	8,429,159	5,892,203
Net assets available for benefits		
Beginning of year	<u>50,164,563</u>	<u>44,272,360</u>
End of year	<u>\$ 58,593,722</u>	<u>\$ 50,164,563</u>

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

The Deaconess Hospital Retirement Plan

Notes to Financial Statements

December 31, 2013 and 2012

1. Description of the Plan

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

General

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

Eligibility and Pension Benefits

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

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

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

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

The Deaconess Hospital Retirement Plan

Notes to Financial Statements

December 31, 2013 and 2012

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Investment Valuation and Income Recognition

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

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Use of Estimates

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

Expenses

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

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on the average of the highest five consecutive calendar years of compensation paid during the ten calendar years preceding the date of severance. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date. The Plan's actuary performed an actuarial valuation of the Plan as of January 1, 2013 and 2012 and has determined the actuarial present value of all vested and nonvested benefits.

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

The Deaconess Hospital Retirement Plan
Notes to Financial Statements
December 31, 2013 and 2012

continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present values of accumulated plan benefits.

The actuarial present value of accumulated plan benefits as of January 1, 2013 is as follows:

Vested benefits	
Participants currently receiving benefits	\$ 20,914,431
Vested benefits for other participants	<u>26,015,817</u>
Total vested benefits	46,930,248
Nonvested benefits	<u>5,704</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 46,935,952</u>

The changes in accumulated plan benefits for the year beginning January 1, 2012 were attributed to the following:

Actuarial present value of accumulated plan benefits as of January 1, 2012	\$ 43,496,775
Increase (decrease) during the year attributed to	
Interest accumulated	3,391,137
Benefits paid	(2,258,566)
Changes in actuarial assumptions	2,490,584
Other	<u>(183,978)</u>
Actuarial present value of accumulated plan benefit as of January 1, 2013	<u>\$ 46,935,952</u>

4. Funding Policy

The Hospital funds pension plan benefits as accrued. The minimum funding requirements of the Employee Retirement Income Security Act of 1974 ("ERISA") have been met for the Plan years beginning January 1, 2013 and 2012.

The Deaconess Hospital Retirement Plan

Notes to Financial Statements

December 31, 2013 and 2012

5. Investments

Investments held by the Plan at December 31, 2013 and 2012, and the related net appreciation and depreciation in fair value during the respective years, are summarized below:

	2013		2012	
	Fair Value at End of Year	Net Appreciation (Depreciation) in Fair Value	Fair Value at End of Year	Net Appreciation (Depreciation) in Fair Value
Money market funds	\$ 731,442	\$ -	\$ 791,237	\$ -
Common stocks	198,776	237,485	247,211	38,770
Registered investment companies	23,650,309	1,873,815	19,355,079	1,825,041
Common collective trusts	33,603,228	6,806,298	28,794,000	3,481,480
U.S. government securities	-	(6,043)	241,920	(2,619)
	<u>\$ 58,183,755</u>	<u>\$ 8,911,555</u>	<u>\$ 49,429,447</u>	<u>\$ 5,342,672</u>

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

	2013	2012
Wellington CIF Research Equity Fund	\$ 13,338,352	\$ 9,509,990
S&P 500 Flagship Non-Lending Fund	13,032,139	11,209,895
JP Morgan Core Bond Fund	7,232,737	8,074,115
American Europacific Growth Fund Class - R6	3,034,990	2,782,650
CRM Small Cap Value Fund-Ins Fund #31	2,932,183	*
Harbor Fund	*	2,573,954

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

6. Fair Value Measurements

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

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

The Deaconess Hospital Retirement Plan

Notes to Financial Statements

December 31, 2013 and 2012

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

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

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

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

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

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

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

The Plan holds common collective trusts with a fair value of \$33,603,228 and \$28,794,000 at December 31, 2013 and 2012, respectively. Common collective trusts greater than 5% of net assets held at the end of the respective years are detailed in Note 5. There are no unfunded commitments with respect to these investments; however, they may be subject to redemption restrictions, at the Trustee's discretion, to the extent that it is determined such actions would disrupt management of the fund.

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

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

The Deaconess Hospital Retirement Plan
Notes to Financial Statements
December 31, 2013 and 2012

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2013 and 2012.

Assets at Fair Value as of December 31, 2013				
	Level 1	Level 2	Level 3	Total
Mutual funds				
Money market funds	\$ 731,442	\$ -	\$ -	\$ 731,442
Registered investment companies				
Mutual funds - equity	13,808,484	-	-	13,808,484
Exchange traded equities - equity	665,131	-	-	665,131
Exchange traded equities - fixed income	2,895,596	-	-	2,895,596
Mutual funds - fixed income	6,281,098	-	-	6,281,098
Common stocks	198,776	-	-	198,776
Other assets				
Common collective trusts	-	33,603,228	-	33,603,228
	<u>\$ 24,580,527</u>	<u>\$ 33,603,228</u>	<u>\$ -</u>	<u>\$ 58,183,755</u>

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

The Deaconess Hospital Retirement Plan

Notes to Financial Statements

December 31, 2013 and 2012

7. Financial Data Certified by the Trustee

The following is a summary of the Plan's financial information and data included in the Plan's financial statements and supplemental schedule which was certified by the Trustee as of December 31, 2013 and 2012 and for the years then ended as complete and accurate, in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

	2013	2012
Statements of Net Assets Available for Benefits		
Investments, at fair value	\$ 58,183,755	\$ 49,429,447
Statements of Changes in Net Assets Available for Benefits		
Interest and dividends	1,681,533	770,577
Net appreciation in fair value of investments	8,911,555	5,342,672

8. Plan Termination

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

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

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

9. Related Party Transactions

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

10. Tax Status of the Plan

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

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination by the IRS. The Plan administrator has analyzed the tax positions by the Plan, and has concluded that as of December 31, 2013, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are

The Deaconess Hospital Retirement Plan

Notes to Financial Statements

December 31, 2013 and 2012

currently no audits for any tax periods in progress. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2010.

11. Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimations and assumptions process, it is at least reasonably possible that changes in these estimates and assumptions in the near term would be material to the financial statements.

12. Reconciliation of Financial Statements to Form 5500

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

	2013	2012
Net assets available for benefits per the financial statements	\$ 58,593,722	\$ 50,164,563
Accrued administrative expenses	<u>-</u>	<u>14,523</u>
Net assets available for benefits per the Form 5500	<u>\$ 58,593,722</u>	<u>\$ 50,179,086</u>

The following is a reconciliation of the increase in net assets available for benefits per the financial statements to the Form 5500 at December 31, 2013:

Increase in net assets available for benefits per the financial statements	\$ 8,429,159
Accrued administrative expenses at December 31, 2012	<u>(14,523)</u>
Increase in net assets available for benefits per the Form 5500	<u>\$ 8,414,636</u>

13. Subsequent Events Evaluation

The Plan has evaluated subsequent events through October 15, 2014 as this was the date financial statements were made available to be issued. No matters were identified that would materially impact the financial statements or require disclosure.

Deaconess Hospital Retirement Plan
EIN/PN: 31-0537109 / 001
Attachment to 2013 Form 5500

Schedule SB, line 26 – Schedule of Active Participant Data

Attained	Years of Credited Service										Total
Age	Under 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 & up	
Under 25	0	0	0	0	0	0	0	0	0	0	0
25 to 29	0	1	0	0	0	0	0	0	0	0	1
30 to 34	0	0	0	0	0	0	0	0	0	0	0
35 to 39	0	1	0	1	0	0	0	0	0	0	2
40 to 44	0	0	0	1	0	0	0	0	0	0	1
45 to 49	0	0	0	0	0	2	0	0	0	0	2
50 to 54	0	1	0	0	0	0	1	0	0	0	2
55 to 59	0	0	0	0	1	0	2	0	0	0	3
60 to 64	0	0	0	0	0	1	0	0	0	0	1
65 to 69	0	0	0	0	0	0	1	0	0	0	1
70 & up	0	0	0	0	0	0	0	0	0	0	0
Total	0	3	0	2	1	3	4	0	0	0	13

Deaconess Hospital Retirement Plan
EIN/PN: 31-0537109 / 001
Attachment to 2013 Form 5500

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

Prescribed Funding Assumptions and Methods

Funding interest rates

January 1, 2013 Valuation:	Segment Rates with four month lookback:	
	First Segment Rate	1.75%
	Second Segment Rate	4.62%
	Third Segment Rate	5.72%

In accordance with HATFA, the first, second and third Segment Rates are constrained to a 90%-110% Corridor around the average Segment Rates for the 25-year period ending September 30, 2012, or **5.23%**, **6.51%** and **7.16%**, respectively, for minimum funding and benefit restrictions but not maximum tax-deductible purposes.

	Effective Interest Rate (Based on HATFA rates)	6.70%
January 1, 2012 Valuation:	Segment Rates with four month lookback:	
	First Segment Rate	2.06%
	Second Segment Rate	5.25%
	Third Segment Rate	6.32%

In accordance with MAP-21, the first, second and third Segment Rates are constrained to a 90%-110% Corridor around the average Segment Rates for the 25-year period ending September 30, 2011, or **5.54%**, **6.85%** and **7.52%**, respectively, for minimum funding and benefit restrictions but not maximum tax-deductible purposes.

	Effective Interest Rate (Based on MAP-21 Rates)	7.06%
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Mortality

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants.

Actuarial cost method

The Funding Target is the present value of accrued benefits and based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan related expenses to be paid from plan assets during the year.

Deaconess Hospital Retirement Plan
EIN/PN: 31-0537109 / 001
Attachment to 2013 Form 5500

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

Non-Prescribed Funding Assumptions and Methods

Salary increase assumption

None. Salary increases after January 5, 2004 are not recognized for determining plan benefits.

Expenses

Expected plan related expenses of \$372,784 were added to the Target Normal Cost.

Frequency of optional payment forms

100% of participants are assumed to take a life annuity.

Marital percentage

80% of males and 50% of females are assumed to be have an eligible spouse and that spouses are of the same age.

Retirement rates

Retirements from active status:

Age	Assumption
62	15%
63	5%
64	10%
65	50%
66	75%
67	75%
68+	100%

Retirements from deferred vested status: 100% are assumed to commence benefits at age 65.

Deaconess Hospital Retirement Plan
EIN/PN: 31-0537109 / 001
Attachment to 2013 Form 5500

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

Non-Prescribed Funding Assumptions and Methods (continued)

Withdrawal rates

Based on experience. Sample rates as follows:

Years of Service			
Age	0 Years	1 Year	2 Years and later
15	40.0000%	25.0000%	17.9384%
20	40.0000%	25.0000%	17.9384%
25	40.0000%	25.0000%	17.2242%
30	40.0000%	25.0000%	15.8305%
35	40.0000%	25.0000%	13.6986%
40	40.0000%	25.0000%	11.2500%
45	40.0000%	25.0000%	8.4319%
50	40.0000%	25.0000%	5.0645%
55	40.0000%	25.0000%	1.7264%
60	40.0000%	25.0000%	0.1614%
62+	0.0000%	0.0000%	0.0000%

Disability rates

None assumed.

Asset valuation method

The Actuarial Value of Assets is Market Value as of the valuation date, including discounted receivable contributions, reduced by 2/3 and 1/3 of the of the gain/(loss) in each of the prior two years, respectively. The gain/(loss) for each period is determined as the actual return on Market Value during the period less the expected return on Market Value based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of Market Value, including discounted receivable contributions.

The expected return on plan assets is 7.50% per annum for the 2013 plan year, 8.00% per annum for the 2012 and 2011 plan years, limited by PPA to the applicable Third Segment Rate as follows:

2012 measurement period:	7.52%
2011 measurement period:	6.57%

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
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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 DEACONESS HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DEACONESS HOSPITAL	D Employer Identification Number (EIN) 31-0537109	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information			
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2013</u>		
2	Assets:		
	a Market value	2a	50150076
	b Actuarial value	2b	49027051
3	Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	375 22291469
	b For terminated vested participants	3b	848 28394958
	c For active participants:		
	(1) Non-vested benefits	3c(1)	6365
	(2) Vested benefits	3c(2)	876879
	(3) Total active	3c(3)	13 883244
	d Total	3d	1236 51569671
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	6.70%
6	Target normal cost	6	372784

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

SIGN HERE		<u>10/15/14</u> Date
	Signature of actuary SCOTT LANHAM	Date 1406847
	Type or print name of actuary BUCK CONSULTANTS, LLC	Most recent enrollment number 513-784-0005
	Firm name 720 EAST PETE ROSE WAY, SUITE 300 CINCINNATI OH 45202	Telephone number (including area code)
	Address of the firm	

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

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500 or 5500-SF. Schedule SB (Form 5500) 2013

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 5.23%	2nd segment: 6.51%	3rd segment: 7.16%
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 65
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	0
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	0
30 Remaining amount of unpaid minimum required contributions (line 28 minus line 29)	30	0

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	372784	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	3441997		1052027
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	1424811	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	740598	740598
36 Additional cash requirement (line 34 minus line 35)	36	684213	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	684837	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	624	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	624	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

Part IX Pension Funding Relief Under Pension Relief Act of 2010 (See Instructions)

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

Deaconess Hospital Retirement Plan
EIN/PN: 31-0537109 / 001
Attachment to 2013 Form 5500

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

This table calculates the weighted average retirement age for all active persons in the plan:

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
62	7.0472	0.1500	1.0571	65.5386
63	6.9617	0.0500	0.3481	21.9294
64	6.5832	0.1000	0.6583	42.1322
65	6.8938	0.5000	3.4469	224.0473
66	3.4120	0.7500	2.5590	168.8931
67	0.8345	0.7500	0.6259	41.9350
68	0.2038	1.0000	<u>0.2038</u>	<u>13.8612</u>
Total			8.8991	578.3368
Weighted Average Retirement Age = 578.3368 / 8.8991				64.99
Rounded Weighted Average Retirement Age				65

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.

Deaconess Hospital Retirement Plan
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Attachment to 2013 Form 5500

Schedule SB, line 15 – Reconciliation of differences between valuation results and amounts used to calculate AFTAP

The plan sponsor has not elected to defer to 2014 the use of HATFA assumptions for minimum funding or benefit restriction purposes.

The enrolled actuary signed a 2013 AFTAP Certification on December 31, 2013. That certification used MAP-21 first, second, and third segment rates of 4.94%, 6.15%, and 6.76%, respectively, and showed an Adjusted Funding Target Attainment Percentage of **89.41%**, based on

Funding Target	\$53,823,107
Actuarial Value of Assets	\$49,027,370
Adjusted Funding Target	\$53,823,107
Adjusted Actuarial Value of Assets	\$48,127,993
Prefunding Balance	\$ 899,377

The 2013 AFTAP is **93.32%** using the HATFA assumptions shown on line 21a, the Funding Target shown on line 3d, the Actuarial Value of Assets shown on line 2b, and the Prefunding Balance shown on line 13.

The Actuarial Value of Assets was revised to reflect actual contribution dates and amounts.

As this results in a material change, the enrolled actuary has signed a 2013 AFTAP Certification on September 30, 2014 using segment rates constrained by HATFA and revised Actuarial Value of Assets.

Deaconess Hospital Retirement Plan
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Attachment to 2013 Form 5500

Schedule SB, Part V – Summary of Plan Provisions

General Information

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

Eligibility

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

Service

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

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

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

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

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

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

Service was frozen as of December 31, 2009.

Deaconess Hospital Retirement Plan
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Attachment to 2013 Form 5500

Schedule SB, Part V – Summary of Plan Provisions (Continued)

Normal Retirement Pension

Normal Retirement Date

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

Amount of Pension

The amount of annual benefit paid in monthly installments for life, based on service to normal retirement date, is:

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

Delayed Retirement Pension

A participant may continue in the employment of the employer after his normal retirement date. In such event he will receive at actual retirement the benefit he would have received on his normal retirement date, actuarially increased to reflect delayed payment. However, the benefit will not be less than the benefit accrued at delayed retirement reflecting service and final average earnings to such date.

Final Average Earnings

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

Accrued Benefit

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

Early Retirement Pension

Upon the completion of 15 years of service and the attainment of age 55, a participant may elect to retire. He may receive a monthly benefit for life beginning at his normal retirement date equal to the accrued benefit at early retirement date. Payments may begin immediately, with the benefit being reduced one fifteenth for each of the first five years and one thirtieth for each of the next five years by which the payment date precedes the normal retirement date.

Deaconess Hospital Retirement Plan
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Attachment to 2013 Form 5500

Schedule SB, Part V – Summary of Plan Provisions (Continued)

Death Benefit

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

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

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

Severance Benefit

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

Optional Methods of Settlements

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

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

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

Deaconess Hospital Retirement Plan
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Schedule SB, Part V – Summary of Plan Provisions (Continued)

Amendment or Termination of Plan

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

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

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

Summary of Changes from the January 1, 2012 Valuation

There were no changes from January 1, 2012 Valuation.

The Deaconess Hospital Retirement Plan
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2013

(a)	(b)	(c)	(d)	(e)
	Identify of Issuer of Borrower	Description of Investment	Cost**	Current Value**
Money Market Funds				
	Blackrock Liquidity Funds Treasury Trust Fund	Money market funds	\$ 181,483	\$ 181,483
	Blackrock Liquidity Funds Temp Fund	Money market funds	549,959	549,959
			731,442	731,442
Common Stocks				
	Avinci Media Corp	Common stock	1	-
	Brookfield Total Return Fund Inc	Common stock	202,264	198,776
			202,265	198,776
Registered Investment Companies				
	American Select Portfolio	Registered investment companies	14,551	12,964
	American Strategic Income	Registered investment companies	6,634	5,358
	Blackrock Muniyield Quality Fund II	Registered investment companies	18,366	18,688
	Blackrock Muniyield Michigan Insured Fund	Registered investment companies	39,457	36,768
	Blackrock Enhanced Government Fund	Registered investment companies	166,146	150,493
	Blackrock Multi Sector Income Fund	Registered investment companies	38,213	39,353
	Cutwater Select Income Fund	Registered investment companies	17,614	18,971
	Eaton Vance Short Duration Diversified Income Fund	Registered investment companies	194,578	181,133
	Flah & Crum Pfd Incm Op Inc	Registered investment companies	7,511	7,056
	Mfs Intermarket Income Trust I	Registered investment companies	21,495	22,708
	Montgomery Street Income Securities Inc	Registered investment companies	131,916	132,090
	Nuveen Quality Preferred III	Registered investment companies	6,672	6,955
	Pcm Fund Inc	Registered investment companies	12,138	20,970
	Western Asset Premier Bond	Registered investment companies	11,391	11,624
	Alliancebernstein Natl Muni Inc Fund Inc	Registered investment companies	45,550	41,349
	Alliancebernstein Income Fund Inc	Registered investment companies	178,298	157,573
	American Income Fund Inc	Registered investment companies	82,203	78,728
	American Strategic Inc III Fund	Registered investment companies	43,676	39,360
	American Strategic Income Portfolio Inc II	Registered investment companies	41,378	28,018
	Blackrock Income Trust Inc	Registered investment companies	258,570	242,352
	Blackrock Income Opportunity Trust Inc	Registered investment companies	161,762	152,290
	Blackrock Build America Bond Fund	Registered investment companies	85,213	76,600
	Blackrock Core Bond Trust	Registered investment companies	80,253	77,280
	Blackrock Credit Allocation Income Trust	Registered investment companies	104,202	110,122
	Doubleline Income Solutions	Registered investment companies	12,080	12,654
	Duff & Phelps Util & Corporate Bd Tr Inc	Registered investment companies	39,867	39,117
	Eaton Vance Limited Duration Income Fund	Registered investment companies	54,902	53,550
	Federated Enhanced Treas Income Fund	Registered investment companies	127,234	117,563
	First Trust Intermediate Duration Pfd & Income Fund	Registered investment companies	71,664	74,375
	First Trust Mortgage Income Fund	Registered investment companies	196,668	175,828
	Franklin Limited Duration Income Trust	Registered investment companies	38,816	38,970
	Hancock John Income Securities Trust	Registered investment companies	83,338	83,941
	Helios Advantage Income Fund Inc	Registered investment companies	6,543	7,272
	Helios Strategic Income Fund Inc	Registered investment companies	6,665	7,028
	Invesco Value Municipal Income Trust	Registered investment companies	7	6
	Invesco Quality Municipal Income Trust	Registered investment companies	3	2
	Legg Mason Bw Global Income Opportunities Fund Inc	Registered investment companies	28,124	28,679

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

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

The Deaconess Hospital Retirement Plan
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2013

(a)	(b)	(c)	(d)	(e)
	Identify of Issuer of Borrower	Description of Investment	Cost**	Current Value**
	Mfs Charter Income Trust Sh Ben Int	Registered investment companies	27,151	26,245
	Mfs Intermediate Income Trust Sh Ben Interest	Registered investment companies	158,288	154,882
	Mfs Government Markets Income Trust Sh Ben Interest	Registered investment companies	184,125	158,028
	Morgan Stanley Income Securities Inc	Registered investment companies	13,150	11,767
	Nuveen Quality Pfd Income Fd	Registered investment companies	4,682	4,629
	Nuveen Quality Pfd Income Fd 2	Registered investment companies	5,848	5,698
	Nuveen Preferred Income Opportunities Fund	Registered investment companies	5,484	5,322
	Nuveen Build America Bond Opportunity Fund	Registered investment companies	163,225	157,383
	Pimco Income Strategy Fund	Registered investment companies	7,052	6,786
	Pimco Income Strategy Fund II	Registered investment companies	6,204	5,970
	Pimco Dynamic Income Fund	Registered investment companies	20,543	20,391
	Putnam Premier Income Trust Sh Ben Int	Registered investment companies	202,571	195,829
	Putnam Master Intermediate Income Trust Sh Ben Int	Registered investment companies	198,060	196,560
	Transamerica Income Shares Inc	Registered investment companies	10,327	10,440
	Wells Fargo Advantage Multi Sector Income Fund	Registered investment companies	122,428	113,577
	Western Asset Inflation Management Fund Inc	Registered investment companies	114,307	111,738
	Western Asset Variable Rate Strategic Fund	Registered investment companies	49,259	53,786
	Western Asset Mortgage Defined Opportunity Fund	Registered investment companies	13,226	13,908
	Ashmore Emerging Markets Small-Cap Equity Fund CI I	Registered investment companies	790,962	813,658
	William Blair Small Cap Growth Fd CI I	Registered investment companies	1,765,516	2,927,957
	American Europacific Growth Fund Class-R6	Registered investment companies	2,428,247	3,034,990
	Harbor International Fund Class Ins Fd # 2011	Registered investment companies	1,881,015	2,903,348
	Oppenheimer Developing Markets Fund Class Y	Registered investment companies	1,088,460	1,196,348
	CRM Small Cap Value Fund-Ins Fund #31	Registered investment companies	2,554,552	2,932,183
	Whg Income Opportunity Fund CI Inst	Registered investment companies	1,758,021	2,115,624
	Fpa Crescent Fund CI I Fund #134	Registered investment companies	1,964,823	2,314,851
	Pimco All Asset Fund Instl Fd #034	Registered investment companies	1,908,044	1,850,623
			<u>19,879,268</u>	<u>23,650,309</u>
	Common Collective Trusts			
	Wellington CIF Research Equity Fund	Common collective trusts	7,257,542	13,338,352
	JP Morgan Core Bond Fund	Common collective trusts	5,286,419	7,232,737
	S&P 500 Flagship Non-Lending Fund	Common collective trusts	7,803,869	13,032,139
			<u>20,347,830</u>	<u>33,603,228</u>
			<u>\$ 41,160,805</u>	<u>\$ 58,183,755</u>

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

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

Deaconess Hospital Retirement Plan

EIN/PN: 31-0537109 / 001

Attachment to 2013 Form 5500

Schedule SB, line 32 – Schedule of Amortization Bases

Type of Base	Date Established	Remaining Installments	Shortfall Amortization Installment	Present Value of Remaining Installments as of January 1, 2013
Shortfall	January 1, 2009	3	\$ 30,427	\$ 86,819
Shortfall	January 1, 2010	4	791,899	2,939,176
Shortfall	January 1, 2011	5	1,188,374	5,379,873
Shortfall	January 1, 2012	6	(1,068,923)	(5,618,928)
Shortfall	January 1, 2013	7	<u>110,250</u>	<u>655,057</u>
	Total charge		\$ 1,052,027	\$ 3,441,997

Deaconess Hospital Retirement Plan

EIN/PN: 31-0537109 / 001

Attachment to 2013 Form 5500

Schedule SB, line 24 – Change in Actuarial Assumptions

The expected plan administrative expenses to be added to the Target Normal Cost were decreased from \$487,006 to \$372,784 to reflect the current year expectation.

The expected return on plan assets was lowered from 8.00% to 7.50% beginning with the 2013 plan year measurement period.