Form 5500

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Annual Return/Report of Employee Benefit Plan

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

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

OMB Nos. 1210-0110
1210-0089

2014

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2014 or fiscal plan year beginning 05/01/2014 and ending 04/30/2015

A This return/report is for:
- [ ] a multiemployer plan;
- [ ] a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or
- [X] a single-employer plan;
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 002

1c Effective date of plan 05/01/1993

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

2520 CHERRY AVENUE
BREMERTON, WA 98310-4270

2b Employer Identification Number (EIN)
91-0565546

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

2d Business code (see instructions)
622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	11/30/2015	TROY LINDON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

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

Preparer's telephone number (optional)

3a Plan administrator's name and address ☐ Same as Plan Sponsor

CATHOLIC HEALTH INITIATIVES

3900 OLYMPIC BOULEVARD, SUITE 500
ERLANGER, KY 41018-1099

3b Administrator's EIN: 47-0617373

3c Administrator's telephone number: 859-594-3267

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

a Sponsor's name

4b EIN

4c PN

5	Total number of participants at the beginning of the plan year	**5**	1355
6	Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1)	Total number of active participants at the beginning of the plan year	**6a(1)**	490
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	424
b	Retired or separated participants receiving benefits	**6b**	479
c	Other retired or separated participants entitled to future benefits	**6c**	431
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	1334
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	12
f	Total. Add lines **6d** and **6e**.	**6f**	1346
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	0
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	**7**	

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions:
1A 1I

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 05/01/2014 and ending 04/30/2015

▶ **Round off amounts to nearest dollar.**

▶ **Caution:** A penalty of $1,000 will be assessed for late filing of this report unless reasonable cause is established.

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
91-0565546

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

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

Part I Basic Information

1 Enter the valuation date: Month 05 Day 01 Year 2014

2 Assets:

a Market value	**2a**	118097439
b Actuarial value	**2b**	113263539

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	420	47013978	47013978
b For terminated vested participants	445	20504644	20504644
c For active participants	490	37928965	38208825
d Total	1355	105447587	105727447

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**	6.51%
6 Target normal cost	**6**	360000

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

09/30/2015
Date

JUDY M. KRUSE
Type or print name of actuary

14-05907
Most recent enrollment number

TOWERS WATSON DELAWARE INC.
Firm name

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

191 NORTH WACKER DRIVE
SUITE 2100
CHICAGO, IL 60606-1615
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1661150	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	1661150	0
10	Interest on line 9 using prior year's actual return of 11.09%	184222	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2478067
	b(1) 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 6.35 %		157357
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		2635424
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1845372	0

Part III Funding Percentages

14	Funding target attainment percentage	14	105.38 %
15	Adjusted funding target attainment percentage	15	106.57 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.20 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years.	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.99 %	6.32 %	6.99 %	☐ N/A, full yield curve used

b Applicable month (enter code)	**21b**	4
22 Weighted average retirement age	**22**	65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

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

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	**27**	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	**31a**	360000
b Excess assets, if applicable, but not greater than line 31a	**31b**	360000

32 Amortization installments:

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	0

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

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

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

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

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

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

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

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

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

For calendar plan year 2014 or fiscal plan year beginning 05/01/2014 and ending 04/30/2015

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
91-0565546

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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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 NEW YORK

91-0565546

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50	TRUSTEE	6019	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TOWERS WATSON

191 N. WACKER DRIVE
SUITE 2100
CHICAGO, IL 60606

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	43490	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

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

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

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

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

(complete as many entries as needed)

a Name: CLARK NUBER P.S.

b EIN: 91-1194016

c Position: ACCOUNTANT

d Address: 10900 NE 4TH STREET
SUITE 1700
BELLEVUE, WA 98004

e Telephone: 425-454-4919

Explanation: CORPORATE DECISION

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

a Name:

b EIN:

c Position:

d Address:

e Telephone:

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 05/01/2014 and ending 04/30/2015

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
91-0565546

Part I Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs)

(Complete as many entries as needed to report all interests in DFEs)

a Name of MTIA, CCT, PSA, or 103-12 IE: CATHOLIC HEALTH INITIATIVES MT

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
80-0000385-001	M	120782924

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection

For calendar plan year 2014 or fiscal plan year beginning 05/01/2014 and ending 04/30/2015

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
91-0565546

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)		
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	341	79
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)	1491152	249383
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	108398819	120782924
(12) Value of interest in 103-12 investment entities	1c(12)		
(13) Value of interest in registered investment companies (e.g., mutual funds)	1c(13)	8207127	1407878
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)		

		(a) Beginning of Year	(b) End of Year
1d Employer-related investments:			
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	118097439	122440264
Liabilities			
g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	0	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	118097439	122440264

Part II Income and Expense Statement

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

Income		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: **(A)** Employers	2a(1)(A)		
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines **2a(1)(A), (B), (C),** and line **2a(2)**	2a(3)		0
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)		
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines **2b(1)(A)** through **(F)**	2b(1)(G)		0
(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	3228	
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		3228
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)	2003906	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	367004	
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		1636902
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-1608184	
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		-1608184

		(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)		9334762
(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)		
c Other income	2c		
d Total income. Add all **income** amounts in column (b) and enter total	2d		9366708
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	4977356	
(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)		4977356
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)	43940	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	2587	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		46527
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		5023883
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		4342825
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

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

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 05/01/2014 and ending 04/30/2015

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

B Three-digit plan number (PN) ▶ 002

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

D Employer Identification Number (EIN)
91-0565546

Part I Distributions

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

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

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

EIN(s): 25-1926855

Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.

3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year **3** 3

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

a Enter the percentage of plan assets held as:
Stock: 42% Investment-Grade Debt: 33% High-Yield Debt: 4% Real Estate: 6% Other: 15%

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

Retirement Plan for Employees of Harrison Memorial Hospital
Years Ended April 30, 2015 and 2014
With Report of Independent Auditors

Ernst & Young LLP

Building a better working world

Retirement Plan for Employees of Harrison Memorial Hospital

Financial Statements and Supplemental Schedules

Years Ended April 30, 2015 and 2014

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Report of Independent Auditors

The Plan Administrator
Retirement Plan for Employees of Harrison Memorial Hospital

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Retirement Plan for Employees of Harrison Memorial Hospital, which comprise the statement of net assets available for benefits as of April 30, 2015, and the related statement of changes in net assets available for 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.

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the certified information summarized in Note 5, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the entity that certified the investment information meets the requirements of 29 CFR 2520.103-8. The plan administrator has obtained a certification as of and for the year ended April 30, 2015, stating that the investment information provided to the plan administrator is complete and accurate.

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Disclaimer of Opinion on Financial Statements

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

Disclaimer of Opinion on Supplemental Schedules

The accompanying supplemental schedules of assets (held at end of year) as of April 30, 2015, and reportable transactions for the year then ended, are presented for the purposes of additional analysis and are not a required part of the financial statements but are supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

Disclaimer of Opinion of Other Auditors on 2014 Financial Statements

Other auditors disclaimed an opinion on the 2014 financial statements of the Retirement Plan for Employees of Harrison Memorial Hospital on February 12, 2015, 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. Their report indicated that (a) because of the significance of the information that they did not audit, they were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion and accordingly, they did not express an opinion on the financial statements and (b) the form and content of the information included in the 2014 financial statements other than that derived from the certified investment information were presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

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

The form and content of the information included in the 2015 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 and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

Ernst & Young LLP

November 23, 2015

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Retirement Plan for Employees of Harrison Memorial Hospital

Statements of Net Assets Available for Benefits

	April 30	
	2015	**2014**
Assets		
Investments, at fair value:		
Plan interest in the CHI Master Trust	**$ 120,782,924**	$ 108,398,819
Dreyfus Institutional Cash Advantage Fund	**1,407,878**	8,207,127
Clarion Lion Properties Fund	**249,383**	1,491,152
Total investments, at fair value	**122,440,185**	118,097,098
Receivables:		
Interest and dividends	**79**	341
Net assets available for benefits	**$ 122,440,264**	$ 118,097,439

See accompanying notes.

Retirement Plan for Employees of Harrison Memorial Hospital

Statements of Changes in Net Assets Available for Benefits

	Year Ended April 30	
	2015	**2014**
Additions		
Investment income:		
Interest and dividends	**$ 3,228**	$ 2,431,351
Net investment gain from plan interest in the CHI Master Trust	**9,334,762**	734,744
Net appreciation in fair value of registered investment companies	**–**	7,093,141
Net appreciation in fair value of common stocks	**–**	1,640,667
Net appreciation in fair value of real estate funds	**28,718**	215,628
Total investment income	**9,366,708**	12,115,531
Employer contributions	**–**	2,520,000
Total additions	**9,366,708**	14,635,531
Deductions		
Benefits paid to participants	**4,977,356**	4,627,635
Administrative expenses	**46,527**	189,743
Total deductions	**5,023,883**	4,817,378
Net increase	**4,342,825**	9,818,153
Net assets available for benefits at:		
Beginning of year	**118,097,439**	108,279,286
End of year	**$ 122,440,264**	$ 118,097,439

See accompanying notes.

Retirement Plan for Employees of Harrison Memorial Hospital

Notes to Financial Statements

April 30, 2015

1. Plan Description

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

General

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

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

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

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

Contributions

Prior to January 1, 2011, the Plan required all active participants to contribute 2% of their eligible earnings. Effective January 1, 2011, the Plan was amended to no longer require or permit employee contributions to the Plan. Mandatory contribution accounts are credited with interest based on 120% of the federal midterm rate in effect as of the first day of each plan year, but in no event less than 5%. Prior to May 1, 1993, participants could elect to make voluntary contributions to the Plan up to 10% of their earnings. The mandatory and voluntary contributions are maintained in separate accounts and are credited with interest each year. Voluntary contributions are credited with the interest rate used by the Pension Benefit Guaranty Corporation (PBGC) to value immediate annuities for single employer plans terminating on the first day of the plan year. For the plan years ended April 30, 2015 and 2014, interest credited on

1. Plan Description (continued)

mandatory contributions was 5.0%. Interest credited on voluntary contributions was 1.5% and 1.0% for the years ended April 30, 2015 and 2014, respectively. Cumulative mandatory and voluntary employee contributions, including interest, as of April 30, 2015 and 2014, were $10,974,106 and $11,967,216, respectively.

Funding Policy

The Sponsor's funding policy is to make contributions to the Plan that meet or exceed the minimum funding standards of ERISA. The Sponsor made no contributions for the year ended April 30, 2015 (2014 – $2,520,000). The Plan met the minimum funding requirements of ERISA in both years.

Pension Benefits

Participants are eligible to begin receiving normal retirement benefits upon attaining the age of 65. The Plan also permits early retirement if the participant reaches age 55 and has completed 10 years of service. The participant's monthly accrued benefit payable at his or her normal retirement date shall be equal to 2% of the participant's final average monthly earnings multiplied by years of plan participation (and fractions thereof), and then adjusted for form of payment. The participant is also entitled to his or her voluntary contributions and accrued earnings thereon. Participants may elect a combination of annuity payments or lump-sum distributions.

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

Distributions

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

1. Plan Description (continued)

Vesting

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

Plan Administration and Investment Management Fees

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

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States 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.

2. Summary of Significant Accounting Policies (continued)

Investment Valuation and Fair Value Measurements

The Plan's investments, including those investments held in the CHI Master Trust, are reported at fair value in accordance with Accounting Standards Codification (ASC) 820, *Fair Value Measurement and Disclosures*. The standard provides a consistent definition of fair value that focuses on an exit price, which is the price that would be received upon the sale of an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ASC 820 prioritizes, with respect to the measurement of fair value, the use of market-based information over entity-specific information and establishes a three-level hierarchy for fair value measurements based on the nature of inputs used in the valuation of an asset or liability as of the measurement date.

The three-level hierarchy for fair value measurements is as follows:

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

- Level 2 – Fair value is based on inputs, other than Level 1, that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the asset or liability through corroboration with observable market data. Investments that trade in less liquid public markets or derive market value through corroboration with observable market data (e.g., fixed income securities) are classified by the CHI Master Trust in Level 2 of the fair value hierarchy.

2. Summary of Significant Accounting Policies (continued)

Level 3 – Fair value is based on inputs to the valuation methodology that are unobservable and significant to the fair value measurement. Level 3 investments may include common and preferred equity securities, alternative investments (including hedge funds, real estate, and venture capital/private equity), corporate debt, term loans, warrants, and other privately issued securities. The valuation of these investments requires significant judgment due to the absence of quoted market values, inherent lack of liquidity, changes in market conditions, and the long-term nature of such investments. The Plan's and CHI Master Trust's Level 3 investments consist primarily of alternative investments. Because alternative investments are not publicly traded, market quotationsWhile CHI believes that its valuation methods are appropriate and consistent with those used by other market participants, the use of different methodologies or assumptions to estimate the fair value of Level 3 investments could result in a different estimate of fair value at the reporting date. Those fair value estimates, including those related to investments carried at net asset value, may differ significantly from the values that would have been determined had a readily available market for such investments existed, or had such investments been liquidated or sold to external investors, and these differences could be material to the financial statements.

In situations where inputs used to determine fair value fall into different levels of the fair value hierarchy, the level within the fair value hierarchy is based on the lowest level of input that is significant to the fair value measurement in its entirety.

For additional information on the fair value measurements on the investment securities within the CHI Master Trust fair value measurements, see Note 6.

Income Recognition

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

2. Summary of Significant Accounting Policies (continued)

New Accounting Pronouncements

In May 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2015-07, *Disclosures for Investments in Certain Entities that Calculate Net Asset Value Per Share (or its Equivalent).* ASU 2015-07 removes the requirement to categorize within the fair value hierarchy investments for which fair values are estimated using the net asset value practical expedient provided by ASC 820. Disclosures about investments in certain entities that calculate net asset value per share are limited under ASU 2015-07 to those investments for which the entity has elected to estimate the fair value using the net asset value practical expedient. ASU 2015-07 is effective for entities (other than public business entities) for fiscal years beginning after December 15, 2016, with retrospective application to all periods presented. Early application is permitted. Management is currently evaluating this updated guidance.

In July 2015, the FASB issued ASU 2015-12, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient*. Part I of the ASU eliminates the requirements to measure the fair value of fully benefit-responsive investment contracts and provide certain disclosures. Contract value is the only required measure for fully benefit-responsive investment contracts. Part II of the ASU eliminates the requirements to disclose individual investments that represent 5% or more of net assets available for benefits and the net appreciation or depreciation in fair value of investments by general type. It also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part III of the ASU allows a plan with a fiscal year-end that doesn't coincide with the end of a calendar month to measure its investments and investment-related accounts using the month-end closest to its fiscal year-end. The ASU is effective for fiscal years beginning after December 15, 2015. Parts I and II are to be applied retrospectively. Part III is to be applied prospectively. Plans can early adopt any of the ASU's three parts without early adopting the other parts. Parts I and III are not applicable to the Plan. Management is currently evaluating this updated guidance.

2. Summary of Significant Accounting Policies (continued)

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 employees to the valuation date. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present participants or their beneficiaries. Benefits under the Plan are based on employees' compensation during their last five years of credited service. The accumulated plan benefits for active employees are based on their average compensation during the five years ending December 31, 2010. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included, to the extent they are deemed attributable to employee service rendered to the valuation date.

3. Accumulated Plan Benefits

An actuary from Towers Watson 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 accumulated plan benefit information as of April 30 is as follows:

	2015	2014
Actuarial present value of accumulated benefits:		
Vested:		
Participants currently receiving payments	**$ 54,213,863**	$ 42,945,431
Other participants	**50,638,042**	50,602,065
Total vested benefits	**104,851,905**	93,547,496
Non-vested:		
Other benefits attributable to service rendered	**200,336**	273,389
	$ 105,052,241	$ 93,820,885

4. Actuarial Valuation

The changes in the actuarial present value of accumulated plan benefits for the plan years ended April 30, 2015 and 2014, are as follows:

	2015	2014
Actuarial present value of accumulated benefits at beginning of plan year	**$ 93,820,885**	$ 99,451,641
Actuarial losses	**1,147,111**	400,917
Decrease in discount period	**6,944,711**	6,634,513
Benefits paid	**(4,977,357)**	(4,627,635)
Change in actuarial assumptions	**8,116,891**	(8,038,551)
Actuarial present value of accumulated benefits at end of plan year	**$ 105,052,241**	$ 93,820,885

The significant assumptions underlying the actuarial computations at April 30, 2015 and 2014, are as follows:

Assumed rate of return	7.20% in 2015 and 7.60% in 2014
Retirement	Weighted average retirement age of 65
Mortality basis	Retirement Plans 2015 Mortality Tables in 2013 and RP-2000 projected to 2025 with Scale AA factors and no collar adjustment in 2014

Retirement

Age	Rate
55–61	2.5%
62	5.0
63	10.0
64	15.0
65–66	25.0
67–69	15.0
70	100.0

4. Actuarial Valuation (continued)

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

Actuarial cost method	Projected unit credit cost

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

5. Fair Value Measurements

The following tables set forth by level, within the fair value hierarchy as described in Note 2, the Plan's carried assets at fair value:

	April 30, 2015			
	Level 1	**Level 2**	**Level 3**	**Total**
Registered investment companies	**$ 1,407,878**	**$ –**	**$ –**	**$ 1,407,878**
Real estate fund	**–**	**–**	**249,383**	**249,383**
Total investments	**$ 1,407,878**	**$ –**	**$ 249,383**	**$ 1,657,261**

	April 30, 2014			
	Level 1	**Level 2**	**Level 3**	**Total**
Registered investment companies	$ 8,207,127	$ –	$ –	$ 8,207,127
Real estate fund	–	–	1,491,152	1,491,152
Total investments	$ 8,207,127	$ –	$ 1,491,152	$ 9,698,279

5. Fair Value Measurements (continued)

A reconciliation of the beginning and ending balances for fair value measurements made usingsignificant unobservable inputs (Level 3) is as follows for the years ended April 30, 2015 and 2014:

	Lion Value Fund	Cornerstone Patriot Fund LP	Total
Balance as of May 1, 2013	$ 2,305,396	$ 6,554,896	$ 8,860,292
Realized and unrealized gains	(561,697)	777,325	215,628
Sales	(252,547)	(7,332,221)	(7,584,768)
Balance as of April 30, 2014	1,491,152	–	1,491,152
Realized gain	**1,636,902**	–	**1,636,902**
Unrealized loss	**(1,608,184)**	–	**(1,608,184)**
Sales	**(1,270,487)**	–	**(1,270,487)**
Balance as of April 30, 2015	**$ 249,383**	**$ –**	**$ 249,383**

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

	2015 Fair Value	2014 Fair Value	Redemption Frequency	Redemption Notice Period
Lion Value Fund[(a)]	**249,383**	1,491,152	Quarterly	90 days

[(a)] The Lion Value Fund invests primarily in United States real estate. The Plan's ability to redeem these investments is subject to certain restrictions and cash availability. The funds' investment normally provides for a quarterly distribution subject to written notification of redemption request 30 to 90 days prior to the last business day of the quarter. There are no unfunded commitments for this fund.

6. Investments

All investment information disclosed in the accompanying financial statements, footnotes, and supplemental schedules, including investments held at April 30, 2015 and 2014, net investment gain from plan interest in the CHI Master Trust, net appreciation in fair value of registered investment companies, common stocks, real estate funds, and interest and dividend income for the years ended April 30, 2015 and 2014, was obtained or derived from information supplied to the plan administrator and certified as complete and accurate by The Bank of New York Mellon, the trustee as of April 30, 2015 and April 30, 2014, and for the year ended April 30, 2015, and period from February 1, 2014 to April 30, 2014, and Wells Fargo Bank, N.A., the trustee for the period from May 1, 2013 to April 15, 2014.

7. CHI Master Trust

Certain of the Plan's investments are held in the CHI Master Trust, which was established for the investment of assets of the Plan and several other CHI-sponsored retirement plans. Each participating plan has an undivided interest in the CHI Master Trust. The CHI Master Trust assets are allocated among the participating plans by assigning to each plan those transactions (primarily contributions, benefit payments, and plan-specific expenses) that can be specifically identified and by allocating among all plans, in proportion to each plan's beneficial interest in the CHI Master Trust, income and expenses resulting from the collective investment of the assets of the CHI Master Trust. Investment income and administrative expenses relating to the CHI Master Trust are allocated to the individual plans based upon the amount of time the Plan's assets were invested in the CHI Master Trust. At April 30, 2015 and 2014, the Plan's interest in the net assets of the CHI Master Trust was approximately 3.15% and 3.09%, respectively.

7. CHI Master Trust (continued)

The following table presents the fair value of the net assets in the CHI Master Trust:

	April 30	
	2015	**2014**
	(Dollars in Thousands)	
Assets		
Investment in securities	**$ 3,831,073**	$ 3,553,089
Receivable for securities sold	**35,149**	35,311
Foreign currency exchange contracts	**18,706**	15,710
Other receivables	**11,998**	12,761
Total assets	**3,896,926**	3,616,871
Liabilities		
Payable for securities purchased	**39,379**	88,412
Foreign currency exchange contracts	**18,503**	15,749
Other liabilities	**1,843**	1,913
Total liabilities	**59,725**	106,074
Net assets	**$ 3,837,201**	$ 3,510,797

7. CHI Master Trust (continued)

The following table presents the fair value of investments in securities by investment classification in the CHI Master Trust:

	April 30	
	2015	**2014**
	(Dollars in Thousands)	
Common stocks		
Basic industries	**$ 41,173**	$ 64,213
Capital goods	**32,623**	41,540
Consumer durables	**55,978**	60,324
Consumer non-durables	**44,407**	43,427
Consumer services	**133,928**	137,762
Energy	**279,150**	228,657
Financial services	**282,099**	300,312
Food producers and processors	**34,227**	38,752
Health care	**67,986**	55,178
Pharmaceuticals	**122,243**	121,819
Technology	**283,952**	229,459
Telecommunications	**41,970**	43,183
Other	**190,906**	227,404
Total common stocks	**1,610,642**	1,592,030
Preferred stocks	**5,885**	7,174
Investment funds		
Fixed income funds	**298,571**	246,341
Hedge funds	**274,642**	265,259
Mutual funds	**96,442**	–
Real estate	**233,403**	227,889
Venture capital/private equity	**186,790**	203,829
Total investment funds	**1,089,848**	943,318
Corporate bonds		
Energy	**37,223**	45,933
Financial services	**131,428**	115,526
Other	**186,559**	187,416
Total corporate bonds	**355,210**	348,875
Foreign government bonds	**38,970**	33,122
Government bonds		
Municipal bonds	**43,252**	42,126
U.S. treasury bonds and notes	**215,211**	193,441
U.S. treasury inflation indexed bonds	**125,808**	99,736
Other	**285**	288
Total government bonds	**384,556**	335,591
Asset-backed securities		
Corporate mortgage loan pools	**23,342**	11,947
U.S. agency mortgage loan pools	**25,602**	25,691
Total asset-backed securities	**48,944**	37,638
Term loans	**155,112**	56,855
Short-term investment funds	**141,906**	198,486
Total investments	**$ 3,831,073**	$ 3,553,089

7. CHI Master Trust (continued)

The following table presents the fair value of investments in securities by country in the CHI Master Trust

	April 30	
	2015	**2014**
	(Dollars in Thousands)	
Country		
Canada	**$ 38,785**	$ 30,065
France	**26,760**	47,901
Japan	**48,744**	54,597
Netherlands	**32,772**	38,700
Switzerland	**41,682**	51,225
United Kingdom	**88,428**	121,411
United States	**3,064,498**	2,814,421
Other	**489,404**	394,769
Total investments	**$ 3,831,073**	$ 3,553,089

The statements of operation for the CHI Master Trust are as follows:

	Year Ended April 30, 2015	**For the Period from February 1, 2014 to April 30, 2014**
	(Dollars in Thousands)	
Realized and change in unrealized gain from investments and foreign currency		
Net realized gain on investments, including foreign currency changes	**$ 213,431**	$ 74,791
Net change in unrealized gain on investments, including foreign currency changes	**7,638**	34,109
Total realized and change in unrealized gain from investments and foreign currency	**221,069**	108,900
Investment income		
Interest income	**42,892**	8,750
Dividend income	**39,254**	11,246
Total investment income	**303,215**	128,896
Expenses		
Investment manager and custody fees	**13,398**	3,477
Other	**300**	80
Total expenses	**13,698**	3,557
Net increase in investments resulting from operations	**$ 289,517**	$ 125,339

7. CHI Master Trust (continued)

Changes in net assets for the CHI Master Trust are as follows (dollars in thousands):

Net assets at February 1, 2014	$ 3,482,002
Amounts received from participating plans and transfers in	484,737
Amounts paid to participating plans and transfers out	(581,281)
Net investment income	125,339
Net assets at May 1, 2014	3,510,797
Amounts received from participating plans and transfers in	**1,067,141**
Amounts paid to participating plans and transfers out	**(1,030,254)**
Net investment income	**289,517**
Net assets at April 30, 2015	**$ 3,837,201**

Alternative Investment Strategies

The goal of the alternative investments allocation is to enhance the diversification profile of the CHI Master Trust. Exposure to hedge funds is derived through investments in fund of funds and deploys strategies such as relative value, event driven and long/short. Real estate exposure is primarily derived through open-end funds that invest in core commercial properties within the United States. Venture capital/private equity exposure is primarily derived through investments in fund of funds that pursue a variety of strategies.

Alternative Investment Redemptions

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

Alternative Investment Commitments

The CHI Master Trust's allocation to alternative investments is based upon contractual commitment levels to various funds. These commitments are drawn by the fund managers as opportunities arise to invest the capital. As of April 30, 2015, the CHI Master Trust had committed to invest $356 million in 26 funds, of which $381 million had been invested. The remaining $25 million will be invested when, and if, requested by the funds.

7. CHI Master Trust (continued)

Fair Value Measurements

The following tables set forth by level, within the fair value hierarchy as described in Note 2, the CHI Master Trust's assets carried at fair value:

	April 30, 2015			
	Level 1	**Level 2**	**Level 3**	**Total**
	(Dollars in Thousands)			
Assets				
Short-term investments	**$ 120,920**	**$ 20,986**	**$ –**	**$ 141,906**
Common stocks	**1,610,642**	**–**	**–**	**1,610,642**
Preferred stocks	**5,885**	**–**	**–**	**5,885**
Corporate bonds	**–**	**355,210**	**–**	**355,210**
Asset-backed securities	**–**	**48,944**	**–**	**48,944**
Government bonds	**341,019**	**43,537**	**–**	**384,556**
Foreign government bonds	**–**	**38,970**	**–**	**38,970**
Term loans	**–**	**–**	**155,112**	**155,112**
Investment funds:				
Mutual funds	**96,442**	**–**	**–**	**96,442**
Fixed income funds	**–**	**298,571**	**–**	**298,571**
Hedge funds	**–**	**–**	**274,642**	**274,642**
Real estate	**–**	**–**	**233,403**	**233,403**
Venture capital/private equity funds	**–**	**–**	**186,790**	**186,790**
Total investments at fair value	**2,174,908**	**806,218**	**849,947**	**3,831,073**
Foreign currency exchange contracts	**–**	**18,706**	**–**	**18,706**
Total assets	**$ 2,174,908**	**$ 824,924**	**$ 849,947**	**$ 3,849,779**
Liabilities				
Foreign currency exchange contracts	**$ –**	**$ 18,503**	**$ –**	**$ 18,503**
Total liabilities	**$ –**	**$ 18,503**	**$ –**	**$ 18,503**

7. CHI Master Trust (continued)

	April 30, 2014			
	Level 1	**Level 2**	**Level 3**	**Total**
	(Dollars in Thousands)			
Assets				
Short-term investments	$ 175,833	$ 22,653	$ –	$ 198,486
Common stocks	1,592,030	–	–	1,592,030
Preferred stocks	7,174	–	–	7,174
Corporate bonds	–	348,875	–	348,875
Asset-backed securities	–	37,638	–	37,638
Government bonds	293,177	42,414	–	335,591
Foreign government bonds	–	33,122	–	38,970
Term loans	–	–	56,855	56,855
Investment funds:				
Fixed income funds	–	246,341	–	246,341
Hedge funds	–	–	265,259	265,259
Real estate	–	–	227,889	227,889
Venture capital/private equity funds	–	–	203,829	203,829
Total investments at fair value	2,068,214	731,043	753,832	3,553,089
Foreign currency exchange contracts	–	15,710	–	15,710
Total assets	$ 2,068,214	$ 746,753	$ 753,832	$ 3,568,799
Liabilities				
Foreign currency exchange contracts	$ –	$ 15,749	$ –	$ 15,749
Total liabilities	$ –	$ 15,749	$ –	$ 15,749

7. CHI Master Trust (continued)

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

	Hedge Funds	Real Estate	Private Equity	Term Loans	Total
	(Dollars in Thousands)				
Investments at fair value at February 1, 2014	$ 204,566	$ 225,330	$ 201,208	$ –	$ 631,104
Purchases/contributions of investments	55,000	929	2,584	56,955	115,468
Sales/distributions of investments	–	(404)	(14,520)	–	(14,924)
Net change in unrealized appreciation (depreciation) on investments and effect of foreign currency translation	9,383	16,417	(1,802)	(2,172)	21,826
Net realized gains (losses) on investments	–	9,410	32,240	(480)	40,670
Investments at fair value at May 1, 2014	265,259	227,889	203,829	56,855	753,832
Purchases/contributions of investments	**–**	**4,084**	**11,180**	**242,788**	**258,052**
Sales/distributions of investments	**–**	**(24,397)**	**(58,657)**	**(141,379)**	**(224,433)**
Net change in unrealized appreciation (depreciation) on investments and effect of foreign currency translation	**9,383**	**16,417**	**(1,802)**	**(2,172)**	**21,826**
Net realized gains (losses) on investments	**–**	**9,410**	**32,240**	**(980)**	**40,670**
Investments at fair value at April 30, 2015	**$ 274,642**	**$ 233,403**	**$ 186,790**	**$ 155,112**	**$ 849,947**

7. CHI Master Trust (continued)

Derivatives

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

The following table summarizes the CHI Master Trust's derivative instruments:

	April 30	
	Derivative Assets Fair Value	**Derivative Liabilities Fair Value**
	(Dollars in Thousands)	
2015		
Foreign currency exchange contracts	**$ 18,706**	**$ 18,503**
2014		
Foreign currency exchange contracts	$ 15,710	$ 15,749

Concentration of Market, Credit, and Industry Risk

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

8. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated February 7, 2012, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Subsequent to this determination, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The plan administrator believes that the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan, as amended, is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States require 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 April 30, 2015, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

9. Related-Party Transactions

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

10. Risks and Uncertainties

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

10. Risks and Uncertainties (continued)

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

11. Plan Termination

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

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

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

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

- All other vested benefits.

- All non-vested benefits.

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

11. Plan Termination (continued)

However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination.

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

12. Subsequent Events

The Sponsor has evaluated subsequent events through November 23, 2015, the date the Plan's accompanying financial statements were available to be issued.

Supplemental Schedules

Retirement Plan for Employees of Harrison Memorial Hospital

EIN: 91-0565546 Plan Number: 002

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

April 30, 2015

	Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
*	Dreyfus Institutional Cash Advantage Fund	Registered investment company	$ 1,407,878	$ 1,407,878
	Lion Value Fund	Real estate fund	2,500,000	249,383
			$ 3,907,878	$ 1,657,261

* Party in interest

Retirement Plan for Employees of Harrison Memorial Hospital

EIN: 91-0565546 Plan Number: 002

Schedule H, Item 4(j) –
Schedule of Reportable Transactions

Year Ended April 30, 2015

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (iii) – A series of transactions in excess of 5% of the fair value of Plan assets						
Dreyfus Institutional Cash Advantage Fund	Registered investment company	$2,970,724	$ –	$2,970,724	$2,970,724	$ –
Dreyfus Institutional Cash Advantage Fund	Registered investment company	–	9,769,973	9,769,973	9,769,973	–

Columns (e) and (f) have not been presented, as this information is not applicable.

There were no category (i), (ii) or (iv) reportable transactions during the year ended April 30, 2015.

EY | Assurance | Tax | Transactions | Advisory

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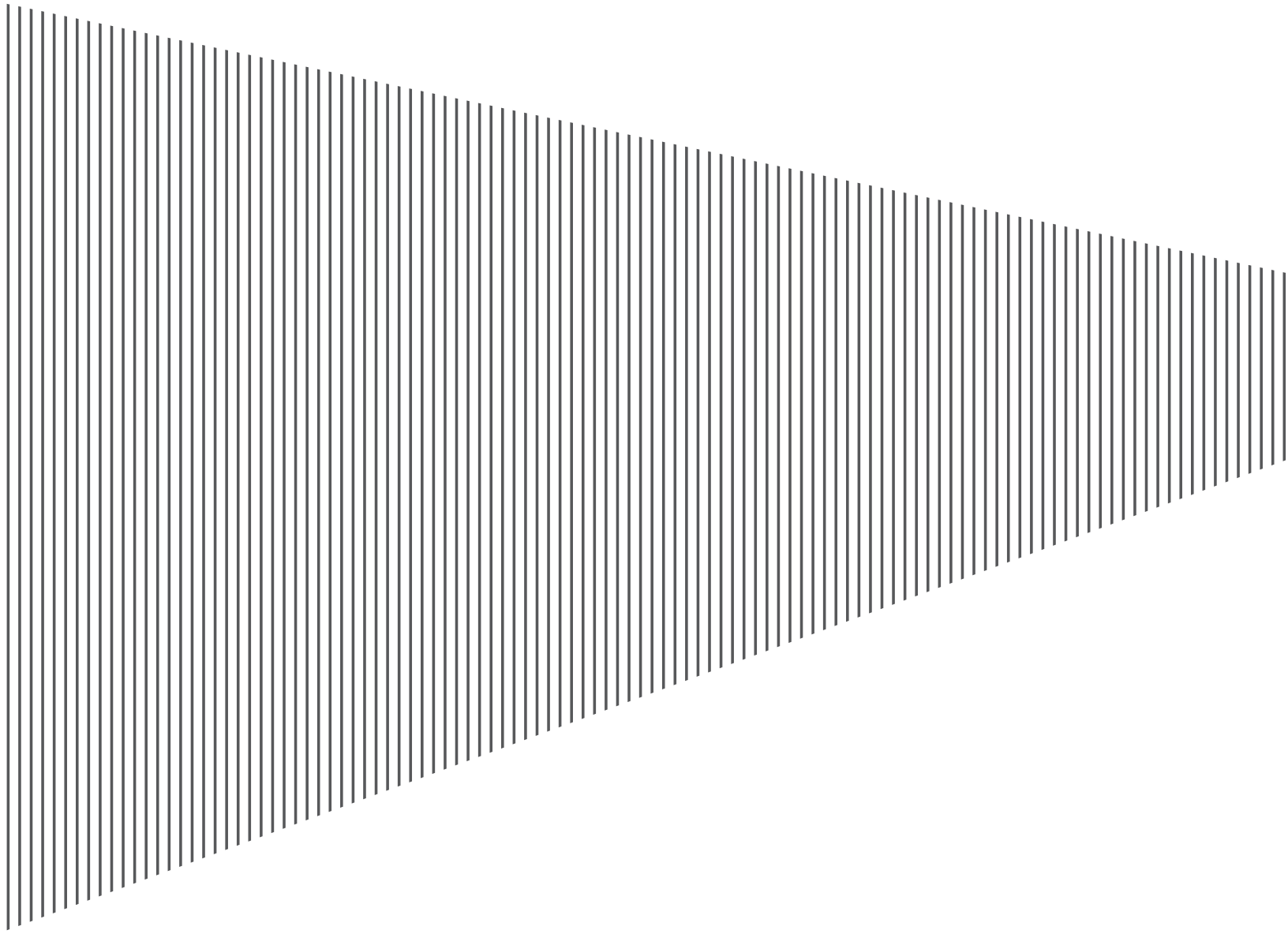

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Harrison Medical Center
EIN/PN	91-0565546/002
Plan Name	Retirement Plan for Employees of Harrison Memorial Hospital
Valuation Date	May 1, 2014
Enrolled Actuary	Judy M. Kruse
Enrollment Number	14-05907

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

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

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 15
Reconciliation of differences between valuation results and amounts used to calculate AFTAP
as of May 1, 2014

The AFTAP reported on line 15 was certified on December 19, 2014 and reflects the market value of plan assets of $116,353,740 as of May 1, 2014 (actuarial value of assets of $112,682,306). The market value of assets was subsequently updated to $118,097,439 as of May 1, 2014 (actuarial value of assets of $113,263,539). This change in assets increased the funding balance from 1,818,461 to 1,845,372 as of May 1, 2014. The AFTAP was not recertified.

Plan Name:	Retirement Plan for Employees of Harrison Memorial Hospital
EIN / PN:	91-0565546 / 002
Plan Sponsor:	Harrison Medical Center
Valuation Date:	May 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V

Summary of Plan Provisions

Plan Provisions

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

Participation date

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

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

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

Status of the plan

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

Type of plan

Contributory defined benefit plan

SCHEDULE SB ATTACHMENTS

Definitions

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

Eligibility for Benefits

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

SCHEDULE SB ATTACHMENTS

Benefits Paid Upon the Following Events

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

SCHEDULE SB ATTACHMENTS

Other Plan Provisions

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

Future Plan Changes

No future plan changes were recognized.

Changes in Benefits Valued Since Prior Year

No plan changes were recognized since the last actuarial valuation.

SCHEDULE SB ATTACHMENTS

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

Plan Name: Retirement Plan for Employees of Harrison Memorial Hospital
EIN / PN: 91-0565546 / 002
Plan Sponsor: Harrison Medical Center
Valuation Date: May 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 24
Change in Actuarial Assumptions

- The mortality used for contribution balance conversion was updated to include one additional year of projected mortality improvements.
- Contribution balance conversion rates were updated to March 2014 non-average segment rates.

Plan Name:	Retirement Plan for Employees of Harrison Memorial Hospital
EIN / PN:	91-0565546 / 002
Plan Sponsor:	Harrison Medical Center
Valuation Date:	May 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

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

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
First segment rate	4.99%	1.25%
Second segment rate	6.32%	4.06%
Third segment rate	6.99%	5.08%
Effective interest rate	6.51%	4.41%

Annual rates of increase

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

SCHEDULE SB ATTACHMENTS

Demographic Assumptions

Mortality

Sex distinct rates for non-annuitants based on RP2000 “Employees” table without collar or amount adjustments projected to 2029 using Scale AA and for annuitants based on RP2000 “Healthy Annuitants” table without collar or amount adjustments projected to 2021 using Scale AA.

Withdrawal

Representative Termination Rates from Table SOA3TSS:

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

Disability incidence

None assumed.

Retirement

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

SCHEDULE SB ATTACHMENTS

Unpredictable Contingent Event Benefit (UCEB) assumptions N/A

Benefit commencement date:

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

Form of payment

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

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

Employee contributions are converted to annuities using 1.23% for payments during the first 5 years, 4.23% for payments during the next 15 years and 5.31% for payments after 20 years. Mortality is based on the applicable mortality tables under IRC Section 417(e)(3), with no pre-retirement mortality assumed.

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

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

Covered pay N/A

Administrative expenses $360,000

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

SCHEDULE SB ATTACHMENTS

Methods

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

SCHEDULE SB ATTACHMENTS

Change in assumptions and methods since prior valuation

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

- The segment interest rates used to calculate the funding target and normal cost were updated from an applicable month of January 2013 to January 2014, which was subsequently revised by applying the corridors of HATFA.
- The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.
- The mortality used for contribution balance conversion was updated to include one additional year of projected mortality improvements.
- Contribution balance conversion rates were updated to March 2014 non-average segment rates.

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26
Schedule of Active Participant Data for Frozen Plans as of May 1, 2014

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.	No.	Avg. Ben.
Under 25	0		0		0		0		0		0		0		0		0		0	
25 – 29	0		0		0		0		0		0		0		0		0		0	
30 – 34	1		0		6		0		0		0		0		0		0		0	
35 - 39	1		6		17		1		1		0		0		0		0		0	
40 - 44	3		4		26		4		0		0		0		0		0		0	
45 - 49	0		8		33		15		7		0		0		0		0		0	
50 - 54	0		7		53		29		21		2		0		0		0		0	
55 - 59	1		8		38		35		21		11		0		0		0		0	
60 - 64	0		4		38		29		36		14		0		0		0		0	
65 - 69	0		1		2		2		5		0		0		0		0		0	
70 & Over	0		0		0		0		0		0		0		0		0		0	

Plan Name: Retirement Plan for Employees of Harrison Memorial Hospital
EIN / PN: 91-0565546 / 002
Plan Sponsor: Harrison Medical Center
Valuation Date: May 1, 2014

Attachment to 2014 Form 5500
Schedule H, line 4i - Schedule of Assets (Held at End of Year)

Plan Name Retirement Plan for Employees of Harrison Memorial Hospital **EIN:** 91-0565546
Plan Sponsor's Name Harrison Medical Center **PN:** 002

(a)	(b) Identity of issue, borrower, lessor, or similar party	(c) Description of investment including maturity date, rate of interest, collateral, par, or maturity value.	(d) Cost	(e) Current value
	See Audited Financial Statements			

Attachment to 2014 Form 5500
Schedule H, line 4j - Schedule of Reportable Transactions

Plan Name Retirement Plan for Employees of Harrison Memorial Hospital **EIN:** 91-0565546
Plan Sponsor's Name Harrison Medical Center **PN:** 002

(a) Identity of party involved	(b) Description of asset (include interest rate and maturity in case of a loan)	(c) Purchase price	(d) Selling price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of asset on transaction date	(i) Net gain or (loss)
See Audited Financial Stmts								

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

For calendar plan year 2014 or fiscal plan year beginning 05/01/2014 and ending 04/30/2015

▶ **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	B Three-digit plan number (PN) ▶	
Retirement Plan for Employees of Harrison Memorial Hospital		002
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF	**D** Employer Identification Number (EIN)	
Harrison Medical Center	91-0565546	

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

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

Part I Basic Information

1 Enter the valuation date: Month 05 Day 01 Year 2014

2 Assets:

a Market value	**2a**	118097439
b Actuarial value	**2b**	113263539

3 Funding target/participant count breakdown

	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	420	47013978	47013978
b For terminated vested participants	445	20504644	20504644
c For active participants	490	37928965	38208825
d Total	1355	105447587	105727447

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**	6.51%
6 Target normal cost	**6**	360000

Statement by Enrolled Actuary

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

SIGN HERE	Judy Kruse	09/30/2015
	Signature of actuary	Date
Judy M. Kruse		1405907
	Type or print name of actuary	Most recent enrollment number
Towers Watson Delaware Inc.		312-525-2500
	Firm name	Telephone number (including area code)

191 North Wacker Drive
Suite 2100
Chicago IL 60606-1615
Address of the firm

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

Part II Beginning of Year Carryover and Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1661150	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	1661150	0
10	Interest on line 9 using prior year's actual return of 11.09 %	184222	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		2478067
	b(1) 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 6.35%		157357
	b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
	c Total available at beginning of current plan year to add to prefunding balance		2635424
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1845372	0

Part III Funding Percentages

14	Funding target attainment percentage	14	105.38 %
15	Adjusted funding target attainment percentage	15	106.57 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	102.20 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

18 Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
			Totals ► 18(b)	0	18(c) 0

19	Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
	a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
	b Contributions made to avoid restrictions adjusted to valuation date	19b	0
	c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	0

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
4.99%	6.32%	6.99%	☐ N/A, full yield curve used

b Applicable month (enter code)	21b	4
22 Weighted average retirement age	22	65

23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute

Part VI Miscellaneous Items

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

27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment	27	

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):

a Target normal cost (line 6)	31a	360000
b Excess assets, if applicable, but not greater than line 31a	31b	360000

32 Amortization installments:

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

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	0

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

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

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

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

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

42 Amount of acceleration adjustment	42	0
43 Excess installment acceleration amount to be carried over to future plan years	43	0