Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code).

▶ **Complete all entries in accordance with the instructions to the Form 5500.**

OMB Nos. 1210-0110
1210-0089

2013

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2013 or fiscal plan year beginning 05/01/2013 and ending 04/30/2014

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

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

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 05/01/1993

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

HARRISON MEDICAL CENTER

2520 CHERRY AVENUE
BREMERTON, WA 98310-4270

2b Employer Identification Number (EIN)
91-0565546

2c Sponsor's telephone number
360-744-6507

2d Business code (see instructions)
622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/13/2015	MARIE LAMARCHE
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)

Preparer's telephone number (optional)

3a Plan administrator's name and address [X] Same as Plan Sponsor Name [ ] Same as Plan Sponsor Address	**3b** Administrator's EIN	
	3c Administrator's telephone number	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:	**4b** EIN	
a Sponsor's name	**4c** PN	

5	Total number of participants at the beginning of the plan year	**5**	1356
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**	490
b	Retired or separated participants receiving benefits	**6b**	410
c	Other retired or separated participants entitled to future benefits	**6c**	443
d	Subtotal. Add lines **6a**, **6b**, and **6c**	**6d**	1343
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	12
f	Total. Add lines **6d** and **6e**.	**6f**	1355
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)		**9b** Plan benefit arrangement (check all that apply)	
(1)	[ ] Insurance	**(1)**	[ ] Insurance
(2)	[ ] Code section 412(e)(3) insurance contracts	**(2)**	[ ] Code section 412(e)(3) insurance contracts
(3)	[X] Trust	**(3)**	[X] Trust
(4)	[ ] General assets of the sponsor	**(4)**	[ ] General assets of the sponsor

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 05/01/2013 and ending 04/30/2014

▶ **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
RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
HARRISON MEDICAL CENTER

D Employer Identification Number (EIN)
91-0565546

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

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

Part I Basic Information

1	Enter the valuation date: Month 05 Day 01 Year 2013			
2	Assets:			
	a Market value	**2a**		108279286
	b Actuarial value	**2b**		107738716
3	Funding target/participant count breakdown:		**(1)** Number of participants	**(2)** Funding Target
	a For retired participants and beneficiaries receiving payment	**3a**	369	41459470
	b For terminated vested participants	**3b**	398	18636142
	c For active participants:			
	(1) Non-vested benefits	**3c(1)**		332748
	(2) Vested benefits	**3c(2)**		44984583
	(3) Total active	**3c(3)**	589	45317331
	d Total	**3d**	1356	105412943
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**		6.35 %
6	Target normal cost	**6**		0

Statement by Enrolled Actuary

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

SIGN HERE

Signature of actuary	02/10/2015 Date
JUDY M. KRUSE Type or print name of actuary	14-05907 Most recent enrollment number
TOWERS WATSON Firm name	312-525-2500 Telephone number (including area code)
191 NORTH WACKER DRIVE SUITE 2100 CHICAGO, IL 60606-1615 Address of the firm	

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1476709	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)	1476709	0
10	Interest on line 9 using prior year's actual return of 12.49 %	184441	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b Interest on (a) using prior year's effective interest rate of 7.07 % except as otherwise provided (see instructions)		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1661150	0

Part III Funding Percentages

14	Funding target attainment percentage	14	100.63 %
15	Adjusted funding target attainment percentage	15	102.20 %
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	109.51 %
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
05/17/2013	360000		11/14/2013	360000	
06/06/2013	360000				
07/05/2013	360000				
08/07/2013	360000				
09/10/2013	360000				
10/07/2013	360000				
			Totals ► 18(b)	2520000	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	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2478067

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.94%	6.15%	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	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**	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	**29**	
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**	0
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment		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**	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	2478067

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

a Total (excess, if any, of line 37 over line 36)	**38a**	2478067
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	**42**	
43 Excess installment acceleration amount to be carried over to future plan years	**43**	

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

For calendar plan year 2013 or fiscal plan year beginning 05/01/2013 and ending 04/30/2014

A Name of plan	**B** Three-digit plan number (PN) ▶	
RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL		002
C Plan sponsor's name as shown on line 2a of Form 5500	**D** Employer Identification Number (EIN)	
HARRISON MEDICAL CENTER	91-0565546	

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

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

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

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

WELLS FARGO

41-6370378

(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 51 52	NONE	107356	Yes [X] No [ ]	Yes [X] No [ ]	0	Yes [ ] No [ ]

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

BANK OF NEW YORK

01-3494110

(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 51	NONE	82387	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a	Name: BRENT R. CHUBBS	**b** EIN:	77-0223052
c	Position: ACTUARY		
d	Address: 1301 FIFTH AVENUE SUITE 1900 SEATTLE, WA 98101	**e** Telephone:	206-214-3500

Explanation: DUE TO THE COMPANY'S AFFILIATION WITH CATHOLIC HEALTH INITIATIVES, THERE WAS A CHANGE IN ACTUARIAL CONSULTANTS TO TOWERS WATSON.

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 05/01/2013 and ending 04/30/2014

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

B Three-digit plan number (PN) ▶ 002

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
HARRISON MEDICAL CENTER

D Employer Identification Number (EIN)
91-0565546

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

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

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

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)
80-0000385-001	M	108398819

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 05/01/2013 and ending 04/30/2014

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HARRISON MEDICAL CENTER

D Employer Identification Number (EIN)
91-0565546

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)		341
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	799908	
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)	11916074	
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	8860292	1491152
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		108398819
(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)	86703012	8207127
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	108279286	118097439
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	108279286	118097439

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)	2520000	
(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)		2520000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	71	
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		71
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	188212	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	1331185	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		1519397
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	18573224	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	15179348	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		3393876
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)	215628	
(B) Other	2b(5)(B)	-1753209	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-1537581

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		734744
(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)		7093141
c Other income	2c		911883
d Total income. Add all **income** amounts in column (b) and enter total	2d		14635531
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4627635	
(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)		4627635
f Corrective distributions (see instructions)	2f		
g Certain deemed distributions of participant loans (see instructions)	2g		
h Interest expense	2h		
i Administrative expenses: (1) Professional fees	2i(1)		
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	189743	
(4) Other	2i(4)		
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		189743
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		4817378
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		9818153
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: CLARK NUBER P.S. **(2)** EIN: 91-1194016

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

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

Part IV Compliance Questions

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

During the plan year:

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

			Yes	No	Amount
c	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		X	
e	Was this plan covered by a fidelity bond?	4e	X		2000000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i	X		
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j	X		
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		X	
l	Has the plan failed to provide any benefit when due under the plan?	4l		X	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).

▶ **File as an attachment to Form 5500.**

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 05/01/2013 and ending 04/30/2014

A Name of plan
RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500
HARRISON MEDICAL CENTER

D Employer Identification Number (EIN)
91-0565546

Part I Distributions

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

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

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

EIN(s): _____ _____

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** 0

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

---

a Name of contributing employer

b EIN **c** Dollar amount contributed by employer

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

e Contribution rate information *(If more than one rate applies, check this box* ☐ *and see instructions regarding required attachment. Otherwise, complete lines 13e(1) and 13e(2).)*
(1) Contribution rate (in dollars and cents) _____
(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify): _____

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 64 % Investment-Grade Debt: 23 % High-Yield Debt: 3 % Real Estate: 8 % Other: 2 %

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):

CLARK NUBER

10900 NE 4th Street
Suite 1700
Bellevue WA 98004
tel 425 454 4919
fax 425 454 4620
800 504 8747
clarknuber.com

Certified Public
Accountants
and Consultants

Independent Auditor's Report

To the Plan Administrator
Retirement Plan for Employees of Harrison Memorial Hospital
Bremerton, Washington

REPORT ON THE FINANCIAL STATEMENTS

We were engaged to audit the accompanying financial statements of the Retirement Plan for Employees of Harrison Memorial Hospital (the Plan), which comprise the statements of net assets available for benefits as of April 30, 2014 and 2013, 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

Plan management is responsible for the preparation and fair presentation of these 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 these 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 6, which was certified by Wells Fargo Bank, N.A. (Wells Fargo) and Bank of New York Mellon (BNY Mellon), the custodians of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that BNY Mellon held the Plan's investment assets and executed investment transactions from February 1, 2014 to April 30, 2014, and that Wells Fargo held the Plan's investment assets and executed investment transactions as of and for the year ended April 30, 2013, and for the period May 1, 2013 to April 15, 2014. The plan administrator has obtained certifications from the custodians as of and for the years ended April 30, 2014 and 2013, that the information provided to the plan administrator by the custodians 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 these financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplementary information, as listed in the accompanying table of contents, 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. The supplementary information is the responsibility of management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplementary information.

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 supplementary information, other than that derived from the information certified by the custodians, 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.

Clark Nuber P.S.

Certified Public Accountants
February 12, 2015

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of May 1, 2013

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

x	q_x^r	l_x	${}_{x-55}p_{55} = l_x / l_{55}$	$q_x^r * l_x / l_{55}$	$x * q_x * l_x / l_{55}$
55	0.0250	1,000,000	1.000000	0.025000	1.375000
56	0.0250	975,000	0.975000	0.024375	1.365000
57	0.0250	950,625	0.950625	0.023766	1.354641
58	0.0250	926,859	0.926859	0.023171	1.343946
59	0.0250	903,688	0.903688	0.022592	1.332940
60	0.0250	881,096	0.881096	0.022027	1.321644
61	0.0250	859,068	0.859068	0.021477	1.310079
62	0.0500	837,592	0.837592	0.041880	2.596534
63	0.1000	795,712	0.795712	0.079571	5.012986
64	0.1500	716,141	0.716141	0.107421	6.874952
65	0.2500	608,720	0.608720	0.152180	9.891695
66	0.2500	456,540	0.456540	0.114135	7.532906
67	0.1500	342,405	0.342405	0.051361	3.441169
68	0.1500	291,044	0.291044	0.043657	2.968650
69	0.1500	247,387	0.247387	0.037108	2.560460
70	1.0000	210,279	0.210279	0.210279	14.719555
Average age at retirement					65.002156
Rounded for Schedule SB item 22					65 ==> SCHB_WARA

Plan Name: Retirement Plan for Employees of Harrison Memorial Hospital
EIN / PN: 91-0565546 / 002
Plan Sponsor: Harrison Medical Center
Valuation Date: May 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

The following changes in assumptions and methods were made as part of this valuation:

- The mortality used for contribution balance conversion was updated to include one additional year of projected mortality improvements.
- Contribution balance conversion rates were updated to March 2013 non-average segment rates.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 25
Change in Method

The valuation software used to produce the actuarial information as of May 1, 2013 is different than used for the previous valuation due to a change in both the enrolled actuary for the plan and the business organization providing actuarial services to the plan, and such change in software may be considered to be a method change. The new method is substantially the same as the method used by the prior enrolled actuary and is consistent with the description of the method contained in the prior actuarial valuation report and Schedule SB of Form 5500 (disregarding the effects of any changes that are automatically approved under final IRC 430 regulations). The funding target and target normal cost (without regard to any adjustments for employee contributions and plan-related expenses), and actuarial value of plan assets, as determined for the prior plan year by the new enrolled actuary (using the actuarial assumptions of the prior enrolled actuary and disregarding the effects of any changes that are automatically approved under final IRC 430 regulations) are both within 5% of those values as determined by the prior enrolled actuary. Therefore the change in funding method receives automatic approval under IRS Announcement 2010-3.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26
Schedule of Active Participant Data for Frozen Plans as of May 1, 2013

Attained Age	Years of Credited Service																			
	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 & Over	
	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 – 29	0		0		0		0		0		0		0		0		0		0	
30 – 34	1		3		10		0		0		0		0		0		0		0	
35 - 39	2		3		20		2		0		0		0		0		0		0	
40 - 44	2		8		35		9		3		0		0		0		0		0	
45 - 49	0		5		38		18		12		0		0		0		0		0	
50 - 54	1		8		61		35		23		6		0		0		0		0	
55 - 59	2		11		49		45		29		15		0		0		0		0	
60 - 64	0		3		41		26		41		17		0		1		0		0	
65 - 69	0		1		3		0		0		0		0		0		0		0	
70 & Over	0		0		0		0		0		0		0		0		0		0	

Plan Name: Retirement Plan for Employees of Harrison Memorial Hospital
EIN / PN: 91-0565546 / 002
Plan Sponsor: Harrison Medical Center
Valuation Date: May 1, 2013

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Harrison Medical Center
EIN/PN	91-0565546/002
Plan Name	Retirement Plan for Employees of Harrison Memorial Hospital
Valuation Date	May 1, 2013
Enrolled Actuary	Judy M. Kruse
Enrollment Number	14-05907

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

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

SCHEDULE SB (Form 5500)	Single-Employer Defined Benefit Plan Actuarial Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	2013 This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 05/01/2013 and ending 04/30/2014

▶ **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: RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

B Three-digit plan number (PN) ▶ 002

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF: HARRISON MEDICAL CENTER

D Employer Identification Number (EIN): 91-0565546

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

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

Part I Basic Information

1 Enter the valuation date: Month 5 Day 1 Year 2013

2 Assets:			
a Market value	2a		108,279,286
b Actuarial value	2b		107,738,716
3 Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	3a	369	41,459,470
b For terminated vested participants	3b	398	18,636,142
c For active participants:			
(1) Non-vested benefits	3c(1)		332,748
(2) Vested benefits	3c(2)		44,984,583
(3) Total active	3c(3)	589	45,317,331
d Total	3d	1,356	105,412,943
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		6.35 %
6 Target normal cost	6		0

Statement by Enrolled Actuary

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

SIGN HERE

Judy M. Kruse JMK — Signature of actuary

2/10/15 — Date

Judy M. Kruse — Type or print name of actuary

14-05907 — Most recent enrollment number

Towers Watson — Firm name

(312) 525-2500 — Telephone number (including area code)

191 North Wacker Drive
Suite 2100
Chicago IL 60606-1615
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.

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)	1,476,709	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)	1,476,709	0
10	Interest on line 9 using prior year's actual return of 12.49 %	184,441	
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b Interest on (a) using prior year's effective interest rate of 7.07 % except as otherwise provided (see instructions)		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1,661,150	0

Part III Funding Percentages

14	Funding target attainment percentage	14	100.63 %
15	Adjusted funding target attainment percentage	15	102.20 %
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	109.51 %
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
05/17/2013	360,000		11/14/2013	360,000	
06/06/2013	360,000				
07/05/2013	360,000				
08/07/2013	360,000				
09/10/2013	360,000				
10/07/2013	360,000				
			Totals ▶ 18(b)	2,520,000	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	
	b Contributions made to avoid restrictions adjusted to valuation date	19b	
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2,478,067

20 Quarterly contributions and liquidity shortfalls:

a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No

b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No

c If line 20a is "Yes," see instructions and complete the following table as applicable:

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.94 %	6.15 %	6.76 %	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	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	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	
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	0
b Excess assets, if applicable, but not greater than line 31a	31b	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	0	0
b Waiver amortization installment		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	0

	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	2,478,067
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	2,478,067
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

41 If an election was made to use PRA 2010 funding relief for this plan:

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

b Eligible plan year(s) for which the election in line 41a was made ☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011

42 Amount of acceleration adjustment	42	
43 Excess installment acceleration amount to be carried over to future plan years	43	

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V

Summary of Plan Provisions

Plan Provisions

The original plan was effective May 1, 1968. The plan was most recently amended and restated effective May 1, 2011.

Participation date

May 1 or November 1 following the date employee reaches age 21, completes 1,000 hours of service in the 12 months following the date of hire or during a Plan Year if later, and agrees to make mandatory contributions to the plan.

Employees who satisfied the eligibility requirements prior to the dates below could choose whether to participate in the plan or begin participating in Harrison's new retirement program. Employees becoming eligible on and after these dates automatically participate in the new program.

Union	*Date*
Non-bargained employees	March 1, 2005
SEIU – Dietary Local 6	July 1, 2005
SEIU – Service Local 6	July 1, 2005
UFCW – 21	July 1, 2005
IUOE – Local 286	November 1, 2005
USNU Union – Local UFCW 141 Registered Nurses	January 1, 2006

Status of the plan

The plan ceased benefit accruals for all participants as of December 31, 2010.

Type of plan

Contributory defined benefit plan

SCHEDULE SB ATTACHMENTS

Definitions

Vesting service	Years in which completed 1,000 or more hours of service.
Credited service	Years in which mandatory contributions were made to the plan and completed 1,000 or more hours. Credited service accrual ceased for all participants as of December 31, 2010.
Pensionable earnings	Employee's regular salary, wages, and contractual bonuses including, effective May 1, 1999, pre-tax employee contributions pursuant to IRC 125, 132(f)(4), 403(b), or 402(a)(8). No earnings after December 31, 2010 are considered.
Final average earnings	Average of the participant's pensionable earnings for the five consecutive completed years out of the last ten years of participation producing the highest average. No earnings after December 31, 2010 are considered.
Normal retirement date (NRD)	Age 65
Accrued benefit	2% of the final average earnings times years of credited service. Effective December 31, 2010, the plan was amended to cease benefit accruals for all participants.

Eligibility for Benefits

Normal retirement	Age 65
Early retirement	Age 55 and 10 years of vesting service
Late retirement	Retirement after age 65
Vested termination	5 years of vesting service
Pre-retirement death benefit	5 years of vesting service
Disability retirement	Later of 6 months following total and permanent disability or the date employment terminates.

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

Normal retirement	Accrued benefit payable on the normal retirement date.
Early or disability retirement	Accrued benefit is reduced by 5/12 of 1% for each month by which retirement precedes normal retirement date.
Late retirement	Accrued benefit actuarially increased for late retirement
Vested termination	Vested accrued benefit payable at normal or early retirement date. A participant's mandatory contributions are 100% vested at all times.
Pre-retirement death	If a married participant dies prior to commencing benefits, the surviving spouse will receive his or her portion of a 50% Joint and Survivor annuity beginning on the date the participant would have been eligible for early retirement or in the month of death, if later. Upon the death of an unmarried participant, any remaining participant contributions are refunded.
Post-retirement death	Upon the later of the death of the participant or beneficiary (if any), the excess of any mandatory contributions over amounts already paid shall be paid in a single lump sum.

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

Forms of payment	**Automatic form for unmarried participants:** Single Life Annuity. Participants may elect to receive a mandatory contribution refund at any time after termination. **Automatic form for married participants:** 50% Joint and Survivor Annuity. Participants may elect to receive a mandatory contribution refund at any time after termination. **Optional forms:** Optional forms are 50%, 66 2/3%, 75%, and 100% Joint and Survivor Annuities
Optional form conversion factors	Actuarial equivalence for annuity options is determined based on 7% interest and the 1994 Group Annuity Reserving Table projected to 2002, blended 50% male and 50% female.
Employee contributions	2% of pay. No longer required, starting December 31, 2010. Beginning on May 1,1987, contributions are credited with interest at 120% of the Federal mid-term rate in effect on the first day of the plan year, with a minimum of 5%.
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective. Increases in the dollar limits are assumed for determining pension cost but not for determining contributions.

Future Plan Changes

No future plan changes were recognized.

Changes in Benefits Valued Since Prior Year

No plan changes were recognized since the last actuarial valuation.

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month: January
- Interest rate basis: 3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
First segment rate	4.94%	1.62%
Second segment rate	6.15%	4.40%
Third segment rate	6.76%	5.45%
Effective interest rate	6.35%	4.78%

Annual rates of increase

- Compensation: N/A; Plan accruals were frozen as of December 31, 2010.
- Future Social Security wage bases: N/A; Plan accruals were frozen as of December 31, 2010.
- Statutory limits on compensation: N/A
- Inflation: 2.80%
- Employee contribution balances: 5.00%

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Mortality

Sex distinct rates for non-annuitants based on RP2000 “Employees” table without collar or amount adjustments projected to 2028 using Scale AA and for annuitants based on RP2000 “Healthy Annuitants” table without collar or amount adjustments projected to 2020 using Scale AA.

Withdrawal

Representative Termination Rates from Table SOA3TSS:

Attained Age	Withdrawal
25	19.5%
30	15.5%
35	12.1%
40	9.4%
45	7.3%
50	5.6%
55	4.2%
60	3.0%
65	0.0%

Disability incidence

None assumed.

Retirement

Percentage retiring during the year	
Age	**Percentage**
Under 55	0%
55-61	2.5%
62	5.0%
63	10.0%
64	15.0%
65-66	25.0%
67-69	15.0%
70	100.0%

SCHEDULE SB ATTACHMENTS

Unpredictable Contingent Event Benefit (UCEB) assumptions N/A

Benefit commencement date:

- Preretirement death benefit — Age 65
- Deferred vested benefit — Age 65

Form of payment

Form of Payment	Contribution Balance Refund	Single Life	100% J&S	50% J&S
Active retirements	25%	80%	20%	0%
Future vested deferred	25%	80%	20%	0%
Future deaths	25%	0%	0%	100%
Current vested deferred	0%	80%	20%	0%

Participants who have taken or are assumed to take a refund of their contributions receive an annuity reduced by the annuitized value of their contributions, converted as noted below for future assumed refunds; otherwise participants receive an annuity based on the full value of their accrued benefit with a refund upon death of contributions in excess (if any) over annuity amounts already paid.

Employee contributions are converted to annuities using 0.97% for payments during the first 5 years, 3.82% for payments during the next 15 years and 5.11% for payments after 20 years. Mortality is based on the applicable mortality tables under IRC Section 417(e)(3), with no pre-retirement mortality assumed.

Percent married 70% of eligible male and female participants are assumed to be married.

Spouse age Male spouses are assumed to be 3 years older than female spouses.

Covered pay N/A

Administrative expenses $0; Administrative expenses will be paid directly by the employer.

Timing of benefit payments Annuity payments are payable monthly at the beginning of the month and lump sum payments are payable on date of decrement.

SCHEDULE SB ATTACHMENTS

Methods

Valuation date	First day of plan year
Funding target	Present value of accrued benefits.
Target normal cost	Present value of the benefit expected to accrue in the plan year. Plan-related expenses are assumed to be $0.
Actuarial value of assets for determining minimum required contributions	Average of the fair market value of assets on the valuation date and the two immediately preceding valuation dates, adjusted for contributions, benefits, administrative expenses and expected earnings (with such expected earnings limited as described in IRS Notice 2009-22). The average asset value must be within 10% of market value, including discounted contributions receivable (discounted using the effective interest rate for the prior plan year.) The method of computing the actuarial value of assets complies with rules governing the calculation of such values under the Pension Protection Act of 2006 (PPA). These rules produce smoothed values that reflect the underlying market value of plan assets but fluctuate less than the market value. As a result, the actuarial value of assets will be lower than the market value in some years and greater in other years. However, over the long term under PPA's smoothing rules, the method has a significant bias to produce an actuarial value of assets that is below the market value of assets
Benefits not valued	All benefits described in the Plan Provisions section of this report were based on discussions with Harrison Medical Center regarding the likelihood that these benefits will be paid. Towers Watson has reviewed the plan provisions with Harrison Medical Center and, based on that review, is not aware of any significant benefits required to be valued that were not.

SCHEDULE SB ATTACHMENTS

Change in assumptions and methods since prior valuation

The following changes in assumptions and methods were made as part of this valuation:

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of January 2012 to January 2013.
- The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.
- The mortality used for contribution balance conversion was updated to include one additional year of projected mortality improvements.
- Contribution balance conversion rates were updated to March 2013 non-average segment rates.

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Financial Statements

For the Years Ended April 30, 2014 and 2013

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CLARK NUBER

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Certified Public
Accountants
and Consultants

Independent Auditor's Report

To the Plan Administrator
Retirement Plan for Employees of Harrison Memorial Hospital
Bremerton, Washington

REPORT ON THE FINANCIAL STATEMENTS

We were engaged to audit the accompanying financial statements of the Retirement Plan for Employees of Harrison Memorial Hospital (the Plan), which comprise the statements of net assets available for benefits as of April 30, 2014 and 2013, 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

Plan management is responsible for the preparation and fair presentation of these 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 these 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 6, which was certified by Wells Fargo Bank, N.A. (Wells Fargo) and Bank of New York Mellon (BNY Mellon), the custodians of the Plan, except for comparing the information with the related information included in the financial statements. We have been informed by the plan administrator that BNY Mellon held the Plan's investment assets and executed investment transactions from February 1, 2014 to April 30, 2014, and that Wells Fargo held the Plan's investment assets and executed investment transactions as of and for the year ended April 30, 2013, and for the period May 1, 2013 to April 15, 2014. The plan administrator has obtained certifications from the custodians as of and for the years ended April 30, 2014 and 2013, that the information provided to the plan administrator by the custodians 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 these financial statements.

Other Matter

We were engaged for the purpose of forming an opinion on the financial statements as a whole. The supplementary information, as listed in the accompanying table of contents, 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. The supplementary information is the responsibility of management. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplementary information.

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 supplementary information, other than that derived from the information certified by the custodians, 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.

Clark Nuber P.S.

Certified Public Accountants
February 12, 2015

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Statements of Net Assets Available for Benefits
April 30, 2014 and 2013

	2014	*2013*
Assets:		
Investments, at fair value-		
Plan interest in the CHI Master Trust	$ 108,398,819	$ -
Registered investment companies	8,207,127	86,703,012
Common stock		11,603,201
Real estate funds	1,491,152	8,860,292
Collective trust fund		799,908
Total investments	118,097,098	107,966,413
Interest receivable	341	
Net pending trades		312,873
Net Assets Available for Benefits	**$ 118,097,439**	**$ 108,279,286**

See accompanying notes.

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Statements of Changes in Net Assets Available for Benefits
For the Years Ended April 30, 2014 and 2013

	2014	*2013*
Additions to Net Assets:		
Employer contributions	$ 2,520,000	$ -
Investment income-		
Net change in fair value of investments:		
Registered investment companies	7,093,141	7,715,231
Common stock	1,640,667	1,788,453
Real estate funds	215,628	650,457
Net investment income from CHI Master Trust	734,744	
Interest and dividends	2,431,351	2,060,540
Net investment income	12,115,531	12,214,681
Total Additions to Net Assets	**14,635,531**	**12,214,681**
Deductions From Net Assets:		
Benefit payments	4,627,635	4,124,425
Investment management fees	189,743	130,822
Total Deductions From Net Assets	**4,817,378**	**4,255,247**
Net Increase in Net Assets Available for Benefits	**9,818,153**	**7,959,434**
Net Assets Available for Benefits:		
Beginning of year	108,279,286	100,319,852
End of Year	**$ 118,097,439**	**$ 108,279,286**

See accompanying notes.

Note 1 - Plan Description

The following description of the Retirement Plan for Employees of Harrison Memorial Hospital (the Plan) provides only general information. Participants should refer to the plan document for a more complete description of the Plan's provisions. The Plan is subject to the provisions of the Employee Retirement Income Securities Act of 1974 (ERISA), as amended.

General - The Plan is a defined benefit pension plan covering eligible employees of Harrison Medical Center (the Sponsor).

Effective March 1, 2005, the Plan was amended to no longer accept new entrants into the Plan effective on the transition date applicable to each group of employees. The transition period for closing the Plan to new entrants began on March 1, 2005. The final transition date was January 1, 2006, thereby effectively closing the Plan to new entrants at that time.

Effective December 31, 2010, the Plan was amended to exclude all participant earnings and hours of service after December 31, 2010, for the purposes of determining the participant's final average monthly earnings and years of plan participation.

Effective February 1, 2014, the Plan began participating in the Catholic Health Initiatives Master Trust (the CHI Master Trust). On that date, the Bank of New York Mellon (BNY Mellon) became the Plan's trustee.

Contributions - Prior to January 1, 2011, the Plan required all active participants to contribute 2% of his or her eligible earnings. Effective January 1, 2011, the Plan was amended to no longer require or permit employee contributions to the Plan. Mandatory contribution accounts are credited with interest based on 120% of the Federal mid-term rate in effect as of the first day of each plan year, but in no event less than 5%. Prior to May 1, 1993, participants could elect to make voluntary contributions to the Plan up to 10% of their earnings. The mandatory and voluntary contributions are maintained in separate accounts and are credited with interest each year. Voluntary contributions are credited with the interest rate used by the Pension Benefit Guaranty Corporation (PBGC) to value immediate annuities for single employer plans terminating on the first day of the plan year. For the plan years ended April 30, 2014 and 2013, interest credited on mandatory contributions was 5.00%. Interest credited on voluntary contributions was 1.0% and 1.5% for the years ended April 30, 2014 and 2013, respectively. Cumulative mandatory and voluntary employee contributions, including interest, as of April 30, 2014 and 2013 were $11,967,216 and $12,398,941, respectively.

Funding Policy - The Sponsor's funding policy is to make contributions to the Plan that meet or exceed the minimum funding standards of ERISA. The Sponsor made contributions of $2,520,000 for the year ended April 30, 2014 (2013 - $0). The Plan met the minimum funding requirements of ERISA in both years.

Note 1 - Continued

Pension Benefits - Participants are eligible to begin receiving normal retirement benefits upon attaining the age of 65. The Plan also permits early retirement if the participant reaches age 55 and has completed ten years of service. The participant's monthly accrued benefit payable at his or her normal retirement date shall be equal to 2% of the participant's final average monthly earnings multiplied by years of plan participation (and fractions thereof), and then adjusted for form of payment. The participant is also entitled to his or her voluntary contributions and accrued earnings thereon. Participants may elect a combination of annuity payments or lump-sum distributions.

Retirement benefits for participants electing early retirement will be reduced as defined in the plan document.

Distributions - If an active participant dies after completing five years of service, a contingent annuitant benefit is paid to the participant's beneficiary. If a participant dies who does not qualify for such a benefit, a death benefit equal to the value of the participant's required contributions balance at the date of death is to be paid to the participant's beneficiary. Active employees who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they became disabled. At termination, a participant may elect to receive a lump-sum amount equal to the value of his or her vested account balance.

Vesting - Participants are 100% vested in their contributions to the Plan. Benefits are 0% vested until reaching five years of service, at which time they become 100% vested.

Note 2 - Summary of Accounting Policies

Basis of Accounting - The accompanying financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Use of Estimates - The preparation of financial statements in conformity with U.S. GAAP 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 the actuarial present value of accumulated plan benefits at the date of the financial statements, and changes therein. Actual results could differ from those estimates.

Investment Valuation and Income Recognition - The Plan's investments, including those investments held in the CHI Master Trust, 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 3 for discussion of fair value measurements.

Purchases and sales 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 in the fair value of investments includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Payment of Benefits - Benefit payments to participants are recorded when paid.

Note 2 - Continued

Plan Administration and Investment Management Fees - The Plan's expenses are paid either by the Plan or the Sponsor. Expenses that are paid directly by the Sponsor are excluded from these financial statements. Certain expenses incurred in connection with the general administration of the Plan that are paid by the Plan are recorded as deductions in the accompanying statement of changes in net assets available for benefits. In addition, certain investment related expenses are included in net appreciation of fair value of investments presented in the accompanying statements of changes in net assets available for benefits.

Subsequent Events - The Sponsor has evaluated subsequent events through February 12, 2014, the date on which the Plan's financial statements were available to be issued.

Note 3 - Fair Value Measurements

U.S. GAAP provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1) and the lowest priority to unobservable inputs (Level 3).

The three levels of the fair value hierarchy are described as follows:

Level 1 - Fair value is based on inputs that reflect unadjusted quoted prices available in active markets for identical assets or liabilities that the CHI Master Trust has the ability to access at the measurement date. Investments whose values are based on quoted market prices in active markets, and are therefore classified by the CHI Master Trust within Level 1, generally include actively traded equities. The CHI Master Trust does not adjust the quoted prices for such investments, even in situations where the CHI Master Trust holds large positions and a sale could reasonability impact the quoted price.

Level 2 - Fair value is based on inputs, other than Level 1, that are observable, either directly or indirectly, such as quoted prices in active markets for similar assets or liabilities, quoted prices for identical or similar assets or liabilities in markets that are not active, or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities. Investments that trade in less liquid public markets or derive market value through corroboration with observable market data (e.g. fixed income securities) are classified by the CHI Master Trust in Level 2 of the fair value hierarchy.

Level 3 - Fair value is based on inputs that are unobservable and significant to the fair value measurement. Level 3 investments may include common and preferred equity securities, alternative investments (e.g. hedge funds, real estate funds, venture capital / private equity funds), term loans, warrants, and other privately issued securities. The valuation of these investments requires significant judgment due to the absence of quoted market values, inherent lack of liquidity, changes in market conditions, and the long-term nature of such investments. The CHI Master Trust Level 3 investments consist primarily of alternative investments. Because alternative investments are not publicly traded, market quotations are generally not available to be used for valuation purposes. Accordingly, CHI's valuation of alternative investments are generally equal to or based upon capital account balances or net asset value of such alternative investments as of the reporting date, as reported by the fund manager.

Note 3 - Continued

While CHI believes that its valuation methods are appropriate and consistent with those used by other market participants, the use of different methodologies or assumptions to estimate the fair value of Level 3 investments could result in a different estimate of fair value at the reporting date. Those fair value estimates, including those related to investments carried at net asset value, may differ significantly from the values that would have been determined had a readily available market for such investments existed, or had such investments been liquidated or sold to external investors, and these differences could be material to the financial statements.

A financial instrument's level within the fair value hierarchy is based upon 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.

Following is a description of the valuation methodologies used for assets measured at fair value and held outside of the CHI Master Trust. There have been no changes in the methodologies used at April 30, 2014 and 2013.

Registered Investment Companies - Valued at the daily closing price as reported by the fund. Registered Investment Company funds held by the Plan are open-end mutual 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 that price. The funds held by the Plan are deemed to be actively traded.

Common Stock - Valued at the closing price reported on the active market in which the individual securities are traded.

Real Estate Funds - Valued at the NAV of units in the partnerships. The NAV, as determined through an independent valuation process, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the partnerships less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

Collective Trust Fund - Valued at the NAV of units of the banks' collective trusts. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchased and sales) may occur daily. Were the Plan to initiate a full redemption of the collective trust, the investment adviser reserves the right to temporarily delay withdrawal from the trust in order to ensure that securities liquidations will be carried out in an orderly business manner.

Note 3 - Continued

The following table does not include the plan's interest in the CHI Master Trust because that information is presented in a separate table (see Note 4). The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of April 30:

	Fair Value Measurements as of April 30, 2014			
	Level 1	*Level 2*	*Level 3*	*Total*
Registered investment companies	$ 8,207,127	$ -	$ -	$ 8,207,127
Real estate fund			1,491,152	1,491,152
Total Investments	**$ 8,207,127**	**$ -**	**$ 1,491,152**	**$ 9,698,279**

	Fair Value Measurements as of April 30, 2013			
	Level 1	*Level 2*	*Level 3*	*Total*
Registered investment companies-				
Intermediate term-bond	$ 27,172,427	$ -	$ -	$ 27,172,427
Large growth	18,732,029			18,732,029
Mid-cap blend	17,005,786			17,005,786
International	10,323,973	9,778,824		20,102,797
Real estate	3,689,973			3,689,973
Total registered investment companies	76,924,188	9,778,824		86,703,012
Common stock-				
Industrials	1,636,487			1,636,487
Energy	2,215,130			2,215,130
Healthcare	1,319,570			1,319,570
Consumer discretionary	1,949,105			1,949,105
Information technology	1,365,705			1,365,705
Financial	1,717,856			1,717,856
Consumer staples	559,752			559,752
Materials	839,596			839,596
Total common stock	11,603,201			11,603,201
Real estate funds			8,860,292	8,860,292
Collective trust fund		799,908		799,908
Total Investments	**$ 88,527,389**	**$ 10,578,732**	**$ 8,860,292**	**$ 107,966,413**

Note 3 - Continued

A reconciliation of the beginning and ending balances for fair value measurements made using significant unobservable inputs (Level 3) is as follows for the years ended April 30, 2014 and 2013:

	Lion Value Fund	*Cornerstone Patriot Fund LP*	*Total*
Balance as of May 1, 2012	$ 1,963,016	$ -	$ 1,963,016
Realized and unrealized gains	342,380	308,076	650,456
Purchases		6,300,000	6,300,000
Sales		(53,180)	(53,180)
Balance as of April 30, 2013	**2,305,396**	**6,554,896**	**8,860,292**
Realized and unrealized gains	(561,697)	777,325	215,628
Sales	(252,547)	(7,332,221)	(7,584,768)
Balance as of April 30, 2014	**$ 1,491,152**	**$ -**	**$ 1,491,152**

The following sets forth additional disclosures of the Plan's investments, whose fair value is estimated using NAV per share (or its equivalent), as of April 30, 2013:

	2014 Fair Value	*2013 Fair Value*	*Redemption Frequency*	*Redemption Notice Period*
Aberdeen Eafe Plus Fund (a)	$ -	$ 9,778,824	Monthly	30 days
Lion Value Fund (b)	1,491,152	2,305,396	Quarterly	90 days
Cornerstone Patriot Fund LP (b)		6,554,896	Quarterly	30 days
Wells Fargo Short Term Investment Fund (c)		799,908	Daily	None

(a) The primary investment objective of the Aberdeen Eafe Plus Fund was to achieve total return in excess of the Morgan Stanley Capital International Inc. All Country World ex USA Index through investing in a diversified portfolio of international equities.

(b) The Lion Value Fund and the Cornerstone Patriot Fund invest primarily in United States real estate. The Plan's ability to redeem these investments is subject to certain restrictions and cash availability. The funds' investment normally provides for a quarterly distribution subject to written notification of redemption request 30 to 90 days prior to the last business day of the quarter.

Note 3 - Continued

(c) The Wells Fargo Short Term Investment Fund is a collective investment fund managed by Wells Fargo Bank, N.A. (Wells Fargo), as advised by Wells Capital Management. The Fund seeks to provide investors with a competitive rate of return and a high level of stability of principal and liquidity. The Fund seeks to maintain a constant unit value of $1.00. There is no assurance that the Fund will achieve its objective. The Fund will pursue its investment objective through active management of a diversified portfolio of money market instruments with an overall dollar-weighted average maturity of 60 days or less.

Note 4 - CHI Master Trust

Certain of the Plan's investments are held in the CHI Master Trust, which was established for the investment of assets of the Plan and several other CHI-sponsored retirement plans. Each participating plan has an undivided interest in the CHI Master Trust. The CHI Master Trust assets are allocated among the participating plans by assigning to each plan those transactions (primarily contributions, benefit payments, and plan-specific expenses) that can be specifically identified and by allocating among all plans, in proportion to each plan's beneficial interest in the CHI Master Trust, income and expenses resulting from collective investment of the assets of the CHI Master Trust. Investment income and administrative expenses relating to the CHI Master Trust are allocated to the individual plans based upon the amount of time the Plan's assets were invested in the master trust. At April 30, 2014, the Plan's interest in the net assets of the CHI Master Trust was approximately 3.09%.

The following table presents the fair value of the net assets in the CHI Master Trust at April 30, 2014:

	(In Thousands)
Assets:	
Investment in securities	$ 3,553,089
Receivable for securities sold	35,311
Foreign currency exchange contracts	15,710
Other receivables	12,761
Total Assets	**3,616,871**
Liabilities:	
Payable for securities purchased	88,412
Foreign currency exchange contracts	15,749
Other liabilities	1,913
Total Liabilities	**106,074**
Net Assets	**$ 3,510,797**

Note 4 - Continued

The following presents the fair value of investments in securities by investment classification in the CHI Master Trust at April 30, 2014:

	(In Thousands)
Common stocks-	
Basic industries	$ 64,213
Capital goods	41,540
Chemicals	37,780
Consumer durables	60,324
Consumer non-durables	43,427
Consumer services	137,762
Energy	228,657
Financial services	300,312
Food producers and processors	38,752
Health care	55,178
Pharmaceuticals	121,819
Technology	229,459
Telecommunications	43,183
Other	189,624
Total common stocks	1,592,030
Preferred stock	7,174
Investment funds-	
Fixed income funds	246,341
Hedge funds	265,259
Real estate	227,889
Venture capital/private equity	203,829
Total investment funds	943,318
Corporate bonds-	
Energy	45,933
Financial services	115,526
Other	187,416
Total corporate bonds	348,875
Foreign government bonds	33,122
Government bonds-	
Municipal bonds	42,126
U.S. treasury bonds and notes	193,441
U.S. treasury inflation indexed bonds	99,736
Other	288
Total government bonds	335,591
Asset-backed securities-	
Corporate mortgage loan pools	11,947
U.S. agency mortgage loan pools	25,691
Total asset-backed securities	37,638
Term loans	56,855
Short-term investment funds	198,486
Total Investments	**$ 3,553,089**

Note 4 - Continued

Net investment income for the CHI Master Trust for the period February 1, 2014 to April 30, 2014 is as follows:

	(In Thousands)
Realized and change in unrealized gain from investments and foreign currency-	
Net realized gain on investments, including foreign currency changes	$ 74,791
Net change in unrealized gain on investments, including foreign currency changes	34,109
Net appreciation in fair value of investments	108,900
Interest income	8,750
Dividend income	11,246
Total investment income	128,896
Expenses-	
Investment manager and custody fees	3,477
Other	80
Total expenses	3,557
Net Investment Income	**$ 125,339**

Changes in net assets for the CHI Master Trust for the period February 1, 2014 to April 30, 2014 is as follows:

	(In Thousands)
Net assets at February 1, 2014	$ 3,482,002
Amounts received from participating plans and transfers in	484,737
Amounts paid to participating plans and transfers out	(581,281)
Net investment income	125,339
Net Assets at April 30, 2014	**$ 3,510,797**

Alternative Investment Redemptions - The CHI Master Trust's ability to sell certain alternative investments is limited, and redemptions may not be allowed. In these circumstances, the general partners of the alternative investments control the timing of underlying investment realizations and the timing of related distributions. Redemptions are generally permitted for certain alternative investments quarterly with at least 95 days' prior written notice.

Note 4 - Continued

Alternative Investment Commitments - The CHI Master Trust's allocation to alternative investments is based upon contractual commitment levels to various funds. These commitments are drawn by the fund managers as opportunities arise to invest the capital. As of April 30, 2014, the CHI Master Trust had committed to invest $381 million in 26 funds, of which $346 million had been invested. The remaining $35 million will be invested when, and if, requested by the funds.

Fair Value Measurements - The following tables set forth by level, within the fair value hierarchy as described in Note 3, the CHI Master Trust's assets carried at fair value as of April 30, 2014:

	(In Thousands)			
	Level 1	*Level 2*	*Level 3*	*Total*
Assets:				
Short-term investments	$ 175,833	$ 22,653	$ -	$ 198,486
Common stocks	1,592,030			1,592,030
Preferred stocks	7,174			7,174
Corporate bonds		348,875		348,875
Asset-backed securities		37,638		37,638
Government bonds	293,177	42,414		335,591
Foreign government bonds		33,122		33,122
Term loans			56,855	56,855
Investment funds-				
Fixed income funds		246,341		246,341
Hedge funds			265,259	265,259
Real estate			227,889	227,889
Venture capital/private equity funds			203,829	203,829
Total investments at fair value	2,068,214	731,043	753,832	3,553,089
Foreign currency exchange contracts		15,710		15,710
Total Assets	**$ 2,068,214**	**$ 746,753**	**$ 753,832**	**$ 3,568,799**
Liabilities:				
Foreign currency exchange contracts	$ -	$ 15,749	$ -	$ 15,749
Total Liabilities	**$ -**	**$ 15,749**	**$ -**	**$ 15,749**

Note 4 - Continued

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

	(In Thousands)				
	Hedge Funds	*Real Estate*	*Private Equity*	*Term Loans*	*Total*
Investments at fair value at February 1, 2014	$ 204,566	$ 225,330	$ 201,208	$ -	$ 631,104
Purchases/contributions of investments	55,000	929	2,584	56,955	115,468
Sales/distributions of investments		(404)	(14,520)		(14,924)
Net change in unrealized appreciation (depreciation) on investments and effect of foreign currency translation	5,693	1,899	6,390	(100)	13,882
Net realized gain on investments		135	8,167		8,302
Investments at Fair Value at April 30, 2014	**$ 265,259**	**$ 227,889**	**$ 203,829**	**$ 56,855**	**$ 753,832**

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

The following tables summarize the CHI Master Trust's derivative instruments as of April 30, 2014:

	Derivative Assets Fair Value	*Derivative Liabilities Fair Value*
Foreign currency exchange contracts	$ 15,710	$ 15,749

Concentration of Market, Credit, and Industry Risk - The CHI Master Trust's investments in alternative investments are illiquid, nonpublicly traded securities. The underlying investments of these alternative investments are subject to various risk factors, including market, credit, and industry risk. Market risk represents the potential loss in value of financial instruments caused by movements in market variables, such as interest rates. Other risks affecting these underlying investments include, but are not limited to, increasing competition, rapid changes in technology and changes in economic conditions. These risk factors could have a material effect on the ultimate realizable value of the CHI Master Trust's alternative investments.

Note 5 - Investments

There were no individual investments held in the CHI Master Trust that exceeded 5% of CHI Master Trust net assets at April 30, 2014. However, the Dreyfus Institutional Cash Advantage Fund ($8,207,127) is held outside the CHI Master Trust and exceeded 5% of the Plan's net assets at April 30, 2014.

The following presents the fair value of investments that represent 5% or more of the Plan's net assets available for benefits at April 30, 2013:

Vanguard Extended Market Index Fund	$ 17,005,786
PIMCO Total Return Fund Institutional Shares	13,635,335
Western Asset Core Plus Bond Portfolio	13,537,092
Rainier Large Cap Core Equity Portfolio	12,028,322
Vanguard Total International Stock	10,323,973
Aberdeen Eafe Plus Fund	9,778,824
Cornerstone Patriot Fund LP	6,554,896
Vanguard Institutional Index Fund	6,703,707

Note 6 - Information Prepared and Certified by the Asset Custodians

The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Investments held at April 30, 2014 and 2013, and investment income for the years then ended, including investment income from the Plan's interest in the CHI Master Trust, that is disclosed in the accompanying financial statements and supplementary information, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by Wells Fargo Bank, N.A., and Bank of New York Mellon, the custodians of the Plan.

Note 7 - Actuarial Valuation

Accumulated plan benefits are those future periodic payments, including lump-sum distributions, which 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 employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending December 31, 2010. Benefits payable under all circumstances are included, to the extent they are deemed attributable to employee service rendered through December 31, 2010. Benefits to be provided via annuity contracts excluded from plan assets are excluded from accumulated plan benefits.

The actuarial present values of accumulated plan benefits as of April 30, 2014 and 2013, were determined by an independent actuary and are those amounts which result from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal or retirement) between the valuation date and the expected date of payment.

Note 7 - Continued

Significant actuarial assumptions for the years ended April 30, 2014 and 2013, are as follows:

2014	
Assumed Earnings Rate:	7.60% per year compounded annually
Mortality Basis:	RP-2000 projected to 2025 with Scale AA factors and no collar adjustment.
Interest Rates to Convert:	Employee contributions are converted to annuities using 1.23% for payments during the first 5 years, 4.23% for payments during the next 15 years, and 5.31% for payments after 20 years.
Retirement Age:	Weighted average retirement age is 65.
Withdrawal:	Termination Rate Table SOA3TSS.

2013	
Assumed Earnings Rate:	6.83% per year compounded annually
Mortality Basis:	Sex distinct rates for non-annuitants based on RP2000 “Employees” table without collar or amount adjustments projected to 2028 using Scale AA and for annuitants based on RP2000 “Healthy Annuitants” table without collar or amount adjustments projected to 2020 using Scale AA.
Interest Rates to Convert:	Employee contributions are converted to annuities using 0.97% for payments during the first 5 years, 3.82% for payments during the next 15 years and 5.11% for payments after 20 years.
Retirement Age:	Weighted average retirement age is 65.
Withdrawal:	Termination Rate Table SOA3TSS.

The actuarial assumptions are based on the Plan continuing. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. Changes in actuarial assumptions are made periodically to better anticipate future plan experience and are due to changes in market conditions and management’s expectations.

The following changes in assumptions and methods were made as a part of the current year valuation; 1) the mortality used for contribution balance conversion was updated to include one additional year of projected mortality improvements, 2) contribution conversion rates were updated to March 2014 non-average segment rates, and 3) the discount rate changed from 6.83% to 7.60% this year.

Note 7 - Continued

The actuarial present values of vested and nonvested accumulated plan benefits at April 30 are as follows:

	2014	*2013*
Actuarial present value of accumulated benefits-		
Vested:		
Participants currently receiving payments	$ 42,945,431	$ 39,305,338
Other participants	50,602,065	59,844,113
Total vested benefits	**93,547,496**	**99,149,451**
Nonvested:		
Other benefits attributable to service rendered	273,389	302,190
Total Accumulated Benefits	**$ 93,820,885**	**$ 99,451,641**

The changes in the actuarial present value of accumulated plan benefits for the plan years ended April 30, 2014 and 2013, are as follows:

	2014	*2013*
Actuarial present value of accumulated benefits at beginning of plan year	$ 99,451,641	$ 93,215,585
Increase (decrease) attributable to-		
Actuarial losses	400,917	272,137
Decrease in discount period	6,634,513	6,499,235
Benefits paid	(4,627,635)	(4,124,425)
Change in actuarial assumptions	(8,038,551)	3,589,109
Actuarial Present Value of Accumulated Benefits at End of Plan Year	**$ 93,820,885**	**$ 99,451,641**

Note 8 - Plan Termination

Although it has not expressed any intention to do so, the Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. In the event of plan termination, participants will become 100% vested.

In the event of termination of the Plan, the net assets of the Plan will be allocated, as prescribed by ERISA and its related regulations, generally to provide the following benefits in the order indicated:

- Annuity benefits that former employees or their beneficiaries have been receiving for at least three years or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of an annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.

- Other vested benefits insured by the PBGC, a U.S. government agency, up to the applicable limitations (discussed below).

- All other vested benefits.

- All nonvested benefits.

Whether all participants receive their benefits, should the Plan terminate at some future time, will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits and may also depend on the level of benefits guaranteed by the PBGC. Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivors' 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. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

The Plan provides that following a plan termination (as defined), the assets of the Plan shall be applied in accordance with the provisions of the plan agreement to satisfy all liabilities to participants and beneficiaries, and the Sponsor shall be entitled to any balance of plan assets remaining.

Note 9 - Party-in-Interest Transactions

Certain plan assets are invested in funds managed by an affiliate of the Plan’s trustee. In addition, the Plan paid expenses related to plan operations and investment management activity to certain service providers. These transactions qualify as party-in-interest transactions, however are exempt from the prohibited transactions rules under ERISA.

Note 10 - Tax Status

The Plan obtained its latest determination letter on February 7, 2012, in which the Internal Revenue Service (IRS) stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code (IRC). The Sponsor believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the IRC. Therefore, no provision for income taxes has been included in the Plan's financial statements.

The Plan is subject to audits by the IRS for certain tax periods based on applicable laws and regulations; however, there are currently no audits for any tax periods in progress. The Plan's management believes it is no longer subject to income tax examinations for tax years prior to 2010.

Note 11 - Risks and Uncertainties

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

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates and employee demographics, all of which are subject to change. Due to uncertainties inherent in the 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.

SUPPLEMENTARY INFORMATION

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Attachment to Form 5500, Schedule H, Item 4(i)
Schedule of Assets Held as of April 30, 2014

Employer: *Harrison Medical Center*
EIN: *91-0565546*
Plan No.: *002*

(a)	*(b) Identity of Issuer, Borrower, Lessor, or Similar Party*	*(c) Description of Investment Including Maturity Date, Rate of Interest, Collateral, Par or Maturity Value*	*(d) Cost*	*(e) Current Value*
*	Dreyfus Institutional Cash Advantage Fund	Registered investment company	$ 8,207,127	$ 8,207,127
	Lion Value Fund	Real estate fund	2,133,584	1,491,152

* *Party-in-interest as defined by section 3(14) of ERISA.*

See independent auditor's report.

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Attachment to Form 5500, Schedule H, Item 4(j)
Schedule of Reportable Transactions for the Year Ended April 30, 2014

Employer: *Harrison Medical Center*
EIN: *91-0565546*
Plan No.: *002*

	(a) Identity of Party Involved	*(b) Description of Asset*	*Number of Transactions*	*(c) Purchase Price*	*(d) Selling Price*	*(g) Cost of Asset*	*(h) Current Value of Asset on Transaction Date*	*(i) Net Gain (Loss)*
Category (i) - Single Transactions by Issue								
	Aberdeen EAFE Plus Fund	Registered investment company		$ -	$ 11,175,241	$ 9,471,363	$11,175,241	$ 1,703,878
	Cornerstone Patriot Fund	Real estate fund			7,313,813	6,371,786	7,313,813	942,027
*	Wells Fargo Short Term Investment Fund	Collective trust fund		13,950,000		13,950,000	13,950,000	
*	Wells Fargo Short Term Investment Fund	Collective trust fund			15,450,000	15,450,000	15,450,000	
*	Wells Fargo Short Term Investment Fund	Collective trust fund		63,092,956		63,092,956	63,092,956	
*	Wells Fargo Short Term Investment Fund	Collective trust fund			64,028,200	64,028,200	64,028,200	
*	Wells Fargo Short Term Investment Fund	Collective trust fund		10,914,252		10,914,252	10,914,252	
*	Wells Fargo Short Term Investment Fund	Collective trust fund			10,953,708	10,953,708	10,953,708	
*	Wells Fargo Short Term Investment Fund	Collective trust fund		11,460,978		11,460,978	11,460,978	
*	Wells Fargo Short Term Investment Fund	Collective trust fund			11,460,978	11,460,978	11,460,978	
*	Wells Fargo Short Term Investment Fund	Collective trust fund		10,522,439		10,522,439	10,522,439	
*	Wells Fargo Short Term Investment Fund	Collective trust fund			11,121,402	11,121,402	11,121,402	
	Eagle Smaller Company Fund	Registered investment company		8,300,000		8,300,000	8,300,000	
	Eagle Smaller Company Fund	Registered investment company			8,906,455	8,486,906	8,906,455	419,549
	PIMCO Total Return Fund	Registered investment company			15,453,643	15,644,618	15,453,643	(190,975)
	Rainier Large Cap Core Equity Fund	Registered investment company			11,500,170	8,981,741	11,500,170	2,518,429
	Vanguard Total International Stock	Registered investment company			11,460,978	10,084,209	11,460,978	1,376,769
	Vanguard Institutional Index Fund	Registered investment company			11,286,046	9,360,657	11,286,046	1,925,389
	Vanguard Extended Market Index Fund	Registered investment company			10,350,000	6,440,092	10,350,000	3,909,908
	Vanguard Extended Market Index Fund	Registered investment company			9,269,237	5,199,859	9,269,237	4,069,378
	Western Asset Core Plus Bond	Registered investment company			15,542,633	14,415,560	15,542,633	1,127,073
*	Dreyfus Institutional Cash Advantage Fund	Registered investment company		6,852,974		6,852,974	6,852,974	
Category (iii) - Series by Issue								
	Aberdeen EAFE Plus Fund	Registered investment company	5		11,248,282	9,533,949	11,248,282	1,714,333
	Cornerstone Patriot Fund	Real estate fund	2		7,332,221	6,388,968	7,332,221	943,253
*	Wells Fargo Short Term Investment Fund	Collective trust fund	131	126,358,695		126,358,695	126,358,695	
*	Wells Fargo Short Term Investment Fund	Collective trust fund	107		127,158,567	127,158,567	127,158,567	
	Eagle Smaller Company Fund	Registered investment company	1	8,486,906		8,486,906	8,486,906	
	Eagle Smaller Company Fund	Registered investment company	1		8,906,455	8,486,906	8,906,455	419,549
	PIMCO Total Return Fund	Registered investment company	2		15,473,850	15,664,881	15,473,850	(191,031)
	Rainier Large Cap Core Equity Fund	Registered investment company	4		14,550,170	11,248,902	14,550,170	3,301,268
	Vanguard Total International Stock	Registered investment company	2		11,960,998	10,537,109	11,960,998	1,423,889
	Vanguard Institutional Index Fund	Registered investment company	2		11,436,046	9,486,742	11,436,046	1,949,304
	Vanguard Extended Market Index Fund	Registered investment company	4		20,069,237	11,922,355	20,069,237	8,146,882
	Western Asset Core Plus Bond	Registered investment company	1		15,542,633	14,415,560	15,542,633	1,127,073
*	Dreyfus Institutional Cash Advantage Fund	Registered investment company	4	8,380,378		8,380,378	8,380,378	
Category (iv) - Series by Broker								
	Vanguard Total International Stock	Registered investment company	1		11,460,978	10,084,209	11,460,978	1,376,769
	Aberdeen EAFE Plus Fund	Registered investment company	5		11,248,282	9,533,949	11,248,232	1,714,333
	Cornerstone Patriot Fund	Real estate fund	2		7,332,221	6,388,968	7,332,221	943,253

Columns (e) and (f) have not been presented because this information is not applicable.
There were no Category (ii) reportable transactions during the year ended April 30, 2014.

* *Party-in-interest as defined by section 3(14) of ERISA.*

See independent auditor's report.

RETIREMENT PLAN FOR EMPLOYEES OF HARRISON MEMORIAL HOSPITAL

Attachment to Form 5500, Schedule H, Item 4(i)
Schedule of Assets Held as of April 30, 2014

Employer: *Harrison Medical Center*
EIN: *91-0565546*
Plan No.: *002*

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Attachment to Form 5500, Schedule H, Item 4(j)
Schedule of Reportable Transactions for the Year Ended April 30, 2014

Employer: *Harrison Medical Center*
EIN: *91-0565546*
Plan No.: *002*

	(a) Identity of Party Involved	*(b) Description of Asset*	*Number of Transactions*	*(c) Purchase Price*	*(d) Selling Price*	*(g) Cost of Asset*	*(h) Current Value of Asset on Transaction Date*	*(i) Net Gain (Loss)*
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Category (iii) - Series by Issue								
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Category (iv) - Series by Broker								
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See independent auditor's report.