

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                              |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>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).<br><br><p style="text-align: center;">▶ <b>Complete all entries in accordance with the instructions to the Form 5500.</b></p> | OMB Nos. 1210-0110<br>1210-0089<br><br><div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div><br><br><b>This Form is Open to Public Inspection</b> |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                          |                                                                                                                                                                                                                                                                                                                                                 |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                                                                                                                                 |
| For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u> |                                                                                                                                                                                                                                                                                                                                                 |
| A This return/report is for:                                                                             | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) _____ |
| B This return/report is:                                                                                 | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months).                                                                                                       |
| C If the plan is a collectively-bargained plan, check here. ....                                         | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                        |
| D Check box if filing under:                                                                             | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                                                                                                                       |

|                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|------------------------------------------------------------------|-------------------------------------------------------------|--|
| <b>Part II</b>                                                                                                                                                                                                                                         | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                                                                                                                                                              |                                                                     |                                                                  |                                                             |  |
| <b>1a</b> Name of plan<br><u>THE ST. LUKE HOSPITALS, INC. PENSION PLAN</u>                                                                                                                                                                             | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;"><b>1b</b> Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>005</u></td> </tr> <tr> <td colspan="2"><b>1c</b> Effective date of plan<br/><u>01/01/1966</u></td> </tr> </table>                             | <b>1b</b> Three-digit plan number (PN) ▶                            | <u>005</u>                                                       | <b>1c</b> Effective date of plan<br><u>01/01/1966</u>       |  |
| <b>1b</b> Three-digit plan number (PN) ▶                                                                                                                                                                                                               | <u>005</u>                                                                                                                                                                                                                                                                                                                                  |                                                                     |                                                                  |                                                             |  |
| <b>1c</b> Effective date of plan<br><u>01/01/1966</u>                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2a</b> Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)<br><u>ST. ELIZABETH MEDICAL CENTER, INC.</u><br><br><u>20 MEDICAL VILLAGE DRIVE</u><br><u>SUITE 271</u><br><u>EDGEWOOD, KY 41017</u> | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td><b>2b</b> Employer Identification Number (EIN)<br/><u>61-0445850</u></td> </tr> <tr> <td><b>2c</b> Plan Sponsor's telephone number<br/><u>859-301-5296</u></td> </tr> <tr> <td><b>2d</b> Business code (see instructions)<br/><u>622000</u></td> </tr> </table> | <b>2b</b> Employer Identification Number (EIN)<br><u>61-0445850</u> | <b>2c</b> Plan Sponsor's telephone number<br><u>859-301-5296</u> | <b>2d</b> Business code (see instructions)<br><u>622000</u> |  |
| <b>2b</b> Employer Identification Number (EIN)<br><u>61-0445850</u>                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2c</b> Plan Sponsor's telephone number<br><u>859-301-5296</u>                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                             |                                                                     |                                                                  |                                                             |  |
| <b>2d</b> Business code (see instructions)<br><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.

|                                                                                                            |                                                   |            |                                                              |
|------------------------------------------------------------------------------------------------------------|---------------------------------------------------|------------|--------------------------------------------------------------|
| <b>SIGN HERE</b>                                                                                           | Filed with authorized/valid electronic signature. | 10/12/2015 | MARTIN OSCADAL                                               |
|                                                                                                            | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b>                                                                                           |                                                   |            |                                                              |
|                                                                                                            | 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)                       |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address <input checked="" type="checkbox"/> Same as Plan Sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>3b</b> Administrator's EIN<br><br><b>3c</b> Administrator's telephone number<br><br><div style="background-color: #cccccc; height: 40px; width: 100%;"></div>                                                                                                                                                                                                                                                                                                                                                                                       |
| <b>4</b> 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:<br><b>a</b> Sponsor's name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>4b</b> EIN<br><br><b>4c</b> PN                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |
| <b>5</b> Total number of participants at the beginning of the plan year                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>5</b> 2297                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |
| <b>6</b> Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines <b>6a(1)</b> , <b>6a(2)</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ).<br><br><b>a(1)</b> Total number of active participants at the beginning of the plan year .....<br><b>a(2)</b> Total number of active participants at the end of the plan year .....<br><br><b>b</b> Retired or separated participants receiving benefits .....<br><b>c</b> Other retired or separated participants entitled to future benefits.....<br><b>d</b> Subtotal. Add lines <b>6a(2)</b> , <b>6b</b> , and <b>6c</b> . .....<br><b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. ....<br><b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> . .....<br><br><b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) .....<br><br><b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested..... | <b>6a(1)</b> 922<br><b>6a(2)</b> 848<br><b>6b</b> 499<br><b>6c</b> 868<br><b>6d</b> 2215<br><b>6e</b> 51<br><b>6f</b> 2266<br><b>6g</b><br><b>6h</b> 0                                                                                                                                                                                                                                                                                                                                                                                                 |
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>7</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |
| <b>8a</b> If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:<br>1A 1I 3H<br><br><b>b</b> If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>9a</b> Plan funding arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | <b>9b</b> Plan benefit arrangement (check all that apply)<br><b>(1)</b> <input type="checkbox"/> Insurance<br><b>(2)</b> <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br><b>(3)</b> <input checked="" type="checkbox"/> Trust<br><b>(4)</b> <input type="checkbox"/> General assets of the sponsor                                                                                                                                                                                                                              |
| <b>10</b> Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| <b>a Pension Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>R</b> (Retirement Plan Information)<br><br><b>(2)</b> <input type="checkbox"/> <b>MB</b> (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary<br><br><b>(3)</b> <input checked="" type="checkbox"/> <b>SB</b> (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>b General Schedules</b><br><b>(1)</b> <input checked="" type="checkbox"/> <b>H</b> (Financial Information)<br><b>(2)</b> <input type="checkbox"/> <b>I</b> (Financial Information – Small Plan)<br><b>(3)</b> <input type="checkbox"/> <b>A</b> (Insurance Information)<br><b>(4)</b> <input checked="" type="checkbox"/> <b>C</b> (Service Provider Information)<br><b>(5)</b> <input checked="" type="checkbox"/> <b>D</b> (DFE/Participating Plan Information)<br><b>(6)</b> <input type="checkbox"/> <b>G</b> (Financial Transaction Schedules) |

**Part III****Form M-1 Compliance Information (to be completed by welfare benefit plans)**

**11a** If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

**11b** Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ..... ☐ Yes ☐ No

**11c** Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code \_\_\_\_\_

|                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                    |                                                                                           |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| <b>SCHEDULE SB</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Single-Employer Defined Benefit Plan</b><br><b>Actuarial Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500 or 5500-SF.</b> | OMB No. 1210-0110<br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ **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.

|                                                                                                                                           |                                                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>A</b> Name of plan<br>THE ST. LUKE HOSPITALS, INC. PENSION PLAN                                                                        | <b>B</b> Three-digit plan number (PN) ▶ 005                                                                                                             |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF<br>ST. ELIZABETH MEDICAL CENTER, INC.                            | <b>D</b> Employer Identification Number (EIN)<br>61-0445850                                                                                             |
| <b>E</b> Type of plan: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Multiple-A <input type="checkbox"/> Multiple-B | <b>F</b> Prior year plan size: <input type="checkbox"/> 100 or fewer <input type="checkbox"/> 101-500 <input checked="" type="checkbox"/> More than 500 |

|                                                                                                                                                                                                                |                                                                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                                                                                                                                  | <b>Basic Information</b>                                                                            |
| <b>1</b> Enter the valuation date: Month 01 Day 01 Year 2014                                                                                                                                                   |                                                                                                     |
| <b>2</b> Assets:                                                                                                                                                                                               |                                                                                                     |
| <b>a</b> Market value .....                                                                                                                                                                                    | <b>2a</b> 77978639                                                                                  |
| <b>b</b> Actuarial value .....                                                                                                                                                                                 | <b>2b</b> 74319042                                                                                  |
| <b>3</b> Funding target/participant count breakdown                                                                                                                                                            |                                                                                                     |
| <b>a</b> For retired participants and beneficiaries receiving payment.....                                                                                                                                     | (1) Number of participants 515 (2) Vested Funding Target 20907131 (3) Total Funding Target 20907131 |
| <b>b</b> For terminated vested participants.....                                                                                                                                                               | 860 15577204 15577204                                                                               |
| <b>c</b> For active participants.....                                                                                                                                                                          | 922 24223132 24404529                                                                               |
| <b>d</b> Total.....                                                                                                                                                                                            | 2297 60707467 60888864                                                                              |
| <b>4</b> If the plan is in at-risk status, check the box and complete lines (a) and (b)..... <input type="checkbox"/>                                                                                          |                                                                                                     |
| <b>a</b> Funding target disregarding prescribed at-risk assumptions .....                                                                                                                                      | <b>4a</b>                                                                                           |
| <b>b</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..... | <b>4b</b>                                                                                           |
| <b>5</b> Effective interest rate .....                                                                                                                                                                         | <b>5</b> 6.56%                                                                                      |
| <b>6</b> Target normal cost .....                                                                                                                                                                              | <b>6</b> 395000                                                                                     |

**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.

|                                                         |  |                                        |
|---------------------------------------------------------|--|----------------------------------------|
| <b>SIGN HERE</b>                                        |  | 08/21/2015                             |
| Signature of actuary                                    |  | Date                                   |
| PAUL W. FOLEY, A.S.A., E.A.                             |  | 14-05775                               |
| Type or print name of actuary                           |  | Most recent enrollment number          |
| TRANSAMERICA                                            |  | 508-903-6016                           |
| Firm name                                               |  | Telephone number (including area code) |
| 24 PRIME PARK WAY<br>SUITE 400<br>NATICK, MA 01760-1528 |  |                                        |
| Address of the firm                                     |  |                                        |

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

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

**Schedule SB (Form 5500) 2014**  
**v. 140124**

| <b>Part II Beginning of Year Carryover and Prefunding Balances</b>                                                                                                   |                       |                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------|
|                                                                                                                                                                      | (a) Carryover balance | (b) Prefunding balance |
| <b>7</b> Balance at beginning of prior year after applicable adjustments (line 13 from prior year) .....                                                             | 0                     | 2333165                |
| <b>8</b> Portion elected for use to offset prior year's funding requirement (line 35 from prior year) .....                                                          | 0                     | 0                      |
| <b>9</b> Amount remaining (line 7 minus line 8) .....                                                                                                                | 0                     | 2333165                |
| <b>10</b> Interest on line 9 using prior year's actual return of <u>14.16</u> % .....                                                                                | 0                     | 330376                 |
| <b>11</b> Prior year's excess contributions to be added to prefunding balance:                                                                                       |                       |                        |
| <b>a</b> Present value of excess contributions (line 38a from prior year) .....                                                                                      |                       | 12068108               |
| <b>b(1)</b> Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.39</u> % ..... |                       | 771152                 |
| <b>b(2)</b> Interest on line 38b from prior year Schedule SB, using prior year's actual return .....                                                                 |                       | 0                      |
| <b>c</b> Total available at beginning of current plan year to add to prefunding balance .....                                                                        |                       | 12839260               |
| <b>d</b> Portion of (c) to be added to prefunding balance .....                                                                                                      |                       | 12839260               |
| <b>12</b> Other reductions in balances due to elections or deemed elections .....                                                                                    | 0                     | 0                      |
| <b>13</b> Balance at beginning of current year (line 9 + line 10 + line 11d – line 12) .....                                                                         | 0                     | 15502801               |

| <b>Part III Funding Percentages</b>                                                                                                                                        |           |          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------|
| <b>14</b> Funding target attainment percentage .....                                                                                                                       | <b>14</b> | 96.59 %  |
| <b>15</b> Adjusted funding target attainment percentage .....                                                                                                              | <b>15</b> | 122.05 % |
| <b>16</b> Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement ..... | <b>16</b> | 90.00 %  |
| <b>17</b> If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage .....                                        | <b>17</b> | %        |

| <b>Part IV Contributions and Liquidity Shortfalls</b>                                    |                                   |                                 |                          |                                   |                                 |
|------------------------------------------------------------------------------------------|-----------------------------------|---------------------------------|--------------------------|-----------------------------------|---------------------------------|
| <b>18</b> Contributions made to the plan for the plan year by employer(s) and employees: |                                   |                                 |                          |                                   |                                 |
| (a) Date<br>(MM-DD-YYYY)                                                                 | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees | (a) Date<br>(MM-DD-YYYY) | (b) Amount paid by<br>employer(s) | (c) Amount paid by<br>employees |
| 10/07/2014                                                                               | 400000                            |                                 |                          |                                   |                                 |
| 10/09/2014                                                                               | 19827                             |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 |                          |                                   |                                 |
|                                                                                          |                                   |                                 | <b>Totals ►</b>          | <b>18(b)</b>                      | 419827                          |
|                                                                                          |                                   |                                 |                          | <b>18(c)</b>                      | 0                               |

|                                                                                                                                      |            |                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------|------------|---------------------------------------------------------------------|
| <b>19</b> Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year: |            |                                                                     |
| <b>a</b> Contributions allocated toward unpaid minimum required contributions from prior years .....                                 | <b>19a</b> | 0                                                                   |
| <b>b</b> Contributions made to avoid restrictions adjusted to valuation date .....                                                   | <b>19b</b> | 0                                                                   |
| <b>c</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date .....              | <b>19c</b> | 399917                                                              |
| <b>20</b> Quarterly contributions and liquidity shortfalls:                                                                          |            |                                                                     |
| <b>a</b> Did the plan have a "funding shortfall" for the prior year? .....                                                           |            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>b</b> If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? .....              |            | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |
| <b>c</b> 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                                                             |
| 0                                                                                                                                    | 0          | 0                                                                   |
|                                                                                                                                      |            | (4) 4th                                                             |
|                                                                                                                                      |            | 0                                                                   |

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

|                                                                                                                                                                                              |                        |                        |                        |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------|------------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                        |                        |                        |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.99 % | 2nd segment:<br>6.32 % | 3rd segment:<br>6.99 % | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                        |                        |                        | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                        |                        |                        | <b>22</b> 62                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                        |                        |                        |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6).....                                                                                                                                            | <b>31a</b>          | 395000             |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance | Installment        |               |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | 2072623             | 1181430            |               |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   | 0                  |               |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...                                                            | <b>34</b>           | 1576430            |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 1576430            | 1576430       |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 399917             |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 399917             |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 399917             |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

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

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>2014</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

|                                                                                                            |                                                                    |            |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>THE ST. LUKE HOSPITALS, INC. PENSION PLAN</u>                                  | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <u>005</u> |
|                                                                                                            |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>ST. ELIZABETH MEDICAL CENTER, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>61-0445850</u> |            |

**Part I Service Provider Information (see instructions)**

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

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

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

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

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

13-3689044

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

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

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

---

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

---

---

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

---

---

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

---

---

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

---

---

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

---

---

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

---

---

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

---

---

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

---

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

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

TRANSAMERICA RETIREMENT SOLUTIONS

13-3689044

| (b)<br>Service Code(s)                 | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|----------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 11 12 15 28<br>38 50 59 61<br>62 63 64 | RECORDKEEPER                                                                                      | 82680                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                            | 0                                                                                                                                                                               | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                          |

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

FIFTH THIRD BANK

5050 KINGSLEY DRIVE  
CINCINNATI, OH 45263

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 23 53               | BROKER                                                                                            | 8923                                                                   | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

WELLS FARGO

30 DAN ROAD  
CANTON, MA 0302

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 23 53               | BROKER                                                                                            | 37500                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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)

BANK OF KENTUCKY

111 LOOKOUT FARM DRIVE  
CRESTVIEW HILLS, KY 41017

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 16 23 53               | BROKER                                                                                            | 43047                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

GW CAPITAL

10900 NE 8TH ST  
#750  
BELLEVUE, WA 98004

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 71                  | INVESTMENT MANAGEMENT                                                                             | 12860                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

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

CLEARARC CAPITAL

580 WALNUT ST  
CINCINNATI, OH 45263

| (b)<br>Service Code(s) | (c)<br>Relationship to employer, employee organization, or person known to be a party-in-interest | (d)<br>Enter direct compensation paid by the plan. If none, enter -0-. | (e)<br>Did service provider receive indirect compensation? (sources other than plan or plan sponsor) | (f)<br>Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures? | (g)<br>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)<br>Did the service provider give you a formula instead of an amount or estimated amount? |
|------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|
| 27 71                  | INVESTMENT MANAGEMENT                                                                             | 52996                                                                  | Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                  | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                       |                                                                                                                                                                                 | Yes <input type="checkbox"/> No <input type="checkbox"/>                                     |

**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<br>(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<br>(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<br>(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)

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                    |                     |
|--------------------|---------------------|
| <b>a</b> Name:     | <b>b</b> EIN:       |
| <b>c</b> Position: |                     |
| <b>d</b> Address:  | <b>e</b> Telephone: |
|                    |                     |

Explanation:

|                                                                                                                                                                                                               |                                                                                                                                                                                                                              |                                                                                                                                                                                                        |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE D</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small> | <b>DFE/Participating Plan Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><div style="border: 1px solid black; text-align: center; padding: 5px; font-weight: bold; font-size: 1.2em;">2014</div><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

|                                                                                                                   |                                                                            |            |
|-------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><u>THE ST. LUKE HOSPITALS, INC. PENSION PLAN</u>                                         | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> | <u>005</u> |
| <b>C</b> Plan or DFE sponsor's name as shown on line 2a of Form 5500<br><u>ST. ELIZABETH MEDICAL CENTER, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>61-0445850</u>         |            |

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

|                                                                                          |                               |                                                                                                                                                       |
|------------------------------------------------------------------------------------------|-------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>DIVERSIFIED COLLECTIVE TRUST FUNDS</u> |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <u>DIVERSIFIED INVESTMENT ADVISORS</u> |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN <u>04-6784256-001</u>                                                    | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>2435064</u></span> |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE: <u>OPPORTUNITY COLLECTIVE FUND</u>        |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a): <u>SEI</u>                             |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN <u>51-6567688-015</u>                                                    | <b>d</b> Entity code <u>C</u> | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <span style="float: right;"><u>0</u></span>       |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                           |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a):                                        |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN                                                                          | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                                   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                           |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a):                                        |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN                                                                          | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                                   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                           |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a):                                        |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN                                                                          | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                                   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                           |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a):                                        |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN                                                                          | <b>d</b> Entity code          | <b>e</b> Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)                                                   |
| <b>a</b> Name of MTIA, CCT, PSA, or 103-12 IE:                                           |                               |                                                                                                                                                       |
| <b>b</b> Name of sponsor of entity listed in (a):                                        |                               |                                                                                                                                                       |
| <b>c</b> EIN-PN                                                                          | <b>d</b> Entity code          | <b>e</b> 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

|                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                              |                                                                                                          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br><small>Department of the Treasury<br/>Internal Revenue Service</small><br><br><small>Department of Labor<br/>Employee Benefits Security Administration</small><br><br><small>Pension Benefit Guaranty Corporation</small> | <b>Financial Information</b><br><br>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).<br><br><b>► File as an attachment to Form 5500.</b> | <small>OMB No. 1210-0110</small><br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection</b> |
| For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>                                                                                                                                                                 |                                                                                                                                                                                                                                                                              |                                                                                                          |
| <b>A</b> Name of plan<br><u>THE ST. LUKE HOSPITALS, INC. PENSION PLAN</u>                                                                                                                                                                                                |                                                                                                                                                                                                                                                                              | <b>B</b> Three-digit plan number (PN) <span style="float: right;">►</span> <u>005</u>                    |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>ST. ELIZABETH MEDICAL CENTER, INC.</u>                                                                                                                                                               |                                                                                                                                                                                                                                                                              | <b>D</b> Employer Identification Number (EIN)<br><u>61-0445850</u>                                       |

| Part I                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Asset and Liability Statement                                                              |                 | (a) Beginning of Year | (b) End of Year |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>1</b> 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. <b>Round off amounts to the nearest dollar.</b> 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. |                                                                                            |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>Assets</b>                                                                              |                 |                       |                 |
| <b>a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Total noninterest-bearing cash .....                                                       | <b>1a</b>       |                       | <b>1</b>        |
| <b>b</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Receivables (less allowance for doubtful accounts):                                        |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Employer contributions.....                                                            | <b>1b(1)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) Participant contributions.....                                                         | <b>1b(2)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Other.....                                                                             | <b>1b(3)</b>    | 69000                 | 407717          |
| <b>c</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | General investments:                                                                       |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (1) Interest-bearing cash (include money market accounts & certificates of deposit).....   | <b>1c(1)</b>    |                       | 1205804         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (2) U.S. Government securities .....                                                       | <b>1c(2)</b>    |                       | 28550499        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (3) Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                        | <b>1c(3)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) All other .....                                                                        | <b>1c(3)(B)</b> |                       | 24896831        |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (4) Corporate stocks (other than employer securities):                                     |                 |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (A) Preferred .....                                                                        | <b>1c(4)(A)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (B) Common.....                                                                            | <b>1c(4)(B)</b> |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (5) Partnership/joint venture interests .....                                              | <b>1c(5)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (6) Real estate (other than employer real property).....                                   | <b>1c(6)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (7) Loans (other than to participants) .....                                               | <b>1c(7)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (8) Participant loans.....                                                                 | <b>1c(8)</b>    |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (9) Value of interest in common/collective trusts .....                                    | <b>1c(9)</b>    | 1523826               | 2435064         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (10) Value of interest in pooled separate accounts .....                                   | <b>1c(10)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (11) Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (12) Value of interest in 103-12 investment entities.....                                  | <b>1c(12)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (13) Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | 75996773              |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (14) Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | (15) Other.....                                                                            | <b>1c(15)</b>   | 388866                | 21547359        |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 77978465              | 79043275        |

**Liabilities**

|                                                                           |           |       |       |
|---------------------------------------------------------------------------|-----------|-------|-------|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |       |       |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |       |       |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |       |       |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 29626 | 25325 |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 29626 | 25325 |

**Net Assets**

|                                                           |           |          |          |
|-----------------------------------------------------------|-----------|----------|----------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 77948839 | 79017950 |
|-----------------------------------------------------------|-----------|----------|----------|

**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: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 419827     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> |            |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> |            |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 419827    |

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

|                                                                                                      |                 |        |         |
|------------------------------------------------------------------------------------------------------|-----------------|--------|---------|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> | 2399   |         |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> | 444171 |         |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> | 309260 |         |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |        |         |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> |        |         |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> | 506071 |         |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |        | 1261901 |

|                                                                                           |                 |        |        |
|-------------------------------------------------------------------------------------------|-----------------|--------|--------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |        |        |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> | 202711 |        |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> |        |        |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |        | 202711 |

|                                                                                           |                 |        |        |
|-------------------------------------------------------------------------------------------|-----------------|--------|--------|
| (3) Rents .....                                                                           | <b>2b(3)</b>    |        |        |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> | 946031 |        |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> |        |        |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |        | 946031 |

|                                                                                                    |                 |        |        |
|----------------------------------------------------------------------------------------------------|-----------------|--------|--------|
| (5) Unrealized appreciation (depreciation) of assets: <b>(A)</b> Real estate .....                 | <b>2b(5)(A)</b> |        |        |
| <b>(B)</b> Other .....                                                                             | <b>2b(5)(B)</b> | 406883 |        |
| <b>(C)</b> Total unrealized appreciation of assets. Add lines <b>2b(5)(A)</b> and <b>(B)</b> ..... | <b>2b(5)(C)</b> |        | 406883 |

|                                                                                                |        | (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) |            | 542960    |
| c Other income.....                                                                            | 2c     |            | -912993   |
| d Total income. Add all <b>income</b> amounts in column (b) and enter total.....               | 2d     |            | 2867320   |

**Expenses**

|                                                                                     |       |         |         |
|-------------------------------------------------------------------------------------|-------|---------|---------|
| e Benefit payment and payments to provide benefits:                                 |       |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers.....      | 2e(1) | 2500123 |         |
| (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) |         | 2500123 |
| 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) | 142078  |         |
| (2) Contract administrator fees.....                                                | 2i(2) |         |         |
| (3) Investment advisory and management fees.....                                    | 2i(3) | 126607  |         |
| (4) Other.....                                                                      | 2i(4) | 16542   |         |
| (5) Total administrative expenses. Add lines 2i(1) through (4).....                 | 2i(5) |         | 285227  |
| j Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | 2j    |         | 2785350 |

**Net Income and Reconciliation**

|                                                         |       |  |        |
|---------------------------------------------------------|-------|--|--------|
| k Net income (loss). Subtract line 2j from line 2d..... | 2k    |  | 81970  |
| l Transfers of assets:                                  |       |  |        |
| (1) To this plan.....                                   | 2l(1) |  | 987141 |
| (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

(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  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                          |     | X  |         |
| <b>4c</b>                                                                                                                                                                                                                     |     |    |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                |     | X  |         |
| <b>4d</b>                                                                                                                                                                                                                     |     |    |         |
| <b>e</b> Was this plan covered by a fidelity bond? .....                                                                                                                                                                      | X   |    | 1000000 |
| <b>4e</b>                                                                                                                                                                                                                     |     |    |         |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                       |     | X  |         |
| <b>4f</b>                                                                                                                                                                                                                     |     |    |         |
| <b>g</b> 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  |         |
| <b>4g</b>                                                                                                                                                                                                                     |     |    |         |
| <b>h</b> 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  |         |
| <b>4h</b>                                                                                                                                                                                                                     |     |    |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.) .....                                                                | X   |    |         |
| <b>4i</b>                                                                                                                                                                                                                     |     |    |         |
| <b>j</b> 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   |    |         |
| <b>4j</b>                                                                                                                                                                                                                     |     |    |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC? .....                                                           |     | X  |         |
| <b>4k</b>                                                                                                                                                                                                                     |     |    |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan?.....                                                                                                                                             |     | X  |         |
| <b>4l</b>                                                                                                                                                                                                                     |     |    |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.) .....                                                                                                  |     |    |         |
| <b>4m</b>                                                                                                                                                                                                                     |     |    |         |
| <b>n</b> 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. ....                                      |     |    |         |
| <b>4n</b>                                                                                                                                                                                                                     |     |    |         |

**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)

|                         |                       |
|-------------------------|-----------------------|
| <b>6a</b> Name of trust | <b>6b</b> Trust's EIN |
|                         |                       |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                                                            |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>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).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110<br><br><b>2014</b><br><br><b>This Form is Open to Public Inspection.</b> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

|                                                                                                            |                                                                    |
|------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>THE ST. LUKE HOSPITALS, INC. PENSION PLAN</u>                                  | <b>B</b> Three-digit plan number (PN) ▶<br><u>005</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>ST. ELIZABETH MEDICAL CENTER, INC.</u> | <b>D</b> Employer Identification Number (EIN)<br><u>61-0445850</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

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

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <b>1</b> | <u>0</u> |
| <b>2</b> 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):<br><br>EIN(s): <u>13-3689044</u> |          |          |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                            |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <b>3</b> | <u>5</u> |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (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) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                                        |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|----------------------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                                        |                              |
| <b>5</b> 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. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                                        |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....                                                                                                                                                                                                                             | <b>6a</b>                    |                                        |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year.....                                                                                                                                                                                                                                                                                 | <b>6b</b>                    |                                        |                              |
| <b>c</b> 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) .....                                                                                                                                                                                                                          | <b>6c</b>                    |                                        |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                                        |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline?.....                                                                                                                                                                                                                                                                         | <input type="checkbox"/> Yes | <input type="checkbox"/> No            | <input type="checkbox"/> N/A |
| <b>8</b> 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?.....                                                                                                | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                            |                                   |                                   |                               |                                        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|
| <b>9</b> 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..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input checked="" type="checkbox"/> No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|----------------------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (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. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                             |                              |                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? .....                                                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</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.)..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                              | <input type="checkbox"/> Yes | <input type="checkbox"/> 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:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 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:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

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

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</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 ..... | <b>16b</b> |  |

- 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: 100.0% 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

The St. Luke Hospitals, Inc. Pension Plan  
Years Ended December 31, 2014 and 2013  
With Report of Independent Auditors

The St. Luke Hospitals, Inc. Pension Plan  
Financial Statements and Supplemental Schedules  
Years Ended December 31, 2014 and 2013

**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     |
| Statement of Accumulated Plan Benefits .....                         | 5     |
| Statement of Changes in Accumulated Plan Benefits.....               | 6     |
| Notes to Financial Statements.....                                   | 7     |
| Supplemental Schedules                                               |       |
| Schedule H, Line 4i – Schedule of Assets (Held at End of Year) ..... | 21-25 |
| Schedule H, Line 4j – Schedule of Reportable Transactions .....      | 26-29 |

## Report of Independent Auditors

To the Saint Elizabeth Healthcare  
Pension Committee and Management  
The St. Luke Hospitals, Inc. Pension Plan

### **Report on the Financial Statements**

We were engaged to audit the accompanying financial statements of The St. Luke Hospitals, Inc. Pension Plan (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2014 and 2013 and the related statement of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of December 31, 2013 and the related statement of changes in accumulated plan benefits for the year then ended, and the related notes to the financial statements.

### ***Management's Responsibility for the Financial Statements***

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

### ***Auditor's Responsibility***

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States. Because of the matter described in the *Basis for Disclaimer of Opinion* 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 5, which was certified by Fifth Third Bank, SEI Private Trust Company, and State Street Bank and Trust Company on behalf of Transamerica Retirement Solutions (collectively, the "Trustees"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustees hold the Plan's investment assets and execute related transactions. The plan administrator has obtained a certification from the Trustees as of and for the years ended December 31, 2014 and 2013 that the information provided to the plan administrator by the Trustees is complete and accurate.

To the Saint Elizabeth Healthcare  
Pension Committee and Management  
The St. Luke Hospitals, Inc. Pension Plan

***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 Matters***

The accompanying supplemental schedules of assets held at end of year as of December 31, 2014 and reportable transactions for the year ended December 31, 2014 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 these supplemental schedules as a whole.

**Report on Compliance of Form and Content 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 certified investment information, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the ERISA.

*Plante & Moran, PLLC*

Cincinnati, Ohio  
October 6, 2015

# The St. Luke Hospitals, Inc. Pension Plan

## Statements of Net Assets Available for Benefits

|                                   | <b>December 31,</b>         |                             |
|-----------------------------------|-----------------------------|-----------------------------|
|                                   | <b>2014</b>                 | <b>2013</b>                 |
| <hr/>                             |                             |                             |
| <b>Assets</b>                     |                             |                             |
| Investments:                      |                             |                             |
| Money market fund                 | \$ 1,205,804                | \$ 75,536,582               |
| Common/collective trust           | 2,435,064                   | 1,523,826                   |
| Mutual funds                      | —                           | 460,191                     |
| Hedge fund of funds               | —                           | 388,866                     |
| U.S. government securities        | 28,550,499                  | —                           |
| Corporate Debt Instruments        | 40,762,214                  | —                           |
| Foreign bonds                     | 5,681,977                   | —                           |
|                                   | <hr/>                       |                             |
|                                   | 78,635,558                  | 77,909,465                  |
| Receivables:                      |                             |                             |
| Accrued income                    | 407,717                     | 69,000                      |
|                                   | <hr/>                       |                             |
| Total assets                      | 79,043,275                  | 77,978,465                  |
| <br>                              |                             |                             |
| <b>Liabilities</b>                |                             |                             |
| Accrued administrative expenses   | 25,325                      | 29,626                      |
|                                   | <hr/>                       |                             |
| Total liabilities                 | 25,325                      | 29,626                      |
|                                   | <hr/>                       |                             |
| Net assets available for benefits | <u><u>\$ 79,017,950</u></u> | <u><u>\$ 77,948,839</u></u> |

*See accompanying notes.*

The St. Luke Hospitals, Inc. Pension Plan

Statements of Changes in Net Assets Available for Benefits

|                                                        | <b>Year Ended December 31,</b> |                      |
|--------------------------------------------------------|--------------------------------|----------------------|
|                                                        | <b>2014</b>                    | <b>2013</b>          |
| <b>Additions</b>                                       |                                |                      |
| Investment income:                                     |                                |                      |
| Interest and dividends                                 | \$ 551,619                     | \$ 1,505,133         |
| Net appreciation in fair value of investments (Note 5) | 1,895,873                      | 6,884,197            |
|                                                        | <b>2,447,492</b>               | <b>8,389,330</b>     |
| Contributions:                                         |                                |                      |
| Employer                                               | 419,827                        | 14,756,000           |
| Total additions                                        | <b>2,867,319</b>               | <b>23,145,330</b>    |
| <b>Deductions</b>                                      |                                |                      |
| Benefits paid                                          | 2,500,123                      | 2,304,877            |
| Administrative expenses                                | 285,228                        | 453,840              |
| Total deductions                                       | <b>2,785,351</b>               | <b>2,758,717</b>     |
| Net increase before other changes                      | <b>81,968</b>                  | <b>20,386,613</b>    |
| Transfer of assets, net                                | 987,143                        | —                    |
| Net Increase                                           | <b>1,069,111</b>               | <b>20,386,613</b>    |
| Net assets available for benefits:                     |                                |                      |
| Beginning of year                                      | 77,948,839                     | 57,562,226           |
| End of year                                            | <b>\$ 79,017,950</b>           | <b>\$ 77,948,839</b> |

See accompanying notes.

The St. Luke Hospitals, Inc. Pension Plan

Statement of Accumulated Plan Benefits

December 31, 2014

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants currently receiving benefits

\$ 20,401,633

Other participants

39,505,625

Total vested retirement benefits

59,907,258

Nonvested death and disability benefits

115,540

Total actuarial present value of accumulated plan benefits

**\$ 60,022,798**

*See accompanying notes.*

The St. Luke Hospitals, Inc. Pension Plan

Statement of Changes in Accumulated Plan Benefits

Year Ended December 31, 2014

|                                                                           |                             |
|---------------------------------------------------------------------------|-----------------------------|
| Actuarial present value of accumulated plan benefits at beginning of year | \$ 49,903,735               |
| Increase (decrease) during the year attributed to:                        |                             |
| Change in actuarial assumptions                                           | 8,528,920                   |
| Actuarial experience                                                      | (6,857)                     |
| Increase for interest due to the decrease in the discount year            | 3,901,877                   |
| Benefits paid                                                             | (2,304,877)                 |
|                                                                           | <hr/>                       |
| Net increase                                                              | 10,119,063                  |
|                                                                           | <hr/>                       |
| Actuarial present value of accumulated plan benefits at end of year       | <b><u>\$ 60,022,798</u></b> |

*See accompanying notes.*

# The St. Luke Hospitals, Inc. Pension Plan

## Notes to Financial Statements

December 31, 2014 and 2013

### **1. Description of Plan**

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

#### **General**

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

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

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

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

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

## The St. Luke Hospitals, Inc. Pension Plan

### Notes to Financial Statements (continued)

#### **1. Description of Plan (continued)**

##### **Eligibility and Vesting**

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

##### **Benefits**

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

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

##### **Funding**

St. Elizabeth Healthcare contributes such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to participants and satisfy the ERISA minimum funding requirements. The Plan has met the ERISA minimum funding requirements for 2014 and 2013. No participant contributions are permitted.

#### **2. Summary of Significant Accounting Policies**

##### **Basis of Accounting**

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

## The St. Luke Hospitals, Inc. Pension Plan

### Notes to Financial Statements (continued)

#### **2. Summary of Significant Accounting Policies (continued)**

##### **Payment of Benefits**

Benefits are recorded when paid.

##### **Use of Estimates**

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

##### **Investment Valuation and Income Recognition**

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

##### **Actuarial Present Value of Accumulated Plan Benefits**

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

## The St. Luke Hospitals, Inc. Pension Plan

### Notes to Financial Statements (continued)

#### **3. Accumulated Plan Benefits**

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

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

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

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

## The St. Luke Hospitals, Inc. Pension Plan

### Notes to Financial Statements (continued)

#### 3. Accumulated Plan Benefits (continued)

Significant assumptions underlying the actuarial valuation are as follows:

|                                       |                                                                                                                                                        |       |
|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| Target liability interest rates       | First Segment Rate                                                                                                                                     | 4.99% |
|                                       | Second Segment Rate                                                                                                                                    | 6.32% |
|                                       | Third Segment Rate                                                                                                                                     | 6.99% |
| Plan expenses                         | A load of \$395,000 was added to the target normal cost for assumed administrative expenses in 2014.                                                   |       |
| Assumed rate of return on investments | 7.00%                                                                                                                                                  |       |
| Retirement rate                       | Various rates ranging from 5% at age 55 to 100% at age 65                                                                                              |       |
| Mortality basis                       | Funding: Static mortality table in accordance with Internal Revenue Service (IRS) Regulation 1.430(h)(3)-1 for the January 1, 2014 actuarial valuation |       |
|                                       | Accounting (ASC 960-20): RP2000 Annuitant/Non Annuitant Generational Mortality with scale BB (previously, the 2014 static mortality table).            |       |

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

The change in assumption in 2014 is the result of a change in mortality tables from the IRS 2013 Combined Static Mortality table to the RP2000 Annuitant/Non Annuitant Generational Mortality with Scale BB.

## The St. Luke Hospitals, Inc. Pension Plan

### Notes to Financial Statements (continued)

#### 4. Fair Value Measurements

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

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

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

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

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

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

# The St. Luke Hospitals, Inc. Pension Plan

## Notes to Financial Statements (continued)

### 4. Fair Value Measurements (continued)

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

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

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

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

*U.S., foreign and corporate debt securities:* valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing prices, discounted cash flow models, and other pricing models. These models are primarily industry standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures (Level 2).

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

The following table sets forth by level, within the fair value hierarchy, the Plan's assets carried at fair value as of December 31, 2014.

|                                             | Assets at Fair Value<br>as of December 31, 2014 |               |         |               |
|---------------------------------------------|-------------------------------------------------|---------------|---------|---------------|
|                                             | Level 1                                         | Level 2       | Level 3 | Total         |
| Money market fund                           | \$ 1,205,804                                    | \$ —          | \$ —    | \$ 1,205,804  |
| Common/collective trust <sup>(a)</sup>      | —                                               | 2,435,064     | —       | 2,435,064     |
| U.S. government bonds <sup>(c)</sup>        | —                                               | 12,860,157    | —       | 12,860,157    |
| Agency bonds <sup>(c)</sup>                 | —                                               | 319,007       | —       | 319,007       |
| Government backed securities <sup>(c)</sup> | —                                               | 15,371,335    | —       | 15,371,335    |
| Corporate bonds <sup>(c)</sup>              | —                                               | 40,762,214    | —       | 40,762,214    |
| Foreign bonds <sup>(c)</sup>                | —                                               | 5,681,977     | —       | 5,681,977     |
| Total assets at fair value                  | \$ 1,205,804                                    | \$ 77,429,754 | \$ —    | \$ 78,635,558 |

# The St. Luke Hospitals, Inc. Pension Plan

## Notes to Financial Statements (continued)

### 4. Fair Value Measurements (continued)

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

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

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

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

<sup>(c)</sup> This class represents investments in a variety of fixed income investments which may include both U.S. and non-U.S. corporate bonds, and U.S. municipal securities.

## The St. Luke Hospitals, Inc. Pension Plan

### Notes to Financial Statements (continued)

#### 4. Fair Value Measurements (continued)

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

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

| <b>Financial Instrument</b> | <b>Input</b>                                              | <b>Valuation Technique</b> |
|-----------------------------|-----------------------------------------------------------|----------------------------|
| Hedge fund of funds         | Long-Term Growth Rate<br>Weighted Average Cost of Capital | Income                     |

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

## The St. Luke Hospitals, Inc. Pension Plan

### Notes to Financial Statements (continued)

#### 4. Fair Value Measurements (continued)

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

The table below summarizes the Plan's actual investment asset allocation as of December 31, 2014, in comparison to its target asset allocation per the Plan's Investment Policy Statement.

|                           | <u>2014 Actual</u> | <u>Target</u> |
|---------------------------|--------------------|---------------|
| Equity securities         | 0%                 | 0%            |
| Debt securities           | 95                 | 100           |
| Real estate               | 0                  | 0             |
| Alternatives              | 0                  | 0             |
| Cash and cash equivalents | 5                  | 0             |
| Total                     | <u>100%</u>        | <u>100%</u>   |

The table below sets forth a summary of changes in the fair value of the Plan's Level 3 assets for the years ended 2014 and 2013.

|                                                                                   | <u>2014</u> | <u>2013</u>       |
|-----------------------------------------------------------------------------------|-------------|-------------------|
| Balance, beginning of year                                                        | \$ 388,866  | \$ 3,781,043      |
| Unrealized gains/(losses) related to instruments still held at the reporting date | —           | —                 |
| Realized gains/(losses) related to instruments sold                               | (26,712)    | 107,600           |
| Purchases                                                                         | —           | 388,866           |
| Sales                                                                             | (362,154)   | (3,888,643)       |
| Balance, end of year                                                              | <u>\$ —</u> | <u>\$ 388,866</u> |

The unrealized gains and realized gains (losses) of the alternative investments are included within the net (depreciation) appreciation in the fair value of investments in the Plan's statements of changes in net assets available for benefits for the year ended December 31, 2013.

## The St. Luke Hospitals, Inc. Pension Plan

### Notes to Financial Statements (continued)

#### 4. Fair Value Measurements (continued)

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

#### 5. Unaudited Information

All investment information for the Plan disclosed in the accompanying financial statements and supplemental schedules, including investments held at December 31, 2014 and 2013, and the net appreciation in the fair value of investments, interest, and dividends for the years ended December 31, 2014 and 2013, were obtained or derived from information provided to the plan administrator and certified as complete and accurate by Fifth Third Bank, SEI Private Trust Company, and State Street Bank and Trust Company on behalf of Transamerica Retirement Solutions, the trustees of the Plan.

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

|                                                   | <b>December 31</b> |               |
|---------------------------------------------------|--------------------|---------------|
|                                                   | <b>2014</b>        | <b>2013</b>   |
| Fifth Third Federated Prime Cash Obligations Fund | \$ 1,205,804       | \$ 75,536,582 |

## The St. Luke Hospitals, Inc. Pension Plan

### Notes to Financial Statements (continued)

#### 5. Unaudited Information (continued)

During 2014 and 2013, the Plan's investments (including investments bought, sold, and held during the year) appreciated in fair value as follows:

|                 | <b>Year Ended December 31</b> |                            |
|-----------------|-------------------------------|----------------------------|
|                 | <b>2014</b>                   | <b>2013</b>                |
| Mutual funds    | \$ —                          | \$ 6,884,197               |
| U.S. government | <b>1,001,113</b>              | —                          |
| Corporate debt  | <b>852,764</b>                | —                          |
| Foreign bonds   | <b>41,996</b>                 | —                          |
|                 | <b><u>\$ 1,895,873</u></b>    | <b><u>\$ 6,884,197</u></b> |

#### 6. Tax Status

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

U.S. GAAP requires Plan management to evaluate uncertain tax positions taken by the Plan. The financial statement effects of a tax position are recognized when the position is more likely than not, based on the technical merits, to be sustained upon examination by the IRS. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, currently there are no audits for any tax periods in progress. The plan administrator believes the Plan is no longer subject to income tax examinations for years prior to 2011.

## The St. Luke Hospitals, Inc. Pension Plan

### Notes to Financial Statements (continued)

#### **7. Related-Party Transactions**

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

#### **8. Administrative Expenses**

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

#### **9. Risks and Uncertainties**

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

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

#### **10. Subsequent Events**

The Plan has evaluated and disclosed any subsequent events through October 6, 2015, which is the date the Plan's financial statements were available to be issued.

## The St. Luke Hospitals, Inc. Pension Plan

### Notes to Financial Statements (continued)

#### **11. Plan Termination**

On May 5, 2014, the Board of Trustees for St. Elizabeth Healthcare executed a resolution to terminate the Plan. The application for termination has been filed with the Internal Revenue Service (“IRS”). St. Elizabeth Healthcare has obtained approval from the IRS to terminate the plan pursuant to the determination letter received on August 25, 2015. Employees will receive either a lump sum payment or an annuity from the Plan once St. Elizabeth Healthcare liquidates the plan assets. The estimated impact of the actuarial assumption changes related to the termination is to increase the actuarial present value of plan benefits by \$33 million which has not been reflected in these financial statements.

## Supplemental Schedules

The St. Luke Hospitals, Inc. Pension Plan

EIN #61-0445850 Plan #005

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

December 31, 2014

| (a) | (b)                                                         | (c)                                                                                                               |                     |           | (d)          |                  |           | (e) |
|-----|-------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|---------------------|-----------|--------------|------------------|-----------|-----|
|     | Identity of Issuer,<br>Borrower, Lessor<br>or Similar Party | Description of Investment,<br>Including Maturity Date,<br>Rate of Interest, Collateral,<br>Par, or Maturity Value | Shares<br>Par Value |           | Cost         | Current<br>Value |           |     |
|     |                                                             | <b>Money market investments</b>                                                                                   |                     |           |              |                  |           |     |
| *   | Federated                                                   | Prime Cash Obligation Institutional Shares                                                                        | 1,205,804           | shares \$ | 1,205,804 \$ |                  | 1,205,804 |     |
|     |                                                             | <b>Bonds</b>                                                                                                      |                     |           |              |                  |           |     |
|     |                                                             | <i>U.S. Government Bonds</i>                                                                                      |                     |           |              |                  |           |     |
| *   | US Treasury                                                 | United States Treas N/B 02/15/06 4.500 02/15/36                                                                   | 1,385,000           | shares    | 1,676,297    |                  | 1,847,355 |     |
| *   | US Treasury                                                 | United States Treas BDS 11/15/14 3.000 11/15/44                                                                   | 1,825,000           | shares    | 1,842,323    |                  | 1,917,966 |     |
| *   | US Treasury                                                 | United States Treas NT 11/30/14 1.875 11/31/21                                                                    | 1,790,000           | shares    | 1,776,760    |                  | 1,779,511 |     |
| *   | US Treasury                                                 | United States Treas NTS 11/30/14 1.500 11/30/19                                                                   | 955,000             | shares    | 947,800      |                  | 948,955   |     |
| *   | US Treasury                                                 | United States Treas N/B 01/15/13 0.375 01/15/16                                                                   | 1,264,600           | shares    | 1,266,902    |                  | 1,265,397 |     |
| *   | US Treasury                                                 | United States Treas NTS 10/15/13 0.625 10/15/16                                                                   | 3,545,000           | shares    | 3,547,566    |                  | 3,546,099 |     |
| *   | US Treasury                                                 | United States Treas NTS 10/31/13 0.250 10/31/15                                                                   | 1,555,000           | shares    | 1,555,512    |                  | 1,554,876 |     |
|     |                                                             | <i>Agency Bonds</i>                                                                                               |                     |           |              |                  |           |     |
| *   | Deutsche Bank Securities                                    | 09/08/14 2.630 09/06/24                                                                                           | 315,000             | shares    | 312,124      |                  | 319,007   |     |
|     |                                                             | <i>Asset Backed Securities</i>                                                                                    |                     |           |              |                  |           |     |
| *   | JP Morgan                                                   | Air Canada 2013-1A PTC 05/09/13 4.125 05/15/25                                                                    | 380,922,982         | shares    | 386,637      |                  | 384,730   |     |
| *   | Goldman Sachs                                               | American Homes 4 Rent 09/01/14 3.786 10/17/36                                                                     | 398,910,060         | shares    | 398,890      |                  | 406,992   |     |
| *   | JP Morgan                                                   | Americredit Auto Receivable Trust 06/27/12 3.030 07/09/16                                                         | 350,000             | shares    | 361,910      |                  | 357,770   |     |
| *   | Bank of America                                             | Bank of America Credit Card Trust 05/14/14 0.4215 09/16/19                                                        | 750,000             | shares    | 751,055      |                  | 748,628   |     |
| *   | Barclays Capital                                            | Bank of America Commercial Mortgage 12/01/05 var 09/10/47                                                         | 365,000             | shares    | 382,195      |                  | 376,808   |     |
| *   | Wachovia Capital Markets                                    | Banc America CMBS 03/01/06 var 09/10/45                                                                           | 242,000             | shares    | 256,997      |                  | 251,414   |     |
| *   | Credit Suisse                                               | Banc America Mortgage Trust 11/01/07 var 02/10/51                                                                 | 331,000             | shares    | 371,386      |                  | 359,939   |     |
| *   | Deutsche Bank                                               | Bear Stearns Commercial Mortgage Services, Inc. 06/01/05 4.750 06/11/41                                           | 395,000             | shares    | 405,035      |                  | 400,008   |     |
| *   | Deutsche Bank                                               | Bear Stearns 09/01/05 var 09/11/42                                                                                | 350,000             | shares    | 363,549      |                  | 358,260   |     |
| *   | Deutsche Bank                                               | Bear Stearns Commercial mortgage Services Trust 06/01/07 var 06/11/40                                             | 285,000             | shares    | 314,442      |                  | 310,626   |     |

|   |                           |                                                                       |             |        |    |         |    |         |
|---|---------------------------|-----------------------------------------------------------------------|-------------|--------|----|---------|----|---------|
| * | King, CL & Assoc          | CD 2005-CD1 Commercial Mortgage Trust 11/01/05 var 07/15/44           | 335,000     | shares | \$ | 344,799 | \$ | 342,440 |
| * | Nomura Securities         | Capital Auto Receivables Asset 01/24/13 2.190 09/20/21                | 425,000     | shares |    | 425,478 |    | 425,696 |
| * | Morgan Stanley            | Capital One Credit Card 2007-5A 06/22/07 var 07/15/20                 | 750,000     | shares |    | 745,225 |    | 744,412 |
| * | Credit Suisse             | Carmax Auto Trust 03/17/11 2.630 11/15/16                             | 440,000     | shares |    | 444,429 |    | 441,650 |
| * | Jefferies & Co            | CD 2006-CD3 Mortgage Trust 10/01/06 5.648 10/15/48                    | 380,000     | shares |    | 415,623 |    | 406,000 |
| * | Nomura Securities         | Chase Insurance Trust 12/21/12 var 12/16/19                           | 750,000     | shares |    | 749,766 |    | 748,710 |
| * | Citigroup                 | Chrysler Capital Auto Receivables 10/24/13 2.280 07/15/19             | 460,000     | shares |    | 465,103 |    | 461,523 |
| * | Morgan Stanley            | Citibank Credit Card Insurance Trust 12/19/06 0.2736 12/15/18         | 750,000     | shares |    | 746,543 |    | 746,490 |
| * | Bank of America           | Citigroup Commercial Mortgage Trust 12/01/13 2.962 11/13/46           | 325,000     | shares |    | 337,670 |    | 335,072 |
| * | Wells Fargo               | Continental Airlines 10/03/12 4.000 04/29/26                          | 354,083,762 | shares |    | 362,402 |    | 359,395 |
| * | Jefferies & Co            | Credit Suisse First Boston Commercial Mortgage 03/01/05 var 02/18/38  | 269,225,550 | shares |    | 274,921 |    | 269,153 |
| * | Goldman Sachs             | Delta Airlines 04/30/02 6.718 01/02/23                                | 384,717,373 | shares |    | 453,869 |    | 442,425 |
| * | Nomura Securities         | Discover Card Execution Notes Trust 06/13/12 var 11/15/19             | 750,000     | shares |    | 752,988 |    | 753,143 |
| * | Goldman Sachs             | Doric Nimrod Air Finance Alpha, Ltd. 07/11/12 6.500 05/30/21          | 209,092,925 | shares |    | 226,939 |    | 217,172 |
| * | Citigroup                 | Fannie Mae 01/01/14 var 11/25/18                                      | 500,000     | shares |    | 511,776 |    | 509,260 |
| * | Citigroup                 | Fannie Mae REMIC Trust 07/01/12 1.80057 12/25/19                      | 730,000     | shares |    | 729,382 |    | 728,372 |
| * | Sterne, Agee & Leach      | Freddie Mac 05/01/14 2.856 01/25/21                                   | 785,000     | shares |    | 804,595 |    | 811,666 |
| * | Morgan Stanley            | Ford Credit Floorplan Master Owner 01/23/13 var 01/15/18              | 750,000     | shares |    | 751,611 |    | 750,278 |
| * | Credit Suisse             | Ford Credit Auto Owner Trust 11/21/12 1.010 05/15/18                  | 380,000     | shares |    | 378,545 |    | 377,598 |
| * | Morgan Stanley            | GE Dealer Floorplan 02/22/12 var 02/20/17                             | 629,000     | shares |    | 629,976 |    | 629,107 |
| * | Citigroup                 | GS Mortgage Securities Trust 02/01/13 2.943 02/10/46                  | 420,000     | shares |    | 411,671 |    | 419,866 |
| * | Pershing                  | Ginnie Mae 11/01/11 2.764 06/16/43                                    | 205,000     | shares |    | 206,640 |    | 207,433 |
| * | Pershing                  | Ginnie Mae 11/01/12 2.105 03/16/37                                    | 436,279,984 | shares |    | 438,070 |    | 435,233 |
| * | JP Morgan                 | Ginnie Mae 04/01/12 1.803 06/16/41                                    | 301,423,280 | shares |    | 299,813 |    | 300,377 |
| * | JP Morgan                 | Ginnie Mae 07/01/14 2.500 06/16/41                                    | 691,716,460 | shares |    | 667,554 |    | 683,547 |
| * | JP Morgan                 | Ginnie Mae 08/01/14 2.800 05/16/39                                    | 671,629,330 | shares |    | 688,197 |    | 682,234 |
| * | First Tennessee           | Hawaiian Airlines Trust 05/29/13 3.900 07/15/27                       | 390,000     | shares |    | 386,100 |    | 383,175 |
| * | King, CL & Assoc          | JP Morgan Chase Commercial Mortgage Services 07/01/01 var 04/15/35    | 277,467,310 | shares |    | 283,995 |    | 278,583 |
| * | Southwest Securities      | JP Morgan Chase Commercial Mortgage Services 08/01/05 5.1078 08/15/42 | 90,000      | shares |    | 93,769  |    | 91,635  |
| * | JP Morgan                 | JP Morgan Mortgage 06/01/01 var 07/25/29                              | 399,648,090 | shares |    | 409,256 |    | 406,606 |
| * | Wachovia Capital Markets  | LB-UBS Commercial Mortgage Trust 09/11/06 5.413 09/15/39              | 210,000     | shares |    | 228,060 |    | 223,005 |
| * | Jefferies & Co            | Morgan Stanley Capital 03/01/05 var 01/14/42                          | 65,959,090  | shares |    | 71,119  |    | 65,940  |
| * | Mitsubishi UFJ Securities | Navistar Finance Dealer 10/24/13 0.850 09/25/18                       | 575,000     | shares |    | 576,797 |    | 575,575 |
| * | Nomura Securities         | Nissan Master Owner Trust 05/23/12 var 05/15/17                       | 750,000     | shares |    | 751,934 |    | 750,615 |
| * | Stifel Nicolaus & Co      | Northwest Airlines 08/05/02 6.264 05/20/23                            | 29,363,958  | shares |    | 32,278  |    | 31,584  |
| * | Mizuho                    | Oscar US Funding Trust 09/29/14 2.550 12/15/21                        | 580,000     | shares |    | 579,836 |    | 582,727 |
| * | Wachovia Capital Markets  | Santander Drive Auto 07/17/13 1.110 08/15/17                          | 53,112,440  | shares |    | 53,377  |    | 53,215  |
| * | Wachovia Capital Markets  | Santander Drive Auto Fleet Notes Trust 06/18/14 var 08/15/17          | 256,756,590 | shares |    | 256,757 |    | 256,569 |
| * | Citigroup                 | US Airways, Inc 11/29/12 4.625 12/03/26                               | 348,688,107 | shares |    | 371,804 |    | 366,123 |
| * | Citigroup                 | United Airlines PT Certificate 11/24/09 9.750 01/15/17                | 323,779,851 | shares |    | 368,300 |    | 359,396 |
| * | Chase/Greenwich Cap       | WFRBS Commercial Mortgage Trust 02/01/13 2.029 03/15/45               | 395,000     | shares |    | 397,313 |    | 398,287 |
| * | Barclays Capital          | WBCMT 2006-C23 03/01/06 var 01/15/45                                  | 718,000     | shares |    | 759,440 |    | 747,460 |
| * | Barclays Capital          | Wachovia CMBS 01/01/05 var 10/15/41                                   | 70,000      | shares |    | 71,704  |    | 69,978  |
| * | Nomura Securities         | Wells Fargo Commercial Mortgage Trust 07/01/13 var 06/15/23           | 530,000     | shares |    | 573,924 |    | 578,723 |

|                        |                            |                                                                       |         |        |    |         |    |         |
|------------------------|----------------------------|-----------------------------------------------------------------------|---------|--------|----|---------|----|---------|
| *                      | Wachovia Capital Markets   | World Financial Credit Card Mortgage Trust 07/19/12 1.760 05/15/21    | 740,000 | shares | \$ | 746,995 | \$ | 744,159 |
| *                      | Nomura Securities          | Word Omni Master Trust 02/28/13 var 02/15/18                          | 750,000 | shares |    | 751,348 |    | 750,045 |
| <i>Corporate Bonds</i> |                            |                                                                       |         |        |    |         |    |         |
| *                      | Bank of America            | Alabama Power Company SR NT 08/26/14 4.150 08/15/44                   | 260,000 | shares |    | 259,166 |    | 272,966 |
| *                      | Bony Capital Markets       | Anheuser busch Inbev Worldwide 07/16/123.750 07/15/42                 | 365,000 | shares |    | 327,870 |    | 343,140 |
| *                      | Southwest Securities       | Autozone, Inc. SR NT 11/15/10 4.000 11/15/20                          | 290,000 | shares |    | 309,775 |    | 307,696 |
| *                      | Goldman Sachs              | BB&T Corporate SR Medium Term NTS 02/04/14 2.250 02/01/19             | 170,000 | shares |    | 170,592 |    | 170,349 |
| *                      | Wachovia Capital Markets   | Bank of America Corp 08/26/14 4.200 08/26/24                          | 425,000 | shares |    | 431,490 |    | 432,956 |
| *                      | Barclays Capital           | Bank of New York, Inc. 03/06/13 1.350 03/06/18                        | 855,000 | shares |    | 846,946 |    | 847,211 |
| *                      | Bank of America            | Berkshire hathaway Fin SR NT 08/15/13 0.950 08/15/16                  | 380,000 | shares |    | 382,164 |    | 381,250 |
| *                      | Wachovia Capital Markets   | Biomed Rlty, LP 06/28/12 4.250 07/15/22                               | 110,000 | shares |    | 112,770 |    | 114,017 |
| *                      | Barclays Capital           | Boston Ptys Ltd Partnership                                           | 355,000 | shares |    | 375,793 |    | 377,869 |
| *                      | Pershing                   | Burlington Northern Santa Fe 09/10/10 5.050 03/01/41                  | 270,000 | shares |    | 293,809 |    | 304,093 |
| *                      | First Tennessee            | CBS Corp New GTD SR NT 06/20/12 1.950 07/01/14                        | 350,000 | shares |    | 355,852 |    | 351,092 |
| *                      | Bank of America            | Cigna Corp 11/10/11 4.000 02/15/22                                    | 360,000 | shares |    | 377,709 |    | 379,339 |
| *                      | Pershing                   | CA, Inc SR NT 11/13/09 5.375 12/01/19                                 | 315,000 | shares |    | 354,132 |    | 348,639 |
| *                      | Goldman Sachs              | Capital One Financial Corp SR NT 04/24/14 3.750 04/24/24              | 380,000 | shares |    | 389,105 |    | 388,208 |
| *                      | Pershing                   | Cintas Corporation No. 2 06/08/12 3.250 06/01/22                      | 245,000 | shares |    | 245,271 |    | 249,332 |
| *                      | Bank of America            | Cisco Systems, Inc. 02/17/09 4.950 02/15/19                           | 335,000 | shares |    | 378,079 |    | 374,403 |
| *                      | Citigroup                  | Citigroup, Inc. 11/21/07 6.125 11/21/17                               | 370,000 | shares |    | 423,138 |    | 412,580 |
| *                      | Wachovia Capital Markets   | Comcast Corp 06/18/09 5.700 07/01/19                                  | 325,000 | shares |    | 379,578 |    | 373,126 |
| *                      | Pershing                   | Conocophillips 05/08/08 5.900 05/15/38                                | 125,000 | shares |    | 157,284 |    | 155,445 |
| *                      | Bank of America            | DDR Corp 06/22/12 4.625 07/15/22                                      | 350,000 | shares |    | 375,515 |    | 373,629 |
| *                      | Goldman Sachs              | Deere & Company 06/08/12 3.900 06/09/42                               | 225,000 | shares |    | 210,101 |    | 227,417 |
| *                      | Pershing                   | Duke Energy Indiana 07/09/10 3.750 07/15/20                           | 530,000 | shares |    | 568,873 |    | 561,567 |
| *                      | JP Morgan                  | Federated Retail Holding 03/12/07 6.375 03/15/37                      | 180,000 | shares |    | 220,602 |    | 227,772 |
| *                      | Scotia Capital             | Florida Power & Light 01/16/08 5.950 02/0138                          | 200,000 | shares |    | 255,184 |    | 265,834 |
| *                      | Citigroup                  | Ford Motor Credit Company, LLC 08/06/13 4.75 08/06/23                 | 350,000 | shares |    | 374,084 |    | 374,164 |
| *                      | Pershing                   | General Dynamics Corp SR NT 11/06/12 3.600 11/15/42                   | 170,000 | shares |    | 153,797 |    | 161,777 |
| *                      | US Bancorp Investments     | General Electric Capital Corp Medium 04/21/08 5.625 05/01/18          | 735,000 | shares |    | 842,011 |    | 827,044 |
| *                      | Goldman Sachs              | Goldman Sachs Group, Inc 02/13/03 6.125 02/15/39                      | 160,000 | shares |    | 189,619 |    | 196,114 |
| *                      | Pershing                   | Home Depot, Inc. SR NT 04/05/13 4.200 04/01/43                        | 195,000 | shares |    | 187,173 |    | 203,311 |
| *                      | Bony Capital Markets       | JP Morgan Chase & Co 12/20/07 6.000 01/15/18                          | 730,000 | shares |    | 833,921 |    | 816,753 |
| *                      | Pershing                   | Kinder Morgan Energy Partners 08/05/13 2.650 02/01/19                 | 415,000 | shares |    | 419,801 |    | 408,904 |
| *                      | JP Morgan                  | Kroger Co SR NT 03/27/08 6.900 04/15/38                               | 150,000 | shares |    | 191,902 |    | 199,601 |
| *                      | US Bancorp Investments     | McKesson Corp New SR NT 03/10/14 4.883 03/15/44                       | 210,000 | shares |    | 219,152 |    | 231,330 |
| *                      | Citigroup                  | MetLife, Inc 11/13/13 4.875 11/13/43                                  | 250,000 | shares |    | 267,398 |    | 282,338 |
| *                      | Fortis Investment Services | Morgan Stanley 10/23/14 3.700 10/23/24                                | 305,000 | shares |    | 308,870 |    | 309,154 |
| *                      | US Bancorp Investments     | Norfolk Southern Corp 11/21/13 3.850 01/15/24                         | 365,000 | shares |    | 372,367 |    | 383,779 |
| *                      | US Bancorp Investments     | Omnicom Group, Inc 08/05/10 4.450 08/15/20                            | 350,000 | shares |    | 379,811 |    | 376,467 |
| *                      | Barclays Capital           | PNC Funding Corp 09/19/11 2.700 09/19/16                              | 605,000 | shares |    | 628,929 |    | 621,311 |
| *                      | Pershing                   | Plains Exploration & Production Company SR NT 10/26/12 6.875 02/15/23 | 179,000 | shares |    | 203,613 |    | 199,138 |
| *                      | Chase Securities           | Prudential Financial, Inc. MTNS 01/14/10 3.875 01/14/15               | 95,000  | shares |    | 98,193  |    | 95,110  |

|                                     |                          |                                                           |               |        |    |           |    |           |
|-------------------------------------|--------------------------|-----------------------------------------------------------|---------------|--------|----|-----------|----|-----------|
| *                                   | Pershing                 | Tiffany & Co 09/25/14 4.900 10/01/44                      | 250,000       | shares | \$ | 260,120   | \$ | 257,660   |
| *                                   | US Bancorp Investments   | U.S. Bancorp Medium Term NTS 05/08/12 1.650 05/15/17      | 615,000       | shares |    | 623,786   |    | 619,588   |
| *                                   | Citigroup                | Verizon Communications, Inc. 09/18/13 6.550 09/15/43      | 245,000       | shares |    | 304,008   |    | 313,882   |
| *                                   | Pershing                 | Virginia Electric & Power Company 05/17/07 6.000 05/15/37 | 180,000       | shares |    | 227,137   |    | 237,155   |
| *                                   | Wachovia Capital Markets | Wells Fargo & Co New Medium 11/04/14 4.650 11/04/44       | 200,000       | shares |    | 198,624   |    | 206,372   |
| *                                   | Deutsche Bank Securities | Whirlpool Corp 02/27/13 5.150 03/01/43                    | 275,000       | shares |    | 289,750   |    | 304,505   |
| <i>Government Backed Securities</i> |                          |                                                           |               |        |    |           |    |           |
| *                                   | G X Clarke & Co          | FG GO-8200 05/01/07 6.000 05/01/37                        | 134,181,065   | shares |    | 152,660   |    | 151,920   |
| *                                   | G X Clarke & Co          | FG GO-8271 05/11/08 6.000 05/01/38                        | 13,045,998    | shares |    | 15,003    |    | 14,740    |
| *                                   | Bank of America          | FG GO-8582 04/01/14 4.000 04/01/44                        | 118,606,438   | shares |    | 124,115   |    | 126,582   |
| *                                   | Goldman Sachs            | FG G1-8508 04/01/14 3.000 04/01/29                        | 73,586,492    | shares |    | 75,970    |    | 76,470    |
| *                                   | G X Clarke & Co          | FG GO-2996 05/01/07 6.000 05/01/37                        | 25,550,127    | shares |    | 29,264    |    | 28,909    |
| *                                   | G X Clarke & Co          | FG GO-3819 01/01/08 6.000 01/01/38                        | 15,938,576    | shares |    | 18,127    |    | 18,041    |
| *                                   | Nomura Securities        | FG GO-6021 10/01/10 5.500 01/01/40                        | 123,607,460   | shares |    | 139,745   |    | 138,364   |
| *                                   | Nomura Securities        | FG GO-6941 03/01/12 5.000 08/01/41                        | 78,199,222    | shares |    | 87,102    |    | 87,261    |
| *                                   | G X Clarke & Co          | FG GO-7491 09/01/13 4.500 03/01/42                        | 192,762,210   | shares |    | 208,045   |    | 208,941   |
| *                                   | G X Clarke & Co          | FG C9-1710 06/01/13 3.500 06/01/33                        | 104,971,220   | shares |    | 108,629   |    | 110,503   |
| *                                   | G X Clarke & Co          | FG CO-3839 04/01/12 3.500 04/01/42                        | 245,094,460   | shares |    | 248,915   |    | 255,354   |
| *                                   | Nomura Securities        | FG CO-9049 10/01/13 4.500 10/01/43                        | 949,898,036   | shares |    | 1,032,420 |    | 1,030,174 |
| *                                   | Nomura Securities        | FG CO-9057 01/01/14 4.000 01/01/44                        | 171,824,326   | shares |    | 180,256   |    | 183,378   |
| *                                   | Credit Suisse            | FG A9-3511 08/01/10 5.000 08/01/40                        | 395,502,200   | shares |    | 441,640   |    | 437,944   |
| *                                   | Nomura Securities        | FG QO-5925 01/01/12 3.500 02/01/42                        | 299,168,002   | shares |    | 300,900   |    | 311,697   |
| *                                   | Goldman Sachs            | FG Q1-3634 11/01/12 3.000 11/01/42                        | 97,957,109    | shares |    | 94,229    |    | 99,278    |
| *                                   | Nomura Securities        | FG Q1-8305 05/01/13 3.500 05/01/43                        | 101,625,775   | shares |    | 102,867   |    | 105,780   |
| *                                   | Goldman Sachs            | FG V6-0360 11/01/13 3.000 12/01/28                        | 192,522,830   | shares |    | 198,597   |    | 200,524   |
| *                                   | G X Clarke & Co          | FN AJ2212 09/01/11 4.500 10/01/41                         | 222,949,463   | shares |    | 240,459   |    | 244,301   |
| *                                   | G X Clarke & Co          | FN AL0484 06/01/11 5.500 05/01/40                         | 165,268,396   | shares |    | 188,309   |    | 184,670   |
| *                                   | G X Clarke & Co          | FN AL0789 09/01/11 4.000 10/01/41                         | 70,623,960    | shares |    | 73,269    |    | 75,890    |
| *                                   | Nomura Securities        | FN AL1895 06/01/12 3.500 06/01/42                         | 1,132,990,625 | shares |    | 1,159,843 |    | 1,185,289 |
| *                                   | Nomura Securities        | FN AL3423 03/01/13 5.000 05/01/40                         | 90,431,630    | shares |    | 100,248   |    | 99,839    |
| *                                   | Bank of America          | FN AL5616 08/01/14 5.500 09/01/41                         | 838,954,916   | shares |    | 940,941   |    | 937,473   |
| *                                   | Nomura Securities        | FN AM0543 10/01/12 3.220 09/01/27                         | 503,625,118   | shares |    | 504,162   |    | 518,976   |
| *                                   | Nomura Securities        | FN AM3074 04/01/13 2.530 04/01/23                         | 106,903,972   | shares |    | 102,962   |    | 107,114   |
| *                                   | JP Morgan                | FN AS3348 08/01/14 2.500 09/01/29                         | 788,186,821   | shares |    | 801,241   |    | 803,438   |
| *                                   | Nomura Securities        | FN AT0666 03/01/13 3.500 04/01/43                         | 201,101,635   | shares |    | 203,971   |    | 210,425   |
| *                                   | Nomura Securities        | FN AT2721 05/01/13 3.000 05/01/43                         | 205,556,328   | shares |    | 197,828   |    | 208,270   |
| *                                   | PNC Bank                 | FN AS0205 07/01/13 3.000 08/01/43                         | 203,839,202   | shares |    | 204,795   |    | 206,479   |
| *                                   | Credit Suisse            | FN AS0222 07/01/13 4.000 08/01/43                         | 175,354,968   | shares |    | 184,214   |    | 189,171   |
| *                                   | Wachovia Capital Markets | FN AV0612 11/01/13 4.500 11/01/43                         | 169,515,292   | shares |    | 185,262   |    | 184,019   |
| *                                   | Goldman Sachs            | FN AV0637 11/01/13 3.500 11/01/28                         | 399,010,783   | shares |    | 423,575   |    | 423,438   |
| *                                   | Credit Suisse            | FN AV0688 12/01/13 3.500 12/01/43                         | 65,220,691    | shares |    | 66,584    |    | 68,244    |
| *                                   | Credit Suisse            | FN AU4282 09/01/13 3.500 09/01/43                         | 945,845,380   | shares |    | 972,564   |    | 990,868   |
| *                                   | JP Morgan                | FN AU9553 10/01/13 4.000 10/01/43                         | 168,123,923   | shares |    | 177,810   |    | 179,644   |

|   |                        |                                   |               |        |    |           |    |           |
|---|------------------------|-----------------------------------|---------------|--------|----|-----------|----|-----------|
| * | Chase Securities       | FN 995203 12/01/08 5.000 07/01/35 | 145,283,603   | shares | \$ | 161,567   | \$ | 160,905   |
| * | G X Clarke & Co        | FN AB2537 02/01/11 5.000 03/01/41 | 153,703,649   | shares |    | 170,462   |    | 170,158   |
| * | Credit Suisse          | FN AB7958 01/01/13 3.500 02/01/43 | 189,179,540   | shares |    | 192,999   |    | 197,604   |
| * | Nomura Securities      | FN AB8472 01/01/13 3.000 02/01/43 | 357,547,116   | shares |    | 356,463   |    | 362,328   |
| * | G X Clarke & Co        | FN AB9170 04/01/13 2.500 05/01/28 | 262,001,132   | shares |    | 261,776   |    | 267,320   |
| * | Credit Suisse          | FN AB9864 06/01/13 3.500 07/01/43 | 601,121,154   | shares |    | 616,168   |    | 628,971   |
| * | Nomura Securities      | FN AC5131 10/01/09 5.000 11/01/39 | 744,168,654   | shares |    | 828,948   |    | 822,076   |
| * | G X Clarke & Co        | FN MA1424 03/01/13 3.500 04/01/33 | 583,805,955   | shares |    | 612,591   |    | 616,079   |
| * | Nomura Securities      | FN MA1770 01/01/14 4.500 01/01/44 | 186,193,456   | shares |    | 200,780   |    | 202,543   |
| * | DBTC Americas/PNC Bank | FN MA1813 02/01/14 4500 03/01/44  | 63,594,070    | shares |    | 68,380    |    | 69,134    |
| * | Nomura Securities      | FN MA1824 02/01/14 3.500 03/01/29 | 127,690,065   | shares |    | 135,278   |    | 135,004   |
| * | Credit Suisse          | FN AE0996 02/01/11 4.000 02/01/41 | 207,501,612   | shares |    | 218,161   |    | 222,948   |
| * | JP Morgan              | FN AE3881 10/01/10 4.500 11/01/40 | 1,019,499,692 | shares |    | 1,109,980 |    | 1,112,855 |

*Foreign Bonds*

|   |                          |                                                        |         |        |  |         |  |         |
|---|--------------------------|--------------------------------------------------------|---------|--------|--|---------|--|---------|
| * | Pershing                 | Westpac Banking Corp 08/28/12 var 02/28/23             | 365,000 | shares |  | 377,666 |  | 374,950 |
| * | Bank of America          | AB Svensk ExportKredit 05/30/12 1.750 05/30/17         | 470,000 | shares |  | 479,640 |  | 477,177 |
| * | Pershing                 | Agrium, Inc. 05/31/13 4.900 06/01/43                   | 285,000 | shares |  | 288,991 |  | 295,217 |
| * | Deutsche Bank Securities | Bank Nova Scotia Halifax SR NT 01/13/11 4.375 01/13/21 | 570,000 | shares |  | 631,682 |  | 634,473 |
| * | Scotia Capital           | Canadian National Resources 03/19/07 6.250 03/15/38    | 125,000 | shares |  | 154,565 |  | 139,024 |
| * | Bank of America          | Export Import BanK Korea 09/15/11 4.375 09/15/21       | 550,000 | shares |  | 596,200 |  | 602,723 |
| * | Goldman Sachs            | Petroleos Mexicanos 07/21/10 5.500 01/21/21            | 325,000 | shares |  | 359,288 |  | 351,813 |
| * | Goldman Sachs            | Poland Rep 09/17/12 3.000 03/17/23                     | 390,000 | shares |  | 378,249 |  | 388,381 |
| * | Pershing                 | Rio Tinto Finance USA, PLC NT 08/21/12 2.875 08/21/22  | 390,000 | shares |  | 373,812 |  | 374,968 |
| * | SG America's Securities  | Statoil ASA NT 11/08/13 3.700 03/01/24                 | 445,000 | shares |  | 463,499 |  | 460,722 |
| * | Jefferies & Co           | Toronto Dominion Bank SR MTN 09/10/13 1.500 09/09/16   | 660,000 | shares |  | 670,448 |  | 665,881 |
| * | Chase Securities         | Trans-Canada PL 03/20/06 5.850 03/15/36                | 210,000 | shares |  | 250,174 |  | 239,852 |
| * | Pershing                 | UBS AG Stamford BRH Medium 04/25/08 5.750 04/25/18     | 265,000 | shares |  | 304,122 |  | 298,109 |
| * | UBS Warburg              | United Mexican STS MTN 10/02/13 4.000 10/02/23         | 365,000 | shares |  | 377,758 |  | 378,687 |

**Common/collective trust**

|   |              |              |         |       |  |           |  |           |
|---|--------------|--------------|---------|-------|--|-----------|--|-----------|
| * | Transamerica | Money Market | 134,211 | units |  | 2,435,064 |  | 2,435,064 |
|---|--------------|--------------|---------|-------|--|-----------|--|-----------|

**Total Assets Held at Year - End**

**78,286,971**

**78,635,558**

\*Indicates party in interest to the Plan.

The St. Luke Hospitals, Inc. Pension Plan

EIN #61-0445250 Plan #005

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2014

| (a) Identity of Party Involved                                              | (b) Description of Asset<br>(Including Interest Rate and<br>Maturity in Case of a Loan) | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost<br>of Asset | (i)<br>Net Gain  |
|-----------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------|-------------------------|-------------------------|------------------|
| <b>Category 1 – Single transaction in excess of 5% of Plan assets</b>       |                                                                                         |                          |                         |                         |                  |
| Federated                                                                   | Prime Obligation Func<br>Purchases - 1 Transaction                                      | \$ 8,699,670             | \$ -                    | \$ 8,699,670            | \$ -             |
| Federated                                                                   | Prime Obligation Func<br>Purchases - 1 Transaction                                      | 4,582,525                | -                       | 4,582,525               | -                |
| MetLife                                                                     | Met West High Yield<br>Purchases - 1 Transaction                                        | 5,700,000                | -                       | 5,700,000               | -                |
| Vanguard                                                                    | Vanguard Index Fund<br>Purchases - 1 Transaction                                        | 9,000,000                | -                       | 9,000,000               | -                |
| Federated                                                                   | Prime Obligation Func<br>Sales - 1 Transaction                                          | -                        | 16,575,897              | 16,575,897              | -                |
| Federated                                                                   | Prime Obligation Func<br>Sales - 1 Transaction                                          | -                        | 18,269,553              | 18,269,553              | -                |
| Federated                                                                   | Prime Obligation Func<br>Sales - 1 Transaction                                          | -                        | 22,792,819              | 22,792,819              | -                |
| Federated                                                                   | Prime Obligation Func<br>Sales - 1 Transaction                                          | -                        | 6,424,975               | 6,424,975               | -                |
| Federated                                                                   | Prime Obligation Func<br>Sales - 1 Transaction                                          | -                        | 9,519,189               | 9,519,189               | -                |
| Federated                                                                   | Prime Obligation Func<br>Sales - 1 Transaction                                          | -                        | 4,117,967               | 4,117,967               | -                |
| Federated                                                                   | Prime Obligation Func<br>Sales - 1 Transaction                                          | -                        | 4,105,753               | 4,105,753               | -                |
| Credit Suisse                                                               | Credit Suisse Opportunity High Income Fund<br>Sales - 1 Transaction                     | -                        | 4,021,552               | 4,025,000               | (3,448)          |
| MetLife                                                                     | Met West High Yield<br>Sales - 1 Transaction                                            | -                        | 5,772,152               | 5,700,000               | 72,152           |
| Vanguard                                                                    | Vanguard Index Fund<br>Sales - 1 Transaction                                            | -                        | 6,151,498               | 5,966,137               | 185,361          |
| AQR                                                                         | AQR GRP EI Offshore Fund<br>Sales - 1 Transaction                                       | -                        | 13,579,211              | 13,750,000              | (170,789)        |
| <b>Total Category 1 – Single transaction in excess of 5% of Plan assets</b> |                                                                                         | <b>\$ 27,982,195</b>     | <b>\$ 111,330,566</b>   | <b>\$ 139,229,485</b>   | <b>\$ 83,276</b> |

The St. Luke Hospitals, Inc. Pension Plan

EIN #61-0445250 Plan #005

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2014

| (a) Identity of Party Involved                                            | (b) Description of Asset<br>(Including Interest Rate and<br>Maturity in Case of a Loan) | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost<br>of Asset | (i)<br>Net Gain |
|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------|-------------------------|-------------------------|-----------------|
| <b>Category 3 – Series of transactions in excess of 5% of Plan assets</b> |                                                                                         |                          |                         |                         |                 |
| Federated National Mortgage Association                                   | TBA 30YR 03/05/10 3.500 06/15/44                                                        |                          |                         |                         |                 |
|                                                                           | Purchases - 1 Transaction                                                               | \$ 2,048,438             | \$ -                    | \$ 2,048,438            | -               |
|                                                                           | Sales - 1 Transaction                                                                   | -                        | 2,045,000               | 2,048,438               | (3,438)         |
| Federated National Mortgage Association                                   | TBA 30YR 07/01/12 3.500 07/15/42                                                        |                          |                         |                         |                 |
|                                                                           | Purchases - 2 Transactions                                                              | 2,803,438                | -                       | 2,803,438               | -               |
|                                                                           | Sales - 1 Transaction                                                                   |                          | 2,806,719               | 2,803,438               | 3,281           |
| Federated National Mortgage Association                                   | TBA 30YR 06/01/12 3.500 08/15/42                                                        |                          |                         |                         |                 |
|                                                                           | Purchases - 1 Transaction                                                               | 2,798,662                | -                       | 2,798,662               | -               |
|                                                                           | Sales - 3 Transactions                                                                  | -                        | 2,808,956               | 2,798,662               | 10,294          |
| Federated National Mortgage Association                                   | TBA 30YR 10/01/11 4.000 10/15/41                                                        |                          |                         |                         |                 |
|                                                                           | Purchases - 1 Transaction                                                               | 2,005,539                | -                       | 2,005,539               | -               |
|                                                                           | Sales - 1 Transaction                                                                   | -                        | 2,018,750               | 2,005,539               | 13,211          |
| Federated National Mortgage Association                                   | TBA 30YR 10/01/11 4.000 11/15/41                                                        |                          |                         |                         |                 |
|                                                                           | Purchases - 1 Transaction                                                               | 2,012,961                | -                       | 2,012,961               | -               |
|                                                                           | Sales - 1 Transaction                                                                   | -                        | 2,021,719               | 2,012,961               | 8,758           |
| Federated National Mortgage Association                                   | TBA 4,000 12/15/44                                                                      |                          |                         |                         |                 |
|                                                                           | Purchases - 1 Transaction                                                               | 2,016,152                | -                       | 2,016,152               | -               |
|                                                                           | Sales - 1 Transaction                                                                   | -                        | 2,028,547               | 2,016,152               | 12,395          |
| Federated National Mortgage Association                                   | TBA 30YR 03/05/10 4.000 06/15/44                                                        |                          |                         |                         |                 |
|                                                                           | Purchases - 1 Transaction                                                               | 2,002,125                | -                       | 2,002,125               | -               |
|                                                                           | Sales - 1 Transaction                                                                   | -                        | 2,005,391               | 2,002,125               | 3,266           |
| Federated National Mortgage Association                                   | TBA 30YR 07/31/09 4.000 07/15/42                                                        |                          |                         |                         |                 |
|                                                                           | Purchases - 1 Transaction                                                               | 1,998,563                | -                       | 1,998,563               | -               |
|                                                                           | Sales - 1 Transaction                                                                   | -                        | 2,005,094               | 1,998,563               | 6,531           |
| Fannie Mae                                                                | TBA 30YR Due 08/15/2041                                                                 |                          |                         |                         |                 |
|                                                                           | Purchases - 1 Transaction                                                               | 1,999,379                | -                       | 1,999,379               | -               |
|                                                                           | Sales - 1 Transaction                                                                   | -                        | 2,004,797               | 1,999,379               | 5,418           |
| Federated National Mortgage Association                                   | TBA 4,000 09/15/44                                                                      |                          |                         |                         |                 |
|                                                                           | Purchases - 1 Transaction                                                               | 1,999,156                | -                       | 1,999,156               | -               |
|                                                                           | Sales - 1 Transaction                                                                   | -                        | 2,012,219               | 1,999,156               | 13,063          |
| Freddie Mac                                                               | Gold TBA 30YR 06/15/14 4.500 06/15/44                                                   |                          |                         |                         |                 |
|                                                                           | Purchases - 4 Transactions                                                              | 2,756,393                | -                       | 2,756,393               | -               |
|                                                                           | Sales - 3 Transactions                                                                  |                          | 2,759,605               | 2,756,393               | 3,212           |
| Credit Suisse                                                             | Opportunity High Income                                                                 |                          |                         |                         |                 |
|                                                                           | Purchases - 2 Transactions                                                              | 4,025,000                | -                       | 4,025,000               | -               |
|                                                                           | Sales - 1 Transaction                                                                   | -                        | 4,021,552               | 4,025,000               | (3,448)         |

The St. Luke Hospitals, Inc. Pension Plan

EIN #61-0445250 Plan #005

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2014

| (a) Identity of Party Involved | (b) Description of Asset<br>(Including Interest Rate and<br>Maturity in Case of a Loan) | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost<br>of Asset   | (i)<br>Net Gain |
|--------------------------------|-----------------------------------------------------------------------------------------|--------------------------|-------------------------|---------------------------|-----------------|
| MetLife                        | Met West High Yield<br>Purchases - 1 Transaction<br>Sales - 1 Transaction               | \$ 5,700,000<br>-        | \$ -<br>5,772,152       | \$ 5,700,000<br>5,700,000 | \$ -<br>72,152  |
| United States Treasury         | N/B 02/15/01 5.375 02/15/31<br>Purchases - 3 Transactions<br>Sales - 11 Transactions    | 2,019,802<br>-           | -<br>2,090,106          | 2,019,802<br>2,019,802    | -<br>70,304     |
| United States Treasury         | N/B 02/15/06 4.500 02/15/36<br>Purchases - 12 Transactions<br>Sales - 17 Transactions   | 5,786,399<br>-           | -<br>4,108,052          | 5,786,399<br>4,110,103    | -<br>(2,051)    |
| United States Treasury         | BDS 08/15/13 3.625 08/15/43<br>Purchases - 14 Transactions<br>Sales - 20 Transactions   | 5,346,091<br>-           | -<br>5,590,270          | 5,346,091<br>5,346,091    | -<br>244,179    |
| United States Treasury         | NT 11/30/14 1.875 11/30/21<br>Purchases - 3 Transactions<br>Sales - 2 Transactions      | 2,817,012<br>-           | -<br>1,043,998          | 2,817,012<br>1,040,252    | -<br>3,746      |
| United States Treasury         | NTS 03/31/12 1.500 03/31/19<br>Purchases - 10 Transactions<br>Sales - 18 Transactions   | 8,435,943<br>-           | -<br>8,438,559          | 8,435,943<br>8,435,943    | -<br>2,616      |
| United States Treasury         | NTS 08/31/12 0.625 08/31/17<br>Purchases - 5 Transactions<br>Sales - 19 Transactions    | 8,521,757<br>-           | -<br>8,524,431          | 8,521,757<br>8,521,757    | -<br>2,679      |
| United States Treasury         | N/B 01/15/13 0.375 01/15/16<br>Purchases - 5 Transactions<br>Sales - 12 Transactions    | 8,566,209<br>-           | -<br>7,300,587          | 8,566,209<br>7,299,307    | -<br>1,280      |
| United States Treasury         | NTS 02/28/13 0.750 02/28/18<br>Purchases - 2 Transactions<br>Sales - 5 Transactions     | 2,831,292<br>-           | -<br>2,842,884          | 2,831,292<br>2,831,292    | -<br>11,592     |
| United States Treasury         | NTS 08/15/13 2.500 08/15/23<br>Purchases - 7 Transactions<br>Sales - 20 Transactions    | 7,068,352<br>-           | -<br>7,095,283          | 7,068,352<br>7,068,352    | -<br>26,931     |
| United States Treasury         | NTS 10/15/13 0.625 10/15/16<br>Purchases - 5 Transactions<br>Sales - 7 Transactions     | 5,993,556<br>-           | -<br>2,451,693          | 5,993,556<br>2,445,991    | -<br>5,702      |
| United States Treasury         | NTS 10/31/13 0.250 10/31/15<br>Purchases - 4 Transactions<br>Sales - 8 Transactions     | 8,816,496<br>-           | -<br>7,263,277          | 8,816,496<br>7,260,984    | -<br>2,293      |
| United States Treasury         | NTS 10/31/13 1.750 10/31/20<br>Purchases - 5 Transactions<br>Sales - 13 Transactions    | 2,884,816<br>-           | -<br>2,922,067          | 2,884,816<br>2,884,816    | -<br>37,251     |

The St. Luke Hospitals, Inc. Pension Plan

EIN #61-0445250 Plan #005

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2014

| (a) Identity of Party Involved                                                  | (b) Description of Asset<br>(Including Interest Rate and<br>Maturity in Case of a Loan) | (c)<br>Purchase<br>Price | (d)<br>Selling<br>Price | (g)<br>Cost<br>of Asset | (i)<br>Net Gain   |
|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------|-------------------------|-------------------------|-------------------|
| United States Treasury                                                          | NTS 04/30/14 2.250 04/30/21                                                             |                          |                         |                         |                   |
|                                                                                 | Purchases - 9 Transactions                                                              | \$ 9,137,662             | \$ -                    | \$ 9,137,662            | \$ -              |
|                                                                                 | Sales - 19 Transactions                                                                 | -                        | 9,141,800               | 9,137,662               | 4,138             |
| United States Treasury                                                          | NTS 05/15/14 2.500 05/15/24                                                             |                          |                         |                         |                   |
|                                                                                 | Purchases - 15 Transactions                                                             | 7,205,583                | -                       | 7,205,583               | -                 |
|                                                                                 | Sales - 15 Transactions                                                                 | -                        | 7,258,027               | 7,205,583               | 52,444            |
| Vanguard                                                                        | Index Fund                                                                              |                          |                         |                         |                   |
|                                                                                 | Purchases - 1 Transaction                                                               | 9,000,000                | -                       | 9,000,000               | -                 |
|                                                                                 | Sales - 2 Transactions                                                                  | -                        | 9,239,498               | 9,000,000               | 239,498           |
| Federated                                                                       | Prime Obligation Func                                                                   |                          |                         |                         |                   |
|                                                                                 | Purchases - 25 Transactions                                                             | 15,139,826               | -                       | 15,139,826              | -                 |
|                                                                                 | Sales - 25 Transactions                                                                 | -                        | 89,470,604              | 89,470,604              | -                 |
| AQR                                                                             | GRP EL Offshore Fund                                                                    |                          |                         |                         |                   |
|                                                                                 | Purchases - 0 Transactions                                                              | -                        | -                       | -                       | -                 |
|                                                                                 | Sales - 1 Transaction                                                                   | -                        | 13,579,211              | 13,750,000              | (170,789)         |
| <b>Total Category 3 – Series of transactions in excess of 5% of Plan assets</b> |                                                                                         | <b>\$ 143,736,602</b>    | <b>\$ 222,670,848</b>   | <b>\$ 365,730,977</b>   | <b>\$ 676,503</b> |

There were no category 2 or 4 reportable transactions during the year ended December 31, 2014.

**Attachment to 2014 Form 5500 Schedule SB,  
Line 26 – Schedule of Active Participant Data**

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

**E.I.N.: 61-0445850 Plan No.: 005  
Plan Year: January 1, 2014 to December 31, 2014**

| .....Completed Years of Credited Service ..... |                     |                     |                     |                       |                       |                       |                       |                       |                       |          |              |
|------------------------------------------------|---------------------|---------------------|---------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|----------|--------------|
| <u>Age</u>                                     | 0<br>to<br><u>1</u> | 1<br>to<br><u>4</u> | 5<br>to<br><u>9</u> | 10<br>to<br><u>14</u> | 15<br>to<br><u>19</u> | 20<br>to<br><u>24</u> | 25<br>to<br><u>29</u> | 30<br>to<br><u>34</u> | 35<br>to<br><u>39</u> | 40<br>±  | <u>Total</u> |
| 0 – 24                                         | 0                   | 0                   | 0                   | 0                     | 0                     | 0                     | 0                     | 0                     | 0                     | 0        | 0            |
| 25 – 29                                        | 0                   | 37                  | 0                   | 0                     | 0                     | 0                     | 0                     | 0                     | 0                     | 0        | 37           |
| 30 – 34                                        | 0                   | 57                  | 29                  | 0                     | 0                     | 0                     | 0                     | 0                     | 0                     | 0        | 86           |
| 35 – 39                                        | 0                   | 40                  | 36                  | 25                    | 0                     | 0                     | 0                     | 0                     | 0                     | 0        | 101          |
| 40 – 44                                        | 0                   | 38                  | 28                  | 33                    | 21                    | 1                     | 0                     | 0                     | 0                     | 0        | 121          |
| 45 – 49                                        | 0                   | 28                  | 28                  | 15                    | 18                    | 17                    | 0                     | 0                     | 0                     | 0        | 106          |
| 50 – 54                                        | 3                   | 31                  | 36                  | 18                    | 21                    | 26                    | 14                    | 1                     | 0                     | 0        | 150          |
| 55 – 59                                        | 0                   | 20                  | 23                  | 26                    | 31                    | 28                    | 20                    | 19                    | 2                     | 0        | 169          |
| 60 – 64                                        | 0                   | 13                  | 14                  | 21                    | 19                    | 21                    | 14                    | 3                     | 5                     | 0        | 110          |
| 65 – 69                                        | 0                   | 8                   | 7                   | 3                     | 3                     | 7                     | 2                     | 2                     | 0                     | 0        | 32           |
| 70 & Up                                        | <u>0</u>            | <u>3</u>            | <u>1</u>            | <u>1</u>              | <u>1</u>              | <u>3</u>              | <u>1</u>              | <u>0</u>              | <u>0</u>              | <u>0</u> | <u>10</u>    |
| Totals                                         | 3                   | 275                 | 202                 | 142                   | 114                   | 103                   | 51                    | 25                    | 7                     | 0        | 922          |

**Attachment to 2014 Form 5500 Schedule SB,  
Part V – Statement of Actuarial Assumptions/Methods**

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

**E.I.N.: 61-0445850 Plan No.: 005  
Plan Year: January 1, 2014 to December 31, 2014**

---

**A    ACTUARIAL COST METHOD**

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

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

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

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

**B    ASSET VALUATION METHOD**

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

1. 66.67% of gains and losses of the prior year;
2. 33.33% of gains and losses of the second prior year.

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

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

**Attachment to 2014 Form 5500 Schedule SB,  
Part V – Statement of Actuarial Assumptions/Methods**

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

**E.I.N.: 61-0445850 Plan No.: 005  
Plan Year: January 1, 2014 to December 31, 2014**

---

**C    INTEREST RATE METHODS**

Target Liability Interest Rates

Segment rates for September prior to the valuation date as adjusted in accordance with Code Section 430(h)(2)(C)(iv).

PBGC Interest Rates

Based on the alternative premium funding target and the Target Liability Interest Rates, unadjusted by Code Section 430(h)(2)(C)(iv).

Expected Return on Assets/  
ASC 960-20 Interest Rate

7.00% (previously, 8.00%).

**D    ACTUARIAL ASSUMPTIONS**

Pre- and Post-Retirement Mortality

Static mortality table in accordance with IRS Regulation 1.430(h)(3)-1 for the valuation year.

Salary Increases

N/A

IRC Maximum Benefit and  
Compensation Limitations

*Benefit Limit*

\$210,000 for 2014 (previously, \$205,000).

*Compensation Limit*

N/A

Social Security Wage Base Increases

N/A

Retirement Rates

Rates are as follows:

| <u>Age</u> | <u>Rate (%)</u> |
|------------|-----------------|
| 55-61      | 5               |
| 62-64      | 10              |
| 65+        | 100             |

Terminated vested participants are assumed to retire at age 65.

**Attachment to 2014 Form 5500 Schedule SB,  
Part V – Statement of Actuarial Assumptions/Methods**

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

**E.I.N.: 61-0445850 Plan No.: 005  
Plan Year: January 1, 2014 to December 31, 2014**

---

**D    ACTUARIAL ASSUMPTIONS (cont'd)**

**Withdrawal Rates**

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

| <u>Age</u> | <u>Rate (%)</u> |
|------------|-----------------|
| 25         | 9.67            |
| 30         | 9.30            |
| 40         | 7.75            |
| 50         | 4.22            |
| 55         | 1.55            |

**Form of Payment**

Life annuity.

**Marital Assumption**

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

**Plan Expenses**

\$395,000, (previously, \$295,000).

**ATTACHMENT TO THE 2014 SCHEDULE H OF FORM 5500**  
**LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) &**  
**LINE 4j – SCHEDULE OF REPORTABLE TRANSACTIONS**

Plan Sponsor: St. Elizabeth Medical Center, Inc.

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

Plan Year: January 1, 2014 to December 31, 2014

EIN: 61-0445850

Plan No.: 005

---

**Item 4i- Schedule of Assets Held at End of Year**

Page 21 of the attached auditor's report of the Plan for the plan year ending December 31, 2014 provides the schedule of assets information.

**Item 4j- Schedule of Reportable Transactions**

Page 26 of the attached auditor's report of the Plan for the plan year ending December 31, 2014 provides the schedule of reportable transactions.

**SCHEDULE SB  
(Form 5500)**Department of the Treasury  
Internal Revenue ServiceDepartment 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

**2014****This Form is Open to Public  
Inspection**

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

▶ **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  
THE ST. LUKE HOSPITALS, INC. PENSION PLAN**B** Three-digit  
plan number (PN) ▶ 005**C** Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF  
ST. ELIZABETH MEDICAL CENTER, INC.**D** Employer Identification Number (EIN)  
61-0445850**E** Type of plan: ☒ 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 01 Day 01 Year 2014**2** Assets:**a** Market value ..... **2a** 77978639**b** Actuarial value ..... **2b** 74319042**3** Funding target/participant count breakdown

|                                                                            | (1) Number of participants | (2) Vested Funding Target | (3) Total Funding Target |
|----------------------------------------------------------------------------|----------------------------|---------------------------|--------------------------|
| <b>a</b> For retired participants and beneficiaries receiving payment..... | 515                        | 20907131                  | 20907131                 |
| <b>b</b> For terminated vested participants.....                           | 860                        | 15577204                  | 15577204                 |
| <b>c</b> For active participants.....                                      | 922                        | 24223132                  | 24404529                 |
| <b>d</b> Total.....                                                        | 2297                       | 60707467                  | 60888864                 |

**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** 6.56 %**6** Target normal cost ..... **6** 395000**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  
Paul W. Foley, A.S.A., E.A.Type or print name of actuary  
TransamericaFirm name  
24 Prime Park Way  
Suite 400  
Natick, MA 01760-1528  
Address of the firm

08/21/2015

Date  
14-05775Most recent enrollment number  
(508) 903-6016

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 ☐

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

Schedule SB (Form 5500) 2014  
v. 140124



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

|                                                                                                                                                                                              |                       |                       |                       |                                                     |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------------------------------------|
| <b>21</b> Discount rate:                                                                                                                                                                     |                       |                       |                       |                                                     |
| <b>a</b> Segment rates:                                                                                                                                                                      | 1st segment:<br>4.99% | 2nd segment:<br>6.32% | 3rd segment:<br>6.99% | <input type="checkbox"/> N/A, full yield curve used |
| <b>b</b> Applicable month (enter code).....                                                                                                                                                  |                       |                       |                       | <b>21b</b> 4                                        |
| <b>22</b> Weighted average retirement age .....                                                                                                                                              |                       |                       |                       | <b>22</b> 62                                        |
| <b>23</b> Mortality table(s) (see instructions) <input type="checkbox"/> Prescribed - combined <input checked="" type="checkbox"/> Prescribed - separate <input type="checkbox"/> Substitute |                       |                       |                       |                                                     |

**Part VI Miscellaneous Items**

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

**Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years**

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

**Part VIII Minimum Required Contribution For Current Year**

|                                                                                                                                                                                      |                     |                    |               |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|--------------------|---------------|
| <b>31</b> Target normal cost and excess assets (see instructions):                                                                                                                   |                     |                    |               |
| <b>a</b> Target normal cost (line 6) .....                                                                                                                                           | <b>31a</b>          | 395000             |               |
| <b>b</b> Excess assets, if applicable, but not greater than line 31a .....                                                                                                           | <b>31b</b>          | 0                  |               |
| <b>32</b> Amortization installments:                                                                                                                                                 | Outstanding Balance |                    | Installment   |
| <b>a</b> Net shortfall amortization installment.....                                                                                                                                 | 2072623             |                    | 1181430       |
| <b>b</b> Waiver amortization installment .....                                                                                                                                       | 0                   |                    | 0             |
| <b>33</b> 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 ..... | <b>33</b>           |                    |               |
| <b>34</b> Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..                                                            | <b>34</b>           | 1576430            |               |
|                                                                                                                                                                                      | Carryover balance   | Prefunding balance | Total balance |
| <b>35</b> Balances elected for use to offset funding requirement.....                                                                                                                | 0                   | 1576430            | 1576430       |
| <b>36</b> Additional cash requirement (line 34 minus line 35).....                                                                                                                   | <b>36</b>           | 0                  |               |
| <b>37</b> Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....                                                   | <b>37</b>           | 399917             |               |
| <b>38</b> Present value of excess contributions for current year (see instructions)                                                                                                  |                     |                    |               |
| <b>a</b> Total (excess, if any, of line 37 over line 36) .....                                                                                                                       | <b>38a</b>          | 399917             |               |
| <b>b</b> Portion included in line 38a attributable to use of prefunding and funding standard carryover balances .....                                                                | <b>38b</b>          | 399917             |               |
| <b>39</b> Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37) .....                                                                      | <b>39</b>           | 0                  |               |
| <b>40</b> Unpaid minimum required contributions for all years .....                                                                                                                  | <b>40</b>           | 0                  |               |

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

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

Attachment to 2014 Form 5500 Schedule SB,  
Line 19 – Discounted Employer Contributions

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

E.I.N.: 61-0445850 Plan No.: 005  
Plan Year: January 1, 2014 to December 31, 2014

---

| <u>Date</u>     | <u>Actual<br/>Contribution</u> | <u>Discounted<br/>Contribution</u> | <u>Effective<br/>Rate</u> | <u>Plan Year</u>        |
|-----------------|--------------------------------|------------------------------------|---------------------------|-------------------------|
| October 7, 2014 | 400,000                        | 381,037                            | 6.56%                     | 01/01/2014 – 12/31/2014 |
| October 9, 2014 | <u>19,827</u>                  | <u>18,880</u>                      | 6.56%                     | 01/01/2014 – 12/31/2014 |
| Total           | \$ 419,827                     | \$ 399,917                         |                           |                         |

**Attachment to 2014 Form 5500 Schedule SB,  
Line 22 – Description of Weighted Average Retirement Age**

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

**E.I.N.: 61-0445850 Plan No.: 005  
Plan Year: January 1, 2014 to December 31, 2014**

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

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

Average age at retirement

62.434836

**Rounded for Schedule SB item 22**

**62**

**Attachment to 2014 Form 5500 Schedule SB,  
Part V – Summary of Plan Provisions**

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

**E.I.N.: 61-0445850 Plan No.: 005  
Plan Year: January 1, 2014 to December 31, 2014**

---

Background

Effective December 13, 2008, benefit accruals ceased under the Health Alliance Retirement Plan (the "HA Plan") for The St. Luke Hospitals, Inc. employees who were participating in the HA Plan. Subsequently, assets and liabilities associated with The St. Luke Hospitals, Inc. employees and former employees who were participants in the HA Plan were "spun-off" to this new plan. The plan provisions summarized in this SECTION IX describe the provisions of the prior HA Plan as they applied to The St. Luke Hospitals, Inc. employees who participated in the HA Plan.

Plan Year

January 1 to December 31.

Covered Employee

An Employee who, as of January 1, 1999, was a participant or eligible to become a participant in one of the Old Plans and any other Employee other than (a) intern, resident, fellow or student nurse (b) independent contractor (c) active participant in PERS or STRS (d) contractor for University of Cincinnati who is an active participant in City Plan or (e) member of CBU that hasn't adopted provisions of the Plan.

Entry Date

January 1 or July 1.

Eligibility Computation Period

12-month period following date of hire and then each 12-month period from January 1 after date of hire.

Eligibility Year

An Eligibility Computation Period in which an individual is credited with at least 1,000 Hours of Service.

Participation

Each Covered Employee who is not already a Participant shall become a Participant on the later of (a) the Entry Date coinciding with or following the attainment age 21 and at least one Eligibility Year or (b) if not Covered Employee on such Entry Date, first date thereafter on which become Covered Employee has completed at least one Eligibility Year.

No new participants shall enter the Plan after December 13, 2008.

**Attachment to 2014 Form 5500 Schedule SB,  
Part V – Summary of Plan Provisions**

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

**E.I.N.: 61-0445850 Plan No.: 005  
Plan Year: January 1, 2014 to December 31, 2014**

---

Earnings

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

Final Average Earnings

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

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

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

Covered Compensation

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

Credited Service

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

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

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

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

**Attachment to 2014 Form 5500 Schedule SB,  
Part V – Summary of Plan Provisions**

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

**E.I.N.: 61-0445850 Plan No.: 005  
Plan Year: January 1, 2014 to December 31, 2014**

---

Credited Service (cont'd)

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

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

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

Vesting Service

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

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

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

Normal Retirement Benefit

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

*Accrued Benefit*

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

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

*Grandfathered Benefits*

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

**Attachment to 2014 Form 5500 Schedule SB,  
Part V – Summary of Plan Provisions**

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

**E.I.N.: 61-0445850 Plan No.: 005  
Plan Year: January 1, 2014 to December 31, 2014**

---

Normal Retirement Benefit (cont'd)

*Benefits for Transfers*

If after December 31, 1998, a Grandfathered Participant is transferred from the employment of one Employer to another Employer, such Grandfathered Participant's Accrued Benefit shall continue to be determined in accordance with the terms of the Plan and any Appendix applicable to that Participant as of December 31, 1998.

*Old Plan Benefits*

If as of December 31, 1998, the Grandfathered Participant (a) was an Employee (b) had multiple Old Plan Accrued Benefits and (c) was only actively accruing benefits under one such Old Plan, the Grandfathered Participant's Accrued Benefit is the greater of the following:

- (1) the sum of the Former Old Plan(s) Accrued Benefit as of 12/31/98 plus the Accrued Benefit under the Plan and any Appendix applicable to the Active Old Plan taking into account only Earnings and Years of Credited Service not taken into account by the Former Old Plan(s),
- (2) Accrued Benefit under the Plan and any Appendix applicable to the Active Old Plan taking into account all Earnings and Years of Credited Service.

Late Retirement

Eligible the first month coincident with or next following termination of employment after age 65.

Greater of Normal Retirement Benefit determined as of Late Retirement Date or Actuarial Equivalent as of Late Retirement Date of the Normal Retirement Benefit determined as of Normal Retirement Date.

Retirement benefits must commence no later than the April 1<sup>st</sup> following the calendar year in which a Participant attains age 70-1/2.

Early Retirement Benefit

Normal Retirement Benefit reduced by 5/9% for each of the first 60 months plus 5/18% for each of the next 60 months by which Early Retirement Date precedes Normal Retirement Date.

**Attachment to 2014 Form 5500 Schedule SB,  
Part V – Summary of Plan Provisions**

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

**E.I.N.: 61-0445850 Plan No.: 005  
Plan Year: January 1, 2014 to December 31, 2014**

---

Deferred Vested Benefit

Normal Retirement Benefit payable at Normal Retirement Date or at an Early Retirement Date reduced in the same manner as for Early Retirement.

Pre-retirement Death Benefit

Eligible if death before Benefit Commencement Date with a Surviving Spouse.

Payable the first month coincident with or next following the later of date of death or date Participant would have attained Early Retirement.

The survivor annuity which would have been payable under the 50% Qualified Joint and Survivor Annuity form of payment.

If the Participant dies on or after Early Retirement Date, then the benefit is payable immediately.

If Participant dies prior to Early Retirement Date, then assume the Participant terminates on the earlier of either the date of termination or death, survives to Early Retirement Date, elects the 50% Qualified Joint and Survivor Annuity, then dies.

Form of Benefit

The normal form of payment for a single participant is a life annuity. The normal form of payment for married participants is an actuarially reduced 50% Qualified Joint and Survivor Annuity.

Optional forms of benefit are:

- (i) An actuarially equivalent benefit of 100%, 66 2/3%, or 50% Joint and Contingent annuity.
- (ii) An actuarially equivalent benefit of five, ten, fifteen, or twenty years certain and continuous annuity.
- (iii) An actuarially equivalent benefit of ten, fifteen or twenty years certain.
- (iv) A life annuity for married participants.

**Attachment to 2014 Form 5500 Schedule SB,  
Part V – Summary of Plan Provisions**

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

**E.I.N.: 61-0445850 Plan No.: 005  
Plan Year: January 1, 2014 to December 31, 2014**

---

Actuarial Equivalence

1984 Unisex Pension Mortality set back four years and 8% interest.

For lump-sums, 417(e) interest rate for the fifth full calendar month preceding the Plan Year containing the Benefit Commencement Date and 417(e) mortality.

Employee Contributions

None. The entire cost of the plan is paid by the employer.

IRC Maximum Benefit and  
Compensation Limitations

*Benefit Limit*

\$210,000 for 2014 (previously, \$205,000).

*Compensation Limit*

N/A

St. Luke Hospitals, Inc. Pension Plan  
 EIN No.: 61-0445850, Plan No. 005  
 Schedule H, Line 4i - Schedule of Assets  
 Plan Year Ending: 12/31/2014

| (a) | (b)<br>Identity of Issuer, Borrower,<br>Lessor or Similar Party | (c)<br>Description of Investment, Including Maturity Date,<br>Rate of Interest, Par or Maturity Value | (e)<br>CURRENT VALUE |
|-----|-----------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|----------------------|
| *   | Diversified Investment Advisors                                 | Money Market Fund                                                                                     | \$ 2,435,064         |
|     |                                                                 | <b>Mutual Funds Total</b>                                                                             | <b>\$ 2,435,064</b>  |
|     |                                                                 | <b>TOTAL PLAN ASSETS</b>                                                                              | <b>\$ 2,435,064</b>  |

\* Indicates Party-In-Interest to the Plan

**Attachment to 2014 Form 5500 Schedule SB,  
Line 32 – Schedule of Amortization Bases**

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

**E.I.N.: 61-0445850 Plan No.: 005**

**Plan Year: January 1, 2014 to December 31, 2014**

---

Amortization Schedule

| (a)<br><u>Year</u> | (b)<br><u>Type</u> | (c)<br><u>Present Value</u> | (d)<br><u>Years Left</u> |    | (e)<br><u>Payment</u> |
|--------------------|--------------------|-----------------------------|--------------------------|----|-----------------------|
| 2008               | Shortfall          | \$ 0                        | 1                        | \$ | 0                     |
| 2009               | Shortfall          | 0                           | 2                        |    | 0                     |
| 2010               | Shortfall          | 4,079,419                   | 3                        |    | 1,426,533             |
| 2011               | Shortfall          | 2,342,386                   | 4                        |    | 629,038               |
| 2012               | Shortfall          | (3,502,853)                 | 5                        |    | (770,404)             |
| 2013               | Shortfall          | 1,728,175                   | 6                        |    | 327,129               |
| 2014               | Shortfall          | <u>(2,574,504)</u>          | 7                        |    | <u>(430,866)</u>      |
| Total              |                    | \$ 2,072,623                |                          | \$ | 1,181,430             |

**Attachment to 2014 Form 5500 Schedule SB,  
Line 24 – Change in Actuarial Assumptions**

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

**E.I.N.: 61-0445850 Plan No.: 005  
Plan Year: January 1, 2014 to December 31, 2014**

---

For 2014, plan expenses totaled \$395,000 (previously, \$295,000).

The expected investment return on assets was decreased from 8.00% to 7.00% to better reflect the current economic conditions.