

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>06/01/2013</u> and ending <u>05/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☒
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information—enter all requested information								
1a Name of plan <u>ST. VINCENT CHARITY MEDICAL CENTER PENSION PLAN FOR ONA EMPLOYEES</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>003</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>06/12/1999</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>003</u>	1c Effective date of plan <u>06/12/1999</u>					
1b Three-digit plan number (PN) ▶	<u>003</u>								
1c Effective date of plan <u>06/12/1999</u>									
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>ST. VINCENT CHARITY MEDICAL CENTER</u> <u>6935 TREELINE DRIVE</u> <u>BRECKSVILLE, OH 44141-3393</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>34-0714756</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>216-363-7718</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>622000</u></td> </tr> <tr> <td colspan="2" style="height: 40px;"></td> </tr> </table>	2b Employer Identification Number (EIN) <u>34-0714756</u>		2c Sponsor's telephone number <u>216-363-7718</u>		2d Business code (see instructions) <u>622000</u>			
2b Employer Identification Number (EIN) <u>34-0714756</u>									
2c Sponsor's telephone number <u>216-363-7718</u>									
2d Business code (see instructions) <u>622000</u>									

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	02/16/2015	TED MONCZEWSKI
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	02/16/2015	JOHN RUSNACZYK
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	317
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	205
b Retired or separated participants receiving benefits		6b	20
c Other retired or separated participants entitled to future benefits		6c	74
d Subtotal. Add lines 6a , 6b , and 6c		6d	299
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	6
f Total. Add lines 6d and 6e		6f	305
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 1H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 06/01/2013 and ending 05/31/2014

▶ **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 <u>ST. VINCENT CHARITY MEDICAL CENTER PENSION PLAN FOR ONA EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ST. VINCENT CHARITY MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>34-0714756</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>06</u> Day <u>01</u> Year <u>2013</u>	
2 Assets:	
a Market value	2a <u>10973985</u>
b Actuarial value	2b <u>10868940</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>22</u> <u>1089815</u>
b For terminated vested participants.....	3b <u>72</u> <u>2217013</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>21076</u>
(2) Vested benefits	3c(2) <u>8383965</u>
(3) Total active.....	3c(3) <u>223</u> <u>8405041</u>
d Total.....	3d <u>317</u> <u>11711869</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>6.14 %</u>
6 Target normal cost.....	6 <u>103171</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>01/16/2015</u>
	Signature of actuary	Date
<u>PAUL J GIBBONS</u>		<u>14-06478</u>
	Type or print name of actuary	Most recent enrollment number
<u>FINDLEY DAVIES, INC.</u>		<u>216-875-1900</u>
	Firm name	Telephone number (including area code)
<u>1300 EAST NINTH STREET SUITE 850</u> <u>CLEVELAND, OH 44114-1516</u>		
	Address of the firm	

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

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

Schedule SB (Form 5500) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>10.26</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b Interest on (a) using prior year's effective interest rate of <u>5.68</u> % except as otherwise provided (see instructions)		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	92.80 %
15 Adjusted funding target attainment percentage	15	92.80 %
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	100.69 %
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
10/14/2014	60963	0			
12/18/2014	5147000	0			
			Totals ►	18(b)	5207963
				18(c)	0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	4749662
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: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	103171	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	842929	140678	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	243849	
	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	243849	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	4749662	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	4505813	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

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

For calendar plan year 2013 or fiscal plan year beginning 06/01/2013 and ending 05/31/2014	
A Name of plan ST. VINCENT CHARITY MEDICAL CENTER PENSION PLAN FOR ONA EMPLOYEES	B Three-digit plan number (PN) ▶ 003
C Plan sponsor's name as shown on line 2a of Form 5500 ST. VINCENT CHARITY MEDICAL CENTER	D Employer Identification Number (EIN) 34-0714756

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

FINDLEY DAVIES

34-1213174

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE KNOWN	28731	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CHAMPS

34-1173007

(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?
49 50	NONE KNOWN	16995	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BAKER & HOSTETLER

34-0082025

(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?
10 50	NONE KNOWN	5227	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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning <u>06/01/2013</u> and ending <u>05/31/2014</u>		
A Name of plan <u>ST. VINCENT CHARITY MEDICAL CENTER PENSION PLAN FOR ONA EMPLOYEES</u>	B Three-digit plan number (PN) ►	<u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ST. VINCENT CHARITY MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>34-0714756</u>	

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	0	5339
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	243852
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	242	110
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	5006354	10279110
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	5967389	0
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	10973985	10528411

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	4388	0
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	4388	0

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	10969597	10528411
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Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	243852	
(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)		243852

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	2050	
(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)		2050

(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	16540	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		16540

(3) Rents	2b(3)		
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(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		50466
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		312908

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	698741	
(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)		698741
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)	50953	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	4400	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		55353
j Total expenses. Add all expense amounts in column (b) and enter total	2j		754094

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-441186
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: PLANTE & MORAN, PLLC

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)			
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?	X		10000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
4j	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
4l		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

5a Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?
 If "Yes," enter the amount of any plan assets that reverted to the employer this year. ☒ Yes ☐ No Amount: 0

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection.
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For calendar plan year 2013 or fiscal plan year beginning 06/01/2013 and ending 05/31/2014

A Name of plan <u>ST. VINCENT CHARITY MEDICAL CENTER PENSION PLAN FOR ONA EMPLOYEES</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ST. VINCENT CHARITY MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>34-0714756</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>01-0577145</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>13</u>

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
 Stock: 0.0% Investment-Grade Debt: _____% High-Yield Debt: _____% Real Estate: _____% Other: _____%

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

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

FINANCIAL STATEMENTS AND SUPPLEMENTAL SCHEDULES

St. Vincent Charity Medical Center Pension Plan for ONA Employees
May 31, 2014 and 2013, and Years Ended May 31, 2014 and 2013
With Report of Independent Auditors

St. Vincent Charity Medical Center Pension Plan for ONA Employees
Financial Statements and Supplemental Schedules

May 31, 2014 and 2013,
and Years Ended May 31, 2014 and 2013

Table of Contents

Report of Independent Auditors.....	1-2
Financial Statements	
Statements of Net Assets Available for Benefits.....	3
Statements of Changes in Net Assets Available for Benefits	4
Notes to Financial Statements.....	5-11
Supplemental Schedules	
Schedule H, Line 4i - Schedule of Assets (Held at End of Year).....	13
Schedule H, Line 4j - Schedule of Reportable Transactions	14

Report of Independent Auditors

To the Board of Directors
St. Vincent Charity Medical Center
Pension Plan for ONA Employees

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of St. Vincent Charity Medical Center Pension Plan for ONA Employees (the "Plan"), which comprise the statements of net assets available for benefits as of May 31, 2014 and 2013 and the related statements of changes in net assets available for benefits for the years ended May 31, 2014 and 2013, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in 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 audits 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 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 4, which was certified by KeyBank National Association (the "Trustee"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from the Trustee as of May 31, 2014 and 2013 and for the years ended May 31, 2014 and 2013 that the information provided to the plan administrator by the Trustee is complete and accurate.

To the Board of Directors
Saint Vincent Charity Medical Center
Pension Plan for ONA Employees

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.

Emphasis of Matter

As explained in Note 1, the Company elected to terminate the Plan as of May 31, 2014 and liquidate the Plan's assets by December 31, 2014. Our opinion is not modified with respect to this matter.

Other Matter

The supplemental schedules of assets held at end of year and reportable transactions as of and for the year ended May 31, 2014, respectively, are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on the supplemental schedules.

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

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

Plante & Moreau, PLLC

Columbus, Ohio
January 27, 2015

St. Vincent Charity Medical Center Pension Plan for ONA Employees

Statements of Net Assets Available for Benefits

	May 31	
	2014	2013
Assets		
Investments (at fair value)	\$ 10,279,110	\$ 10,973,743
Cash equivalent, noninterest-bearing funds	5,339	—
Contribution receivable from Plan Sponsor	243,852	—
Accrued income	110	242
Total assets	10,528,411	10,973,985
Liabilities		
Accrued expense	—	4,388
Total liabilities	—	4,388
Net assets available for benefits	\$ 10,528,411	\$ 10,969,597

See accompanying notes.

St. Vincent Charity Medical Center Pension Plan for ONA Employees

Statements of Changes in Net Assets Available for Benefits

	Year Ended May 31	
	2014	2013
Additions		
Interest income	\$ 18,590	\$ 236,510
Contribution from Plan Sponsor	243,852	38
	262,442	236,548
Net realized and unrealized gains on investments	50,466	789,271
Total additions	312,908	1,025,819
Deductions		
Benefits paid to participants	698,741	395,167
Administrative expenses	55,353	65,307
Total deductions	754,094	460,474
Net (decrease) increase	(441,186)	565,345
Net assets available for benefits:		
Beginning of year	10,969,597	10,404,252
End of year	\$ 10,528,411	\$ 10,969,597

See accompanying notes.

St. Vincent Charity Medical Center Pension Plan for ONA Employees
Notes to Financial Statements
May 31, 2014 and 2013

1. Description of the Plan

The following description of the St. Vincent Charity Medical Center Pension Plan for ONA Employees (the “Plan”) provides only general information. Participants should refer to the plan document agreement for a more complete description of the Plan’s provisions.

General - The Plan is a defined benefit pension plan covering members of the Ohio Nurses Association (ONA) employed at St. Vincent Charity Medical Center of Cleveland, Ohio (collectively, the “Company” or “Plan Administrator”). The Plan provides retirement and disability benefits to participants. Contributions are made to the Plan in amounts which, on an actuarial basis, provide assets sufficient to meet the benefits for participants. The Plan has met the Employee Retirement Income Security Act of 1974 (ERISA) minimum funding requirements.

The Plan was amended to freeze accumulation of benefits to existing participants effective December 31, 2011. Additionally, the Plan no longer allows for new participants to enter the Plan after December 31, 2011.

In February 2014, the Company elected to terminate the Plan as of May 31, 2014 and liquidate the Plan’s assets by December 31, 2014 as required as part of the collective bargaining agreement with ONA. Upon termination of the Plan, all participants became fully vested in their benefits. Because of the termination, its net assets will generally not be available on a pro-rata basis to provide participant benefits. Payment of a participant’s accumulated plan benefit depends on the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all. However, the plan sponsor intends to fully fund the Plan as part of the termination.

The Plan was liquidated and vested balances were distributed to participants on December 19, 2014.

Contributions - The Company contributes such amounts as are deemed necessary on an actuarial basis to provide the Plan with assets sufficient to meet the benefits paid to its participants. Contributions are sufficient to meet ERISA minimum funding requirements.

Pension Benefits - Eligible employees with five or more years of qualified service are entitled to normal annual pension benefits beginning at the participant’s normal retirement age of 65 as described in the Plan. The individual pension benefit is equal to credited service times a monthly pension basic benefit. Special provisions for retirement at other-than-normal retirement age are described in the plan agreement, if applicable.

St. Vincent Charity Medical Center Pension Plan for ONA Employees
Notes to Financial Statements (continued)
May 31, 2014 and 2013

1. Description of the Plan (Continued)

Party-in-interest Transactions - Certain plan assets are investment funds managed by KeyBank National Association. KeyBank National Association is the trustee of the Plan; therefore, these transactions qualify as party-in-interest transactions as defined under ERISA guidelines.

2. Significant Accounting Policies

Investment Valuation - Investments primarily consist of money market funds and mutual funds which are stated at fair value, as determined by quoted market prices. See Note 6 for additional information.

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

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein and disclosure of contingent assets and liabilities. Actual results could differ from those estimates. Significant estimates are used in determining the actuarial present value of accumulated benefit plans (see Note 3).

Benefit Payments - Benefits to participants are recorded when paid.

Administrative Expenses - Various administrative costs are paid by the Company.

Risks and Uncertainties - Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. Investment securities are exposed to various risks, such as interest rate, market, and credit risks. It is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the statements of net assets available for benefits.

St. Vincent Charity Medical Center Pension Plan for ONA Employees
Notes to Financial Statements (continued)
May 31, 2014 and 2013

2. Significant Accounting Policies (Continued)

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including January 27, 2015, which is the date the financial statements were available to be issued.

3. Accumulated Plan Benefits

Accumulated plan benefits are those estimated future periodic payments including lump-sum distributions that are attributable under the Plan's provisions for services rendered by the employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, and (b) present employees or their beneficiaries. Benefits for retired or terminated employees or their beneficiaries are calculated as the applicable percent of average monthly compensation multiplied by the years of credited service. The accumulated plan benefits for active employees are the participants' accrued benefit as of the valuation date. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

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

The accumulated plan benefit information as of the beginning the year is as follows:

	June 1, 2013
Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants currently receiving payments	\$ 1,100,116
Other participants	<u>10,824,911</u>
Total vested benefits	11,925,027
Nonvested benefits	<u>18,481</u>
Total benefit obligations	<u><u>\$ 11,943,508</u></u>

St. Vincent Charity Medical Center Pension Plan for ONA Employees
Notes to Financial Statements (continued)
May 31, 2014 and 2013

3. Accumulated Plan Benefits (Continued)

	June 1, 2013
Actuarial present value of accumulated plan benefits – beginning of year	\$9,670,663
Change in actuarial assumptions	1,977,504
Benefits accumulated (including investment gains)	(18,738)
Increase for interest due to decrease in discount period	709,246
Benefits paid	(395,167)
Actuarial present value of accumulated plan benefits – end of year	<u>\$11,943,508</u>

The significant actuarial assumptions used in the valuation of the Plan at June 1, 2013 are summarized as follows:

Actuarial cost method	Projected Unit Credit Method
Assumed rate of return on investments	6.00%
Retirement	All employees age 65 and who have worked at least five years are assumed to retire immediately. All other employees are assumed to retire at age 65 and the fifth anniversary from the date of hire.
Mortality basis	RP-2000 Mortality Table projected to 2020 for healthy participants, and RP-2000 Mortality Table for disabled participants

St. Vincent Charity Medical Center Pension Plan for ONA Employees
Notes to Financial Statements (continued)
May 31, 2014 and 2013

3. Accumulated Plan Benefits (Continued)

These actuarial assumptions are based on the presumption that the Plan would continue; however, the board voted to terminate the plan as of May 31, 2014. As a result, different actuarial assumptions and other factors may be applicable in determining the actuarial present value of accumulated plan benefits in future periods.

The Changes in actuarial assumptions in 2013 are primarily changes in the assumed rates of return. The interest rate for developing expected value of assets was changed from 8.00 percent in 2012 to 7.5 percent in 2013. The present value of vested and accumulated benefits was changed from 7.50 percent in 2012 to 6.00 percent in 2013. The ASC-960-20 expense discount rate was changed from 3.25 percent in 2012 to 3.75 percent in 2013. The ASC-960-20 expense long-term rate was changed from 6.00 percent in 2012 to 4.00 percent in 2013.

Additionally, changes in actuarial assumptions are also related to changes in the funding of 24 month segment rates. The first rate (years 1-5) was changed from 5.54 percent in 2012 to 4.94 percent in 2013. The second rate (years 5-20) was changed from 6.85 percent in 2012 to 6.15 percent in 2013. The third rate (years 20+) was changed from 7.52 percent in 2012 to 6.76 percent in 2013.

As stated in Note 1, the Plan terminated as of May 31, 2014. The actuarial present value of accumulated plan benefits as calculated above does not consider the effects of the termination and subsequent liquidation of Plan assets on existing benefit obligations.

4. Unaudited Investment Information

KeyBank National Association (the "Trustee") holds the Plan's investments and executes all investment transactions. The investment balances and related investment results included in the accompanying financial statements and supplemental schedule of assets held at end of year and schedule of reportable transactions are based solely on information provided by the Trustee.

5. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service, dated May 31 2012, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the "Code") and, therefore, the related trust is exempt from taxation. Subsequent to this determination by the Internal Revenue Service, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The Plan Administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax exempt.

St. Vincent Charity Medical Center Pension Plan for ONA Employees
Notes to Financial Statements (continued)
May 31, 2014 and 2013

5. Income Tax Status (continued)

In accordance with guidance on accounting for uncertainty in income taxes, management evaluated the Plan's tax position and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The plan administrator believes it is no longer subject to tax examinations for years prior to 2011.

6. Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at May 31, 2014 and 2013 and the valuation techniques used by the Plan to determine those fair values.

Level 1 - In general, fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2 - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals.

Level 3 - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

In instances whereby inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

St. Vincent Charity Medical Center Pension Plan for ONA Employees
Notes to Financial Statements (continued)
May 31, 2014 and 2013

6. Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at May 31, 2014	
	Quoted Prices in Active Markets for Identical Assets (Level 1)
Assets:	
Short-term investments:	
Federated Prime Cash Obligations	\$10,279,110

Assets Measured at Fair Value on a Recurring Basis at May 31, 2013	
	Quoted Prices in Active Markets for Identical Assets (Level 1)
Assets:	
Mutual funds:	
PIMCO Moderate Duration Fund	\$5,967,389
Short-term investments:	
Federated Prime Cash Obligations	\$5,006,354

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the end of the reporting period. There were no significant transfers between levels of the fair value hierarchy during 2014 and 2013.

Schedule SB, Line 26 - Schedule of Active Participant Data

June 1, 2013 Valuation
 Saint Vincent Charity Medical Center Pension Plan for ONA Employees
 EIN/PN: 34-0714756 / 003

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 & up
Under 25	-	-	-	-	-	-	-	-	-	-
25 to 29	-	4 (*)	-	-	-	-	-	-	-	-
30 to 34	-	5 (*)	3 (*)	-	-	-	-	-	-	-
35 to 39	-	3 (*)	2 (*)	-	-	-	-	-	-	-
40 to 44	-	7 (*)	2 (*)	1 (*)	-	-	-	-	-	-
45 to 49	-	11 (*)	7 (*)	11 (*)	-	-	-	-	-	-
50 to 54	-	5 (*)	17 (*)	13 (*)	-	-	-	-	-	-
55 to 59	1 (*)	9 (*)	23 (*)	25 (*)	-	-	-	-	-	-
60 to 64	-	5 (*)	7 (*)	25 (*)	-	-	-	-	-	-
65 to 69	-	1 (*)	2 (*)	4 (*)	-	-	-	-	-	-
70 & up	-	1 (*)	1 (*)	-	-	-	-	-	-	-

* Average compensation is not shown since there are fewer than 1,000 active participants in this plan

APPENDIX B

STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

Interest Rates

Funding: 24-month segment rates averaged through the end of January 2013 and published in February 2013:

	Before MAP-21	Reflecting MAP-21
a. First Rate, Years 1-5	1.58%	4.94%
b. Second Rate, Years 5-20	4.34%	6.15%
c. Third Rate, Years 20+	5.38%	6.76%
d. Effective Interest Rate using the above rates	4.32%	6.14%
e. Interest rate for developing expected value of assets, (before applying statutory cap)		6.00%

Salary Scale

N/A

Mortality

Healthy: RP-2000 static, non-generational Mortality Table as described in Regulation 1.430(h)(3) projected by Scale AA, to between 7 and 15 years beyond the year of the obligation, male and female, with combined rates for annuitants and nonannuitants.

Disability: Per Revenue Ruling 96-7 post 1994 disablement

Rates of Retirement

<u>Age</u>	<u>Rate</u>
55	15%
56-61	5
62	20
63-64	15
65	100

Rates of Disability

1985 Pension Disability Table, Class 1 male and female incidence rates. Sample rates and ages are as follows.

<u>Age(s)</u>	<u>Male Rate</u>	<u>Female Rate</u>
25	0.038%	0.047%
40	0.117	0.211
55	0.722	0.952

APPENDIX B (Continued)

Rates of Turnover

Based on age and length of service as follows:

<u>Age</u>	<u>Completed Years of Service</u>				
	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4+</u>
25	20.00%	20.00%	20.00%	20.00%	17.70%
35	20.00	20.00	12.50	10.00	6.30
40	20.00	20.00	12.50	5.00	5.20
45	20.00	20.00	12.50	5.00	4.00
55	20.00	20.00	12.50	5.00	0.90

Assumptions Made In Valuing Spouse's Benefit

Eighty percent of the employees included in the valuation are assumed to be married. This percentage is used as the probability that survivor benefits will be payable due to preretirement deaths. The wife is assumed to be three years younger than the husband.

Annual Increases to Maximum Benefits and Plan Compensation Limits

N/A

Annual Increases to Social Security

N/A

Optional Form Election

Eighty-five percent are assumed to elect the lump sum option, fifteen percent are assumed to elect a life annuity. Lump sum cashouts are valued using the interest rate applicable as stated above and the 417(e) Mortality Table as defined in Rev. Rul. 2001-62.

Provision for Expenses

The expected administrative (i.e. non-investment) expenses that will be paid from plan assets, which were assumed to equal actual expenses during the prior year, were included in the Target Normal Cost for minimum contribution purposes.

MAP-21 Elections

The MAP-21 segment rates have been used for minimum funding purposes as well as for the calculation of the AFTAP.

Standing Elections

The client has not signed an election that provides for the automatic use of the Carryover and/or Prefunding Balance if necessary at the end of the plan year to meet the minimum funding requirement.

APPENDIX B (Continued)

Asset Method

Funding: Market Value of Assets plus interest adjusted accrued but unpaid contributions as of the valuation date plus an adjustment to defer full recognition of investment losses and gains over a two-year period. The investment (gain)/loss for every year equals the market value at the beginning of the year projected to the end of the year using the interest rate above, but no greater than the third segment rate for the plan year, minus the end of the year actual market value. The actuarial value of assets will be no less than 90% and no more than 110% of the market value (including interest-adjusted accrued but unpaid contributions). Note that due to the regulatory constraint on the interest rate, a characteristic of this asset valuation method is that, over time, it may be more likely to produce an actuarial value of assets that is less than the market value of assets.

Employees Valued

Only participants as of the valuation date were valued.

St. Vincent Charity Medical Center Pension Plan for ONA Employees

Schedule H, Line 4j - Schedule of Reportable Transactions

EIN #34-0714756 Plan #003

Year Ended May 31, 2014

(a) Identity of Party Involved	(b) Description of Asset		(c) Purchase Price	(d) Selling Price	(e) Cost of Asset	(f) Current Value of Asset on Transaction Date	(g) Net Gain or (Loss)
Category (i) single transaction in excess of 5 percent of plan assets							
	Money Market Fund						
KeyBank National Association	Federated Prime Cash Obligations Institutional Shares	Purchases -3	\$ 6,029,056	\$ -	\$ 6,029,056	\$ 6,029,056	\$ -
	Mutual Funds						
	PIMCO Moderate Duration Fund	Sales - 3	-	6,029,056	5,993,577	6,049,690	(20,634)
		Total	\$ 6,029,056	\$ 6,029,056	\$ 12,022,633	\$ 12,078,746	\$ (20,634)
Category (iii) series of transactions in excess of 5 percent of plan assets							
	Money Market Fund						
KeyBank National Association	Federated Prime Cash Obligations Fund Institutional Shares	Sales - 7	\$ -	\$ 72,013	\$ 72,013	\$ 72,013	\$ -
		Purchases - 1	2,779,056		2,779,056	2,779,056	-
		Total	\$ 2,779,056	\$ 72,013	\$ 2,851,069	\$ 2,851,069	\$ -
KeyBank National Association	Federated Prime Cash Obligations Institutional Shares	Sales - 22	\$ -	\$ 684,413	\$ 684,413	\$ 684,413	\$ -
		Purchases - 3	3,250,126		3,250,126	3,250,126	-
		Total	\$ 3,250,126	\$ 684,413	\$ 3,934,539	\$ 3,934,539	\$ -
	Mutual Funds						
KeyBank National Association	PIMCO Moderate Duration Fund	Sales - 3	\$ -	\$ 6,029,056	\$ 5,993,577	\$ 6,049,690	\$ (20,634)
		Purchases - 13	82,301		82,301	82,301	-
		Total	\$ 82,301	\$ 6,029,056	\$ 6,075,878	\$ 6,131,991	\$ (20,634)
Total			\$ 6,111,483	\$ 6,785,482	\$ 12,861,486	\$ 12,917,599	\$ (20,634)

There were no Category (ii) or (iv) reportable transactions during the year ended May 31, 2014

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2013 This Form is Open to Public Inspection
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For calendar plan year 2013 or fiscal plan year beginning 06/01/2013 and ending 05/31/2014

► **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 ST. VINCENT CHARITY MEDICAL CENTER PENSION PLAN FOR ONA EMPLOYEES	B Three-digit plan number (PN) ►	003
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF St Vincent Charity Medical Center	D Employer Identification Number (EIN) 34-0714756	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☒ 101-500 ☐ More than 500		

Part I Basic Information			
1	Enter the valuation date: Month <u>06</u> Day <u>01</u> Year <u>2013</u>		
2	Assets:		
	a Market value	2a	10973985
	b Actuarial value	2b	10868940
3	Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment.....	3a	22 1089815
	b For terminated vested participants.....	3b	72 2217013
	c For active participants:		
	(1) Non-vested benefits	3c(1)	21076
	(2) Vested benefits	3c(2)	8383965
	(3) Total active.....	3c(3)	223 8405041
	d Total.....	3d	317 11711869
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	6.14%
6	Target normal cost	6	103171

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	<u>1-16-2015</u> Date 1406478
PAUL J GIBBONS Type or print name of actuary FINDLEY DAVIES, INC. Firm name 1300 EAST NINTH STREET SUITE 850 CLEVELAND OH 44114-1516 Address of the firm		Most recent enrollment number 216-875-1900 Telephone number (including area code)

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 V Assumptions Used to Determine Funding Target and Target Normal Cost

21 Discount rate:			
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76%
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 4
22 Weighted average retirement age			22 62
23 Mortality table(s) (see instructions)	☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute		

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	103171	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	842929		140678
b Waiver amortization installment	0		0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	243849	
	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	243849	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	4749662	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	4505813	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

Schedule SB, Line 22 – Description of Weighted Average Retirement Age
Saint Vincent Charity Medical Center Pension Plan for ONA Employees
June 1, 2013 Valuation
EIN/PN: 34-0714756 / 003

Rates of Retirement

Weighted Average Retirement Age is 62. This is the average retirement age for someone eligible to retire at all ages using the assumed retirement rates and no other decrements.

APPENDIX A

SUMMARY OF PRINCIPAL PLAN PROVISIONS

<i>Plan Sponsor</i>	Saint Vincent Charity Medical Center.
<i>EIN/PN</i>	34-0714756/003
<i>Effective Date</i>	June 12, 1999, last amended December 31, 2011.
<i>Plan Year</i>	The 12-month period beginning each June 1. The initial plan year was June 12, 1999 through May 31, 2000.
<i>Participation</i>	Any employee who was a participant on June 12, 1999. Each other employee participates on the date he has both attained age 21 and completed one Year of Credited Service. (A Year of Credited Service is a calendar year in which an employee is paid for at least 1,000 hours.) Participation was frozen December 31, 2011
<i>Compensation</i>	Plan year compensation, as limited by IRC Section 401(a)(17).
<i>Annualized Compensation</i>	Compensation for purposes of calculating the Average Monthly Compensation shall be annualized on a 1,800 hour basis.
<i>Average Monthly Compensation</i>	1/60th of Annualized Compensation for the highest 5 consecutive years of employment, where the pay is annualized for any year in which less than 1,800 hours of service is credited. Average Monthly Compensation was frozen December 31, 2011.
<i>Social Security Covered Compensation</i>	The average of the Social Security Maximum Taxable Wage Bases for the 35-year period ending with the year in which Social Security Retirement Age is attained. Social Security Retirement Age is 65 for employees born before 1938, 67 for those born after 1954, and 66 for those born in between.
<i>Credited Service</i>	One year of Credited Service is earned for each calendar year in which 1,000 hours are worked. A fraction of a year is earned during year of hire, rehire, or termination where less than 1,000 hours are worked but worked at a rate of at least 1,000 hours a year. Credited Service was frozen December 31, 2011.

APPENDIX A (Continued)

Proration Service

Credited Service as defined above but excluding service prior to June 12, 1999.

Benefit Service

Years of Benefit Service are figured according to the following table:

<u>Hours Paid in Calendar Year</u>	<u>Years of Benefit Service</u>
Less than 1,000	0.0
1,000 – 1,159	0.5
1,160 - 1,319	0.6
1,320 - 1,479	0.7
1,480 - 1,639	0.8
1,640 - 1,799	0.9
1,800 or more	1.0

A fraction of a year is earned during year of hire, rehire or termination where less than 1,000 hours are worked but worked at a rate of at least 1,000 hours a year.

No hours are credited for employment prior to June 12, 1999.

Benefit Service was frozen December 31, 2011.

Accrued Benefit

A monthly life annuity starting at age 65 equal to (a) plus (b) times the ratio of current Proration Service to Proration Service at Normal Retirement Date.

(a) 1.2% of Average Monthly Compensation times Years of Benefit Service at Normal Retirement Date up to 25 years, plus

(b) 0.65% of Average Monthly Compensation less 1/12th of Social Security Covered Compensation times Years of Benefit Service at Normal Retirement Date up to 25 years.

Accrued Benefits were frozen December 31, 2011.

Normal Retirement Benefit

Eligibility:

Age 65 and the fifth anniversary of joining the Plan.

Monthly Benefit:

The Accrued Benefit.

APPENDIX A (Continued)

Early Retirement Benefit

Eligibility:

Age 55 and 5 years of Credited Service.

Monthly Benefit:

The Accrued Benefit at early retirement of the same actuarial value as the normal retirement benefit, based on the following schedule for each month retirement precedes age 65.

<u>Age</u>	<u>Factor</u>
65	1.000
64	0.894
63	0.800
62	0.718
61	0.646
60	0.582
59	0.526
58	0.475
57	0.430
56	0.390
55	0.354

Disability Retirement Benefit

Eligibility:

Permanent and total disability and 10 years of Credited Service.

Monthly Benefit:

After five months of disability, the early retirement benefit is payable but is not reduced for early commencement.

Termination Benefit

Eligibility:

Upon termination of employment prior to retirement after completion of at least five years of Credited Service.

Monthly Benefit:

The vested benefit commences in full at age 65, or in a reduced amount under the early retirement provisions.

Death Benefit

Eligibility:

100% vested.

APPENDIX A (Continued)

***Death Benefit
(Continued)***

Monthly Benefit:

A monthly benefit for life commencing at the time the participant would have been eligible for retirement. The benefit is equal to 50% of the benefit vested on the date of death, adjusted as appropriate for early commencement and the 50% Joint and Survivor Annuity form of payment.

***Optional Forms
Available***

The following optional forms are available under this plan: Life Annuity, 5 year Certain and Continuous, 10 year Certain and Continuous, 50%, and 75% Joint and Survivor, lump sum.

The conversion factors are based on the 1951 Group Annuity Table projected to 1975 by Projection Scale C, set back 2 years for participants and 8% interest.

***Benefits Available
as Lump Sums***

This plan pays small benefit amounts (lump sums less than \$1,000) automatically, and participants can elect a lump sum if the lump sum value is over \$1,000.

***Maximum Benefit
Limit***

The Internal Revenue Code Section 415 Maximum Benefit payable as a life annuity at Social Security Normal Retirement Age.

***Plan Compensation
Limit***

The Section 401(a)(17) Maximum Compensation that can be recognized for benefit calculation purposes.

***Changes in Plan
Provisions***

The automatic changes, if any, in the plan compensation limit and maximum benefit limit were recognized as amendments for funding purposes. Such changes are anticipated for ASC 715-30 expense purposes and are not treated as amendments.

St. Vincent Charity Medical Center Pension Plan for ONA Employees

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

EIN #34-0714756 Plan #003

May 31, 2014

(a) (b) Identity of Party Involved	(c) Description of Assets	Shares/ Units	(d) Cost	(e) Current Value	% Held
Money Market					
KeyBank National Association*	Federated Prime Cash Obligations Institutional Shares	10,279,110	\$ 10,279,110	\$ 10,279,110	99.9%
Cash noninterest-bearing					
KeyBank National Association*	Cash	5,339	5,339	5,339	0.1%
Total			<u>\$ 10,284,449</u>	<u>\$ 10,284,449</u>	100.0%

*Indicates party in interest to the Plan.

Schedule SB, Line 32 – Schedule of Amortization Bases
 Saint Vincent Charity Medical Center Pension Plan for ONA Employees
 June 1, 2013 Valuation
 EIN/PN: 34-0714756 / 003

EXHIBIT VII
SCHEDULE OF AMORTIZATION BASES

	Plan Year Beginning			6/01/2013
	Date Established	Present Value of Payments	Remaining Years	Amortization Installment
<i>Shortfall Amortization Bases</i>	6/01/2013	<u>\$ 842,929</u>	7.00	<u>\$ 140,678</u>
	Total	\$ 842,929		\$ 140,678
<i>Waiver Amortization Bases</i>	6/01/2013	\$ 0		\$ 0