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 01/01/2014 and ending 12/31/2014

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;
- [X] an amended return/report;
- [ ] a short plan year return/report (less than 12 months).

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

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

Part II Basic Plan Information—enter all requested information

1a Name of plan
JEWISH HOSPITAL & ST. MARY'S HEALTHCARE PENSION PLAN

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1965

2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan)
JEWISH HOSPITAL & ST. MARY'S HEALTHCARE, INC.

200 ABRAHAM FLEXNER WAY
LOUISVILLE, KY 40202

2b Employer Identification Number (EIN)
61-1029768

2c Plan Sponsor's telephone number
502-562-7050

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.	01/22/2018	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 400
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**	7027
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)**	3672
a(2)	Total number of active participants at the end of the plan year	**6a(2)**	3145
b	Retired or separated participants receiving benefits	**6b**	283
c	Other retired or separated participants entitled to future benefits	**6c**	3299
d	Subtotal. Add lines **6a(2)**, **6b**, and **6c**.	**6d**	6727
e	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	14
f	Total. Add lines **6d** and **6e**.	**6f**	6741
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**	11
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:
1C 1I

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

9a Plan funding arrangement (check all that apply)

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

9b Plan benefit arrangement (check all that apply)

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

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

a Pension Schedules

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

b General Schedules

- (1) ☒ **H** (Financial Information)
- (2) ☐ **I** (Financial Information – Small Plan)
- (3) ☐ 0 **A** (Insurance Information)
- (4) ☒ **C** (Service Provider Information)
- (5) ☒ **D** (DFE/Participating Plan Information)
- (6) ☐ **G** (Financial Transaction Schedules)

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 01/01/2014 and ending 12/31/2014

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

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

A Name of plan
JEWISH HOSPITAL & ST. MARY'S HEALTHCARE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
JEWISH HOSPITAL & ST. MARY'S HEALTHCARE, INC.

D Employer Identification Number (EIN)
61-1029768

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 01 Day 01 Year 2014

2 Assets:

a Market value	**2a**	148724703
b Actuarial value	**2b**	139584705

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	292	14977769	14977769
b For terminated vested participants	3063	42091420	42091420
c For active participants	3672	85337684	86115805
d Total	7027	142406873	143184994

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**	6.44%
6 Target normal cost	**6**	760000

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 — Date: 10/08/2015

MARCIA DUSH — Type or print name of actuary

14-03448 — Most recent enrollment number

BUCK CONSULTANTS, LLC — Firm name

713-658-3455 — Telephone number (including area code)

1201 LOUISIANA, SUITE 750
HOUSTON, TX 77002

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)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 14.67%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		554469
	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 6.62 %		36706
	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		591175
	d Portion of (c) to be added to prefunding balance		591175
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	591175

Part III Funding Percentages

14	Funding target attainment percentage	14	97.07 %
15	Adjusted funding target attainment percentage	15	97.07 %
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.45 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2015	365370	0			
07/15/2015	365370	0			
09/15/2015	967967	0			
			Totals ► 18(b)	1698707	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	1539525

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**	63

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**	760000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	4191464	701479
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1461479

	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**	1461479
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1539525

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

a Total (excess, if any, of line 37 over line 36)	**38a**	78046
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

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

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

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

A Name of plan
JEWISH HOSPITAL & ST. MARY'S HEALTHCARE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
JEWISH HOSPITAL & ST. MARY'S HEALTHCARE, INC.

D Employer Identification Number (EIN)
61-1029768

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)

BUCK CONSULTANTS

13-3954297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	191134	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

BKD, LLP

44-0160260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10 50	NONE	20900	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: BKD, LLP

b EIN: 44-0160260

c Position: ACCOUNTANT

d Address: 600 NORTH HURSTBORNE PARKWAY
SUITE 350
LOUISVILLE, KY 40252-0127

e Telephone: 502-581-0435

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 01/01/2014 and ending 12/31/2014

A Name of plan
JEWISH HOSPITAL & ST. MARY'S HEALTHCARE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan or DFE sponsor's name as shown on line 2a of Form 5500
JEWISH HOSPITAL & ST. MARY'S HEALTHCARE, INC.

D Employer Identification Number (EIN)
61-1029768

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	141638738

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:

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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 01/01/2014 and ending 12/31/2014

A Name of plan
JEWISH HOSPITAL & ST. MARY'S HEALTHCARE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
JEWISH HOSPITAL & ST. MARY'S HEALTHCARE, INC.

D Employer Identification Number (EIN)
61-1029768

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	606882	967967
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	4011	226
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	308595	1345241
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property)	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans	1c(8)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)	147639409	141638738
(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)	0	3512819
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	187000	98517

		(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	148745897	147563508
Liabilities			
g Benefit claims payable	1g	37258	0
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through1j)	1k	37258	0
Net Assets			
l Net assets (subtract line 1k from line 1f)	1l	148708639	147563508

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)	967967	
(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)		967967
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	14376	
(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)		14376
(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)		
(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		10999329
(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		5876
d Total income. Add all **income** amounts in column (b) and enter total	2d		11987548
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	12385845	
(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)		12385845
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)	212034	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)		
(4) Other	2i(4)	534800	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		746834
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		13132679
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-1145131
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		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n			

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

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

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

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

Part V Trust Information (optional)

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2014

This Form is Open to Public Inspection.

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

A Name of plan
JEWISH HOSPITAL & ST. MARY'S HEALTHCARE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500
JEWISH HOSPITAL & ST. MARY'S HEALTHCARE, INC.

D Employer Identification Number (EIN)
61-1029768

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): 31-1051736

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** 256

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**	0.00
b The corresponding number for the second preceding plan year	**15b**	0.00

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: 43.0% Investment-Grade Debt: 33.0% High-Yield Debt: 3.0% Real Estate: 6.0% Other: 15.0%

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

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

Financial Statements and Supplemental Schedules

Jewish Hospital & St. Mary's HealthCare Pension Plan
Years Ended December 31, 2014 and 2013
With Report of Independent Auditors

Ernst & Young LLP

Building a better working world

Jewish Hospital & St. Mary's HealthCare Pension Plan

Financial Statements and Supplemental Schedules

Years Ended December 31, 2014 and 2013

Contents

Report of Independent Auditors....1

Financial Statements

Statements of Net Assets Available for Benefits....4
Statements of Changes in Net Assets Available for Benefits....5
Notes to Financial Statements....6

Supplemental Schedules

Schedule H, Line 4i – Schedule of Assets (Held at End of Year)....25
Schedule H, Line 4j – Schedule of Reportable Transactions....26

Building a better working world

Ernst & Young LLP
Suite 3300
370 17th Street
Denver, CO 80202

Tel: +1 720 931 4000
Fax: +1 720 931 4444
ey.com

Report of Independent Auditors

The Plan Administrator
Jewish Hospital & St. Mary's HealthCare Pension Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Jewish Hospital & St. Mary's HealthCare Pension Plan, which comprise the statement of net assets available for benefits as of December 31, 2014, 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.

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States. 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 our 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 investment information described 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 December 31, 2014, 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 December 31, 2014, and reportable transactions for the year then ended are presented for 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 2013 Financial Statements

Other auditors disclaimed an opinion on the 2013 financial statements of Jewish Hospital & St. Mary's HealthCare Pension Plan on October 8, 2014, 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 2013 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 2014 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

October 13, 2015

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Jewish Hospital & St. Mary's HealthCare Pension Plan

Statements of Net Assets Available for Benefits

	December 31	
	2014	**2013**
Assets		
Investments, at fair value:		
Plan interest in the CHI Master Trust	**$ 141,638,738**	$ 147,639,409
Money market funds – Fifth Third	**1,345,241**	292,836
Dreyfus Institutional Cash Advantage Fund	**3,512,819**	15,759
Alternative investments	**98,517**	187,000
Total investments, at fair value	**146,595,315**	148,135,004
Receivables:		
Employer contributions	**967,967**	606,882
Interest and dividends	**226**	456
Other	**–**	3,555
Total receivables	**968,193**	610,893
Total assets	**147,563,508**	148,745,897
Liabilities		
Administrative expenses payable	**–**	37,258
Net assets available for benefits	**$ 147,563,508**	$ 148,708,639

See accompanying notes.

Jewish Hospital & St. Mary's HealthCare Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2014	**2013**
Additions		
Investment income:		
Interest and dividends	**$ 14,376**	$ 1,208
Net investment gain from plan interest in the CHI Master Trust	**10,999,329**	20,335,755
Net appreciation in fair value of alternative investments	**5,876**	20,622
Total investment income	**11,019,581**	20,357,585
Employer contributions	**967,967**	606,882
Total additions	**11,987,548**	20,964,467
Deductions		
Benefits paid to participants	**12,385,845**	22,319,550
Administrative expenses	**746,834**	745,633
Total deductions	**13,132,679**	23,065,183
Net decrease	**(1,145,131)**	(2,100,716)
Net assets available for benefits at:		
Beginning of year	**148,708,639**	150,809,355
End of year	**$ 147,563,508**	$ 148,708,639

See accompanying notes.

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements

December 31, 2014

1. Description of the Plan

The following description of the Jewish Hospital & St. Mary's HealthCare Pension Plan (Plan) provides only general information. Additional information about vesting and benefit provisions and the Pension Benefit Guarantee Corporation's (PBGC) benefit guarantee is contained in the Plan Document and Summary Plan Description, which are available from the plan administrator.

General

The Plan is a noncontributory cash balance retirement plan covering substantially all employees of Jewish Hospital & St. Mary's HealthCare, Inc. (Sponsor) and certain affiliated companies and provides for retirement, death and disability benefits. The Plan is subject to provisions of the Employee Retirement Income Security Act of 1974, as amended (ERISA). In December 2009, the Plan was amended to freeze various Plan provisions, including average monthly compensation, pay credits, credited service, and eligibility and membership in the Plan as of December 31, 2009.

Fifth Third Bank (Fifth Third) was the trustee of the Plan until June 1, 2012, and serves as Plan custodian for certain Plan assets at December 31, 2014 and 2013. Effective June 1, 2012, as a result of the merger and business combination of the Sponsor with Catholic Health Initiatives (CHI), the board of directors of the Sponsor resolved to terminate the trustee services of Fifth Third and appoint The Bank of New York Mellon as successor trustee and custodian of the Plan. Also, effective June 1, 2012, the Plan was named a participating employer in the CHI Master Trust, and all Plan assets (other than certain alternative investment balances subject to redemption restrictions and certain money market fund balances) were transferred to the CHI Master Trust.

Contributions

A hypothetical account is maintained for each participant whose contributions are credited for the benefit of the individual. Contributions to the Plan are recorded based on amounts actually received from or committed to be paid by the Sponsor. The Sponsor's present intention is to make annual contributions in amounts sufficient to fund the Plan's current years' service cost and the initial past service cost, plus interest over a period not to exceed 30 years. The Plan has met the minimum funding requirements established by the federal government.

1. Description of the Plan (continued)

Pension Benefits

Employees with five or more years of credited service are entitled to retirement benefits beginning at the normal retirement age of 65. The Plan permits early retirement at ages 55 through 64 or later.

Vesting

Eligible employees who terminate employment after December 31, 2007, are fully vested upon completion of three years of vesting service. Eligible employees who terminated employment on or before December 31, 2007, were fully vested upon completion of five years of vesting service.

Plan Termination

Should the Plan terminate at some future time, its net assets may not be available on a pro rata basis to provide participants' benefits. Whether a particular participant's accumulated plan benefits will be paid depends on both the priority of those benefits and the level of benefits guaranteed by the Pension Benefit Guaranty Corporation (PBGC) at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

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.

Reclassifications

Certain prior year amounts have been reclassified to conform to the current year presentation.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

2. Summary of Significant Accounting Policies (continued)

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.

Investment Valuation and Fair Value Measurements

The Plan's investments, including those investments held in the Catholic Health Initiatives Master Trust (CHI Master Trust), are stated at estimated fair value in accordance with Accounting Standards Codification (ASC) 820, *Fair Value Measurements 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 money market mutual funds. 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 quotations are generally not available to be used for valuation purposes. Accordingly, CHI's valuations of alternative investments are generally equal to or based upon capital account balances or net asset values of such alternative investments as of the reporting date, as reported by fund managers.

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

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 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)

Administrative Expenses

Administrative expenses may be paid by the Sponsor or the Plan, at the Sponsor's discretion.

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 service rendered by the employees to the valuation date. Accumulated Plan benefits include benefits expected to be paid to (a) retirees or terminated employees or their beneficiaries, (b) beneficiaries of participants who have died, and (c) present employees and their beneficiaries. Benefits are based on the cash balance accounts. 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 Buck Consultants, Inc. 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 December 31, 2013, is as follows:

Actuarial present value of accumulated plan benefits:	
Vested benefits:	
Participants and beneficiaries receiving benefits	$ 14,249,180
Other participants	116,417,272
	130,666,452
Non-vested benefits	841,471
	$ 131,507,923

3. Accumulated Plan Benefits (continued)

The change in actuarial present value of accumulated plan benefits is attributable to:

Actuarial present value of accumulated plan benefits at January 1, 2013	$ 135,006,377
Increase (decrease) during the year attributable to:	
Changes in actuarial assumptions	2,404,720
Benefits accumulated and other	6,801,033
Increase for interest due to the decrease in the discount period	9,615,343
Benefits paid	(22,319,550)
Net decrease	(3,498,454)
Actuarial present value of accumulated plan benefits at December 31, 2013	$ 131,507,923

The significant actuarial assumptions underlying the actuarial computations at December 31, 2013 and 2012, are:

Mortality basis	Retirement Plans 2014 Mortality Tables in 2013 and IRS 2013 Static Mortality in 2012
Retirement age assumption	Rates for 55 through 70 are as follows: under 55 – 0%, 55 – 10%, 56 through 61 – 5%, 62 – 25%, 63 through 64 – 10%, 65 – 70%, 66 – 30%, 67through 69 – 50%, 70 – 100%
Withdrawal assumption	Years of service: Rate 0–1: 25% 1–2: 25% 2–3: 15% T–6 rates from the Actuary's Pension Handbook for greater than three years of service.
Assumed rate of return	2013 – 7.75%; 2012 – 7.75%

3. Accumulated Plan Benefits (continued)

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

4. Fair Value Measurements

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

	December 31, 2014			
	Level 1	**Level 2**	**Level 3**	**Total**
Money market funds	**$ 4,858,060**	**$ –**	**$ –**	**$ 4,858,060**
Alternative investments	**–**	**–**	**98,517**	**98,517**
Plan's investments at fair value	**$ 4,858,060**	**$ –**	**$ 98,517**	**$ 4,956,577**

	December 31, 2013			
	Level 1	**Level 2**	**Level 3**	**Total**
Money market funds	$ 308,595	$ –	$ –	$ 308,595
Alternative investments	–	–	187,000	187,000
Plan's investments at fair value	$ 308,595	$ –	$ 187,000	$ 495,595

4. Fair Value Measurements (continued)

Alternative Investments

Except as described below, the fair value of the Plan's alternative investments has been estimated using the net asset value per share of the investments. Alternative investments held by the Plan at December 31 consist of the following:

	2014			
	Fair Value	**Unfunded Commitments**	**Redemption Frequency**	**Redemption Notice Period**
Multi-strategy hedge funds[(a)]	**$ 98,517**	**$ –**	**Various**	**30–180 days**

	2013			
	Fair Value	**Unfunded Commitments**	**Redemption Frequency**	**Redemption Notice Period**
Multi-strategy hedge funds[(a)]	$ 187,000	$ –	Various	30–180 days

[(a)] This category includes two investments in a hedge fund that takes both long and short positions in various investment sub-funds. Management of the funds has the ability to shift investments among differing investment strategies. Certain sub-funds require an initial lockup period related to each investment by the fund in such sub-fund before redemption can be made. Additionally, investments representing an insignificant portion of the value of investments in this category have temporarily suspended their normal redemption terms or have implemented their gate provisions in varying percentages (10% to 30%). The remaining redemption restriction period for these investments ranged from 1 to 36 months at December 31, 2014.

5. Investments

Other than the fair value of the money market funds held by Fifth Third, the investment in the alternative investments and the related net appreciation, all investment information disclosed in the accompanying financial statements, footnotes, and supplemental schedules, including investments held at December 31, 2014 and 2013, net investment gain from plan interest in the CHI Master Trust, and interest and dividend income for the years ended December 31, 2014 and 2013, 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.

6. 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. At December 31, 2014 and 2013, the Plan's interest in the net assets of the CHI Master Trust was approximately 3.77% and 4.20%, respectively.

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

	December 31	
	2014	**2013**
	(Dollars in Thousands)	
Assets		
Investments in securities	**$ 3,748,770**	$ 3,438,230
Receivable for securities sold	**23,253**	84,001
Foreign currency exchange contracts	**16,647**	18,355
Other receivables	**10,968**	10,257
Total assets	**3,799,638**	3,550,843
Liabilities		
Payable for securities purchased	**28,555**	19,336
Foreign currency exchange contracts	**15,058**	17,736
Other liabilities	**1,889**	1,817
Total liabilities	**45,502**	38,889
Net assets	**$ 3,754,136**	$ 3,511,954

6. CHI Master Trust (continued)

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

	December 31	
	2014	**2013**
	(Dollars in Thousands)	
Common stocks		
Basic industries	**$ 35,631**	$ 70,468
Capital goods	**43,770**	59,132
Consumer durables	**62,486**	61,858
Consumer non-durables	**46,371**	48,166
Consumer services	**140,518**	164,708
Energy	**270,022**	221,081
Financial services	**307,767**	355,115
Food producers and processors	**41,050**	49,193
Health care	**66,201**	61,158
Pharmaceuticals	**127,149**	131,578
Technology	**251,516**	258,245
Telecommunications	**43,673**	57,195
Other	**213,866**	257,609
Total common stocks	**1,650,020**	1,795,506
Preferred stocks	**5,907**	8,089
Investment funds		
Fixed income funds	**273,923**	243,886
Hedge funds	**268,161**	201,759
Real estate	**221,418**	219,130
Venture capital/private equity	**190,592**	202,973
Total investment funds	**954,094**	867,748
Corporate bonds		
Energy	**38,163**	43,150
Financial services	**135,271**	93,331
Other	**195,059**	179,272
Total corporate bonds	**368,493**	315,753
Foreign government bonds	**41,605**	33,566
Government bonds		
Municipal bonds	**46,666**	38,301
U.S. treasury bonds and notes	**233,954**	180,847
U.S. treasury inflation indexed bonds	**113,985**	71,453
Other	**286**	4,642
Total government bonds	**394,891**	295,243
Asset-backed securities		
Corporate mortgage loan pools	**21,680**	10,776
U.S. agency mortgage loan pools	**32,175**	23,475
Total asset-backed securities	**53,855**	34,251
Term loans	**141,610**	–
Short-term investment funds	**138,295**	88,074
Total investments	**$ 3,748,770**	$ 3,438,230

6. CHI Master Trust (continued)

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

	December 31	
	2014	**2013**
	(Dollars in Thousands)	
Country		
China	**$ 29,042**	$ 36,178
France	**31,632**	46,425
Ireland	**32,569**	36,086
Japan	**58,994**	64,352
Netherlands	**37,545**	41,538
South Korea	**36,926**	45,237
Switzerland	**57,308**	52,729
United Kingdom	**103,776**	147,762
United States	**3,005,051**	2,589,415
Other	**355,927**	378,508
Total investments	**$ 3,748,770**	$ 3,438,230

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

	Year Ended December 31	
	2014	**2013**
	(Dollars in Thousands)	
Realized and change in unrealized gain from investments and foreign currency		
Net realized gain on investments, including foreign currency changes	**$ 227,693**	$ 158,803
Net change in unrealized gain on investments, including foreign currency changes	**(19,114)**	230,154
Total realized and change in unrealized gain from investments and foreign currency	**208,579**	388,957
Investment income		
Interest income	**40,064**	29,790
Dividend income	**38,403**	39,552
Total investment income	**78,467**	69,342
Expenses		
Investment manager and custody fees	**13,181**	12,438
Other	**292**	436
Total expenses	**13,473**	12,874
Net investment income	**64,994**	56,468
Net increase in investments resulting from operations	**$ 273,573**	$ 445,425

6. CHI Master Trust (continued)

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

Net assets at January 1, 2013	$ 3,007,927
Capital contributions and transfers in	678,138
Capital withdrawals and payments	(619,536)
Net increase in net assets resulting from operations	445,425
Net assets at December 31, 2013	3,511,954
Capital contributions and transfers in	**1,342,899**
Capital withdrawals and payments	**(1,374,290)**
Net increase in net assets resulting from operations	**273,573**
Net assets at December 31, 2014	**$ 3,754,136**

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 deploy 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, primarily hedge fund 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 December 31, 2014, the CHI Master Trust had committed to invest $381 million in 26 funds, of which $355 million had been invested. The remaining $26 million will be invested when, and if, requested by the funds.

6. 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:

	December 31, 2014			
	Level 1	**Level 2**	**Level 3**	**Total**
	(Dollars in Thousands)			
Assets				
Short-term investments	**$ 113,218**	**$ 25,077**	**$ –**	**$ 138,295**
Common stocks	**1,650,020**	**–**	**–**	**1,650,020**
Preferred stocks	**5,907**	**–**	**–**	**5,907**
Corporate bonds	**–**	**368,493**	**–**	**368,493**
Asset-backed securities	**–**	**53,855**	**–**	**53,855**
Government bonds	**347,939**	**46,952**	**–**	**394,891**
Foreign government bonds	**–**	**41,605**	**–**	**41,605**
Term loans	**–**	**–**	**141,610**	**141,610**
Investment funds:				
Fixed income funds	**–**	**273,923**	**–**	**273,923**
Hedge funds	**–**	**–**	**268,161**	**268,161**
Real estate	**–**	**–**	**221,418**	**221,418**
Venture capital/private equity funds	**–**	**–**	**190,592**	**190,592**
Total investments at fair value	**2,117,084**	**809,905**	**821,781**	**3,748,770**
Foreign currency exchange contracts	**–**	**16,647**	**–**	**16,647**
Total assets	**$ 2,117,084**	**$ 826,552**	**$ 821,781**	**$ 3,765,417**
Liabilities				
Foreign currency exchange contracts	**$ –**	**$ 15,058**	**$ –**	**$ 15,058**
Total liabilities	**$ –**	**$ 15,058**	**$ –**	**$ 15,058**

6. CHI Master Trust (continued)

	December 31, 2013			
	Level 1	**Level 2**	**Level 3**	**Total**
	(Dollars in Thousands)			
Assets				
Short-term investments	$ 70,977	$ 17,097	$ –	$ 88,074
Common stocks	1,795,506	–	–	1,795,506
Preferred stocks	8,089	–	–	8,089
Corporate bonds	–	315,753	–	315,753
Asset-backed securities	–	34,251	–	34,251
Government bonds	252,300	42,943	–	295,243
Foreign government bonds	–	33,566	–	33,566
Investment funds:				
Fixed income funds	–	243,886	–	243,886
Hedge funds	–	–	201,759	201,759
Real estate	–	–	219,130	219,130
Venture capital/private equity funds	–	–	202,973	202,973
Total investments at fair value	2,126,872	687,496	623,862	3,438,230
Foreign currency exchange contracts	–	18,355	–	18,355
Total assets	$ 2,126,872	$ 705,851	$ 623,862	$ 3,456,585
Liabilities				
Foreign currency exchange contracts	$ –	$ 17,736	$ –	$ 17,736
Total liabilities	$ –	$ 17,736	$ –	$ 17,736

6. 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	Venture Capital/ Private Equity	Term Loans	Total
	(Dollars in Thousands)				
Investments at fair value at January 1, 2013	$ 179,363	$ 164,520	$ 213,389	$ –	$ 557,272
Purchases/contributions of investments	–	43,049	11,504	–	54,553
Sales/distributions of investments	–	(2,592)	(45,077)	–	(47,669)
Net change in unrealized appreciation (depreciation) on investments and effect of foreign currency translation	22,396	13,889	(456)	–	35,829
Net realized gains on investments	–	264	23,613	–	23,877
Investments at fair value at December 31, 2013	201,759	219,130	202,973	–	623,862
Purchases/contributions of investments	**55,000**	**3,879**	**12,473**	**250,000**	**321,352**
Sales/distributions of investments	**–**	**(23,717)**	**(59,315)**	**(102,941)**	**(185,973)**
Net change in unrealized appreciation (distributions) on investments and effect of foreign currency translation	**11,402**	**13,044**	**1,701**	**(4,916)**	**21,231**
Net realized gains (losses) on investments	**–**	**9,082**	**32,760**	**(533)**	**41,309**
Investments at fair value at December 31, 2014	**$ 268,161**	**$ 221,418**	**$ 190,592**	**$ 141,610**	**$ 821,781**

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.

6. CHI Master Trust (continued)

The following tables summarize the CHI Master Trust's derivative instruments as of December 31, 2014 and 2013:

	December 31, 2014	
	Derivative Assets Fair Value	**Derivative Liabilities Fair Value**
	(Dollars in Thousands)	
Foreign currency exchange contracts	**$ 16,647**	**$ 15,058**

	December 31, 2013	
	Derivative Assets Fair Value	**Derivative Liabilities Fair Value**
	(Dollars in Thousands)	
Foreign currency exchange contracts	$ 18,355	$ 17,736

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.

7. Income Tax Status

The Plan has received a determination letter from the Internal Revenue Service (IRS) dated November 3, 2014, stating that the Plan is qualified under Section 401(a) of the Internal Revenue Code (the Code) and, therefore, the related trust is exempt from taxation. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The plan administrator believes the Plan is being operated in compliance with the applicable requirements of the Code and, therefore, believes that the Plan 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 December 31, 2014, there are no uncertain positions taken or expected to be taken. The Plan has recognized no interest or penalties related to uncertain tax positions. The Plan is subject to routine audits by taxing jurisdictions; however, 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 2011.

8. 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.

9. Risks and Uncertainties

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

9. 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 estimation and assumption process, it is at least reasonably possible that changes in these estimates and assumptions in the near term could materially affect the amounts reported and disclosed in the financial statements.

10. Subsequent Events

Management has evaluated subsequent events for the Plan through October 13, 2015, the date the accompanying financial statements were available to be issued.

Supplemental Schedules

Jewish Hospital & St. Mary's HealthCare Pension Plan

EIN: 61-1029768 Plan Number: 003

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

December 31, 2014

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
Money market funds:			
*Fifth Third Bank	Fifth Third Banksafe Trust	$ 1,097,883	$ 1,097,883
*Fifth Third Bank	Fifth Third Banksafe Premium	247,358	247,358
*The Bank of New York Mellon	Dreyfus Institutional Cash Advantage Fund	3,512,819	3,512,819
Alternative investments:			
A&Q Diversified Neutral Alpha Limited Class S Fund	Hedge fund	13,428	3,026
Federal Street Multi-Strategy Offshore Fund	Hedge fund	93,567	95,491
		$ 4,965,055	$ 4,956,577

*Party in interest

Jewish Hospital & St. Mary's HealthCare Pension Plan

EIN: 61-1029768 Plan Number: 003

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2014

(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	(i) Net Gain (Loss)
Category (i) – A single transactions in excess of 5% of the fair value of Plan assets						
The Bank of New York Mellon:						
Dreyfus Institutional Cash Advantage Fund	Purchase	$ 3,500,000	$ –	$ 3,500,000	$ 3,500,000	$ –
Fifth Third Bank:						
Fifth Third Banksafe Premium	Purchase	4,781,583	–	4,781,583	4,781,583	–
Fifth Third Banksafe Premium	Purchase	674,666	–	674,666	674,666	–
Fifth Third Banksafe Premium	Purchase	1,982,491	–	1,982,491	1,982,491	–
Fifth Third Banksafe Trust	Purchase	707,166	–	707,166	707,166	–
Fifth Third Banksafe Trust	Purchase	422,608	–	422,608	422,608	–
Fifth Third Banksafe Trust	Purchase	417,023	–	417,023	417,023	–
Fifth Third Banksafe Premium	Sale	–	1,608,291	1,608,291	1,608,291	–
Fifth Third Banksafe Premium	Sale	–	502,114	502,114	502,114	–
Fifth Third Banksafe Premium	Sale	–	614,484	614,484	614,484	–
Fifth Third Banksafe Premium	Sale	–	735,640	735,640	735,640	–
Fifth Third Banksafe Premium	Sale	–	1,027,510	1,027,510	1,027,510	–
Fifth Third Banksafe Premium	Sale	–	293,544	293,544	293,544	–
Fifth Third Banksafe Premium	Sale	–	674,666	674,666	674,666	–
Fifth Third Banksafe Premium	Sale	–	646,289	646,289	646,289	–
Fifth Third Banksafe Premium	Sale	–	1,088,844	1,088,844	1,088,844	–
Fifth Third Banksafe Trust	Sale	–	422,608	422,608	422,608	–
Fifth Third Banksafe Trust	Sale	–	417,023	417,023	417,023	–
Category (iii) – A series of transactions in excess of 5% of the fair value of Plan assets						
The Bank of New York Mellon:						
Dreyfus Institutional Cash Advantage Fund	Purchases	3,500,320	–	3,500,320	3,500,320	–
	Sales	–	3,260	3,260	3,260	–
Fifth Third Bank:						
Fifth Third Banksafe Trust	Purchases	1,644,678	–	1,644,678	1,644,678	–
	Sales	–	839,631	839,631	839,631	–
Fifth Third Banksafe Premium	Purchases	7,438,740	–	7,438,740	7,438,740	–
	Sales	–	7,191,382	7,191,382	7,191,382	–

There were no category (ii) or (iv) reportable transactions during 2014.

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

EY | Assurance | Tax | Transactions | Advisory

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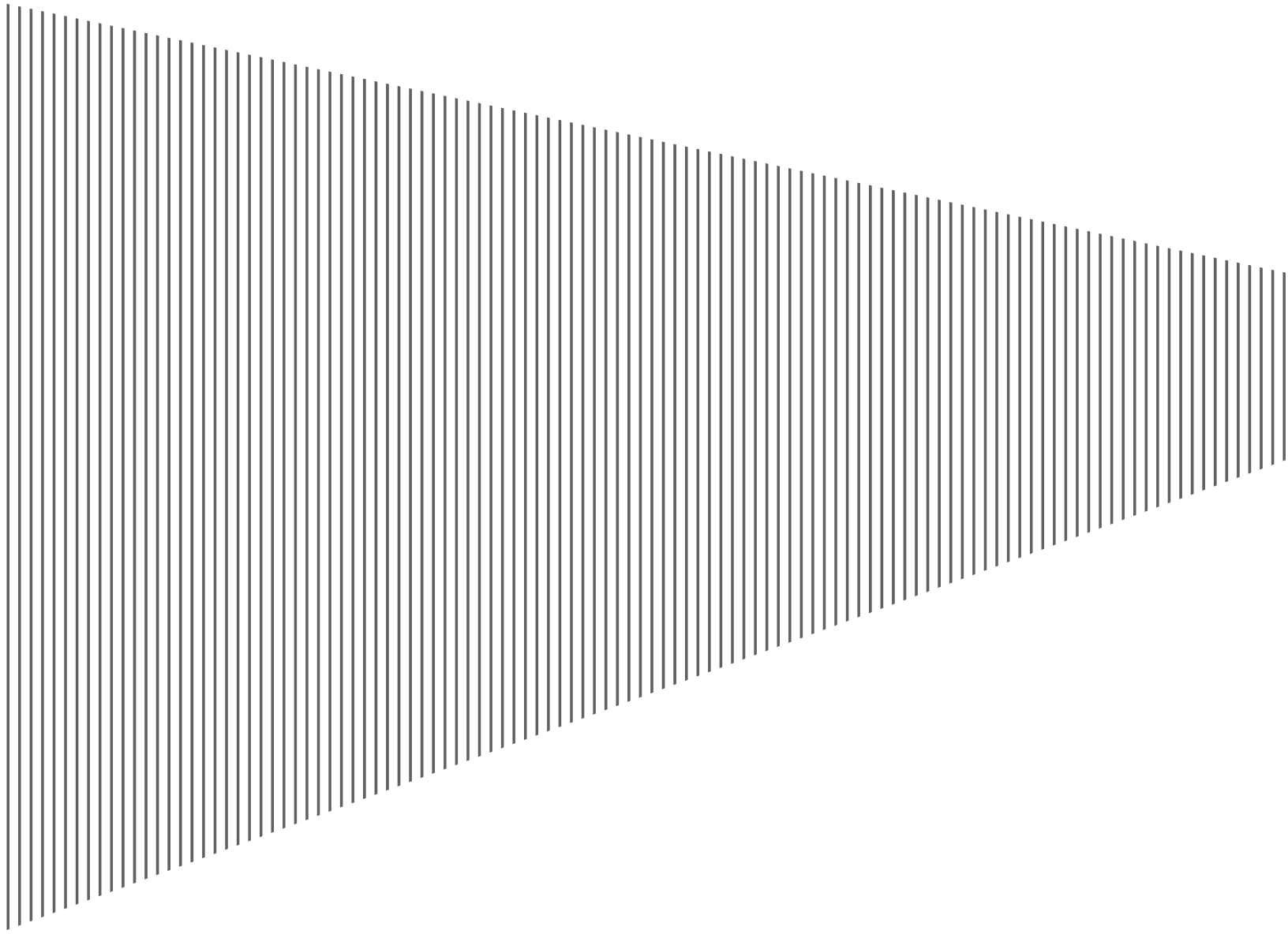

Jewish Hospital and St. Mary's Healthcare Pension Plan
EIN: 61-1029768 PN: 003
Plan Year: January 1, 2014 to December 31, 2014

Schedule SB, Line 26 – Schedule of Active Participant Data

YEARS OF CREDITED SERVICE																				
	<1		1-4		5-9		10-14		15-19		20-24		25-29		30-34		35-39		>=40		Total	
AGE	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.
<25	1		6		0		0		0		0		0		0		0		0		**7**	
25-29	1		190	2,100	4		0		0		0		0		0		0		0		**195**	
30 - 34	2		274	3,925	84	10,329	5		0		0		0		0		0		0		**365**	
35 - 39	0		282	5,542	101	13,586	54	22,008	4		0		0		0		0		0		**441**	
40 - 44	2		279	8,394	97	15,016	77	24,896	41	31,290	0		0		0		0		0		**496**	
45 - 49	2		236	12,283	96	18,684	56	32,031	56	46,110	30	52,701	1		0		0		0		**477**	
50 - 54	1		288	12,559	79	18,048	52	34,991	66	49,268	40	65,794	51	73,330	7		0		0		**584**	
55 - 59	0		275	16,257	68	22,789	43	45,003	54	61,356	39	82,977	31	88,034	44	110,237	5		0		**559**	
60 - 64	2		194	20,436	41	23,306	32	48,361	29	78,867	21	101,434	14		28	142,243	19		0		**380**	
65 - 69	0		75	26,211	18		12		5		4		1		1		4		0		**120**	
70+	1		34	28,278	6		3		2		1		1		0		0		0		**48**	
Total	**12**		**2,133**		**594**		**334**		**257**		**135**		**99**		**80**		**28**		**0**		**3,672**	

Note: Average Cash Balance is provided only for groups containing 20 or more participants.

Jewish Hospital and St. Mary's Healthcare Pension Plan
EIN: 61-1029768 PN: 003
Plan Year: January 1, 2014 to December 31, 2014

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

Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA, as amended by PPA, MAP-21 and HATFA.

Funding interest rates

For 2014 Plan Year: Segment Rates with four-month lookback, constrained in accordance with MAP-21 and HATFA as follows:

	Unconstrained Rates*	Rates Reflecting MAP-21 Corridor	Rates Reflecting HATFA Corridor**
First Segment Rate	1.37%	4.43%	4.99%
Second Segment Rate	4.05%	5.62%	6.32%
Third Segment Rate	5.06%	6.22%	6.99%

Effective Interest Rate Based on HATFA rates 6.44%

For 2013 Plan Year: Segment Rates with four-month lookback, constrained in accordance with MAP-21 and HATFA as follows:

	Unconstrained Rates*	Rates Reflecting MAP-21 Corridor***	Rates Reflecting HATFA Corridor****
First Segment Rate	1.75%	4.94%	5.23%
Second Segment Rate	4.62%	6.15%	6.51%
Third Segment Rate	5.72%	6.76%	7.16%

Effective Interest Rate Based on HATFA rates 6.62%

* Used for maximum tax-deduction purposes
** Used for minimum funding and benefit restriction purposes
*** Used for benefit restriction purposes
**** Used for minimum funding purposes

Mortality

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

Actuarial cost method

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

Jewish Hospital and St. Mary's Healthcare Pension Plan
EIN: 61-1029768 PN: 003
Plan Year: January 1, 2014 to December 31, 2014

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods (continued)

Non-Prescribed Funding Assumptions and Methods

Cash Balance Interest Crediting Rate and Lump Sum Conversion Rate

Current and Future Years:	4.00%
Prior Year:	4.00%

Expenses

Expected plan administrative and PBGC expenses added to the Target Normal Cost increased from $640,000 for 2013 to $760,000 for 2014.

Frequency of optional payment forms

It has been assumed that 90% of participants eligible for retirement select a lump sum distribution and 10% select a life annuity. For participants not eligible for retirement, 40% defer benefit commencement to age 65 and 60% commence immediately and at commencement 90% select a lump sum distributions and 10% select a life annuity.

Deferred vested participants with annuity benefits are assumed to commence a single life annuity at age 65. Deferred vested participants with cash balance only benefits are assumed to select a lump sum distribution and defer their lump sum to age 65 at a rate of 40% and commence immediately at a rate of 60%.

Marital percentage

80% of participants are assumed to be married at death. Husbands are assumed to be 3 years older than their wives.

Retirement Rates

Age	Assumption
55	10%
56	5%
57	5%
58	5%
59	5%
60	5%
61	5%
62	25%
63	10%
64	10%
65	70%
66	30%
67	50%
68	50%
69	50%
70	100%

Jewish Hospital and St. Mary's Healthcare Pension Plan
EIN: 61-1029768 PN: 003
Plan Year: January 1, 2014 to December 31, 2014

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Disability Rates

Illustrative rates are as follows:

Age	Assumption
45	0.00%
50	0.02%
55	0.05%

Withdrawal Rates[1]

For all participants during a "select" period of 3 years, turnover is considered to be a function of service only. The following are the percentage rates during the select period.

Service	Percentage
Less than 1 year	25%
1 year, but not 2	25%
2 years, but not 3	15%

After the select period, "ultimate" turnover rates are considered to be a function of age only. Ultimate turnover is based on the T-6 rates from the Actuary's Pension Handbook by Crocker, Sarasin, Straight and Vetter. Illustrative rates of termination are as follows:

Age	Annual Rate of Termination
25	9.6%
40	7.2%
55	2.0%

Asset valuation method

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

	Actuary's Assumption	Third Segment Rate	Reflecting PPA Limit
2014 Expected Return	7.75%	6.99%	6.99%
2013 Expected Return	7.75%	7.16%	7.16%
2012 Expected Return	8.00%	7.52%	7.52%

[1] For active participants not eligible for retirement.

Jewish Hospital and St. Mary's Healthcare Pension Plan
EIN: 61-1029768 PN: 003
Plan Year: January 1, 2014 to December 31, 2014

Schedule SB, Part V – Statement of Actuarial Assumptions and Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. Because of limited scope, Buck performed no analysis of the potential range of such future differences.

See

Audited Financial

Statements

For

Schedule of Reportable Transactions

(Schedule H 4j)

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 01/01/2014 and ending 12/31/2014

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

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

A Name of plan
JEWISH HOSPITAL AND ST MARYS HEALTHCARE PENSION PLAN

B Three-digit plan number (PN) ▶ 003

C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF
JEWISH HOSPITAL AND ST MARYS HEALTHCARE

D Employer Identification Number (EIN)
61-1029768

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 01 Day 01 Year 2014

2 Assets:

a Market value	**2a**	148724703
b Actuarial value	**2b**	139584705

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	292	14977769	14977769
b For terminated vested participants	3063	42091420	42091420
c For active participants	3672	85337684	86115805
d Total	7027	142406873	143184994

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**	6.44%
6 Target normal cost	**6**	760000

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 MARCIA DUSH MAD — October 8, 2015

Signature of actuary — Date

MARCIA DUSH — 1403448

Type or print name of actuary — Most recent enrollment number

BUCK CONSULTANTS, LLC — 713-658-3455

Firm name — Telephone number (including area code)

1201 LOUISIANA, SUITE 750

HOUSTON TX 77002

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)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 14.67%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		554469
	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 6.62%		36706
	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		591175
	d Portion of (c) to be added to prefunding balance		591175
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	591175

Part III Funding Percentages

14	Funding target attainment percentage	14	97.07%
15	Adjusted funding target attainment percentage	15	97.07%
16	Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	100.45%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2015	365370	0			
07/15/2015	365370	0			
09/15/2015	967967	0			
			Totals ▶ 18(b)	1698707	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	1539525

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**	63

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**	760000
b Excess assets, if applicable, but not greater than line 31a	**31b**	0

32 Amortization installments:

	Outstanding Balance	Installment
a Net shortfall amortization installment	4191464	701479
b Waiver amortization installment	0	0

33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	**33**	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	**34**	1461479

	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**	1461479
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	1539525

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

a Total (excess, if any, of line 37 over line 36)	**38a**	78046
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

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

Jewish Hospital and St. Mary's Healthcare Pension Plan
EIN: 61-1029768 PN: 003
Plan Year: January 1, 2014 to December 31, 2014

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

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

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
55	1,556.2710	0.0477	74.3046	4,086.7544
56	1,578.9817	0.0469	74.0658	4,147.6866
57	1,603.7181	0.0471	75.5018	4,303.6033
58	1,630.4778	0.0471	76.7899	4,453.8157
59	1,657.3130	0.0471	78.0680	4,606.0115
60	1,682.1940	0.0473	79.5909	4,775.4524
61	1,689.8173	0.0475	80.3103	4,898.9292
62	1,693.2568	0.2395	405.5860	25,146.3331
63	1,346.4175	0.0960	129.3146	8,146.8226
64	1,253.9035	0.0968	121.4335	7,771.7443
65	1,171.3573	0.6867	804.4163	52,287.0611
66	403.6156	0.2990	120.6667	7,964.0029
67	307.5818	0.4982	153.2236	10,265.9800
68	166.6574	0.4985	83.0783	5,649.3258
69	89.8280	0.4984	44.7724	3,089.2927
70	56.6307	1.0000	56.6307	3,964.1516
71	6.0000	1.0000	6.0000	426.0000
72	7.0000	1.0000	7.0000	504.0000
73	12.0000	1.0000	12.0000	876.0000
74	5.0000	1.0000	5.0000	370.0000
75	3.0000	1.0000	3.0000	225.0000
76	1.0000	1.0000	1.0000	76.0000
77	1.0000	1.0000	1.0000	77.0000
78	0.0000	1.0000	0.0000	0.0000
79	2.0000	1.0000	2.0000	158.0000
80	1.0000	1.0000	1.0000	80.0000
81	1.0000	1.0000	1.0000	81.0000
82	0.0000	1.0000	0.0000	0.0000
83	1.0000	1.0000	1.0000	83.0000
84	0.0000	1.0000	0.0000	0.0000
85	1.0000	1.0000	1.0000	85.0000
86	1.0000	1.0000	1.0000	86.0000
Total			2,499.7536	158,683.9672
Weighted Average Retirement Age = 158,683.9672 / 2,499.7536				63.48
Rounded Weighted Average Retirement Age				**63**

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

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

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

Jewish Hospital and St. Mary's Healthcare Pension Plan
EIN: 61-1029768 PN: 003
Plan Year: January 1, 2014 to December 31, 2014

Schedule SB, Part V – Summary of Plan Provisions

Effective Date

January 1, 1965, amended and restated effective January 1, 1976, January 1, 1985, January 1, 1989 (partially effective January 1, 1993), and January 1, 2000. Benefits were frozen as of December 31, 2009. The latest amendment was executed on December 21, 2010. However, these changes were clarifying or administrative in manner and had no impact on the valuation.

Eligible Employee

Effective January 1, 1993

Non-union employees other than independent contractors or physicians who have at least 1 year of Eligibility Service (1,000 hour rule) are eligible to enter the plan on the coincident or next following entry date.

Prior to January 1, 1993

Non-union employee, at least age 21, who is regularly scheduled for at least 1,000 Hours of Service during the Plan Year. Independent contractors and physicians excluded. Part-time employee, who completes at least 1,000 Hours of Service during his initial employment year, or any subsequent Plan Year, is eligible.

Effective January 1, 1994

Employees of Four Courts Senior Center are covered by the Plan.

Effective January 1, 1995

Employees of Frazier Rehabilitation Center are covered by the Plan.

Effective January 1, 2006

Employees of St. Mary & Elizabeth Hospital, employees of Jewish Hospital Shelbyville and physicians are covered by the Plan.

Effective January 1, 1997

Employees of Visiting Nurse Association are covered by the Plan.

Entry Date

January 1 or July 1 coincident with or next following completion of 1 year of Eligibility or Credited Service and attainment of age 21.

Retirement Dates

Normal

First day of month coincident with or next following 65th birthday.

Early

First day of month coincident with or next following 55th birthday and completion of 10 years of Vesting Service.

Late

After Normal Retirement Date.

Disability

Age 50 but less than age 65; completion of 10 years of Vesting Service and eligible for Social Security disability benefits.

Jewish Hospital and St. Mary's Healthcare Pension Plan
EIN: 61-1029768 PN: 003
Plan Year: January 1, 2014 to December 31, 2014

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

Service (Vesting)

Continuous employment measured from an employee's date of hire to December 31, 1992. For years after 1992, Plan years in which 1,000 Hours of Service are performed.

Vesting Service completed prior to Breaks-in-Service shall be included if the number of consecutive Breaks-in-Service is less than the greater of (i) five or (ii) the number of Years of Vesting Service prior to the break.

Service includes service in non-covered employment, service with related employers, up to 12 months of approved absence, and military service (provided the participant is rehired). One day or more of employment in a calendar month is credited as a full month.

For Four Courts Senior Center employees, no vesting service credit is granted for service prior to 1994.

For Frazier Rehabilitation Center employees, vesting service credit is granted for service prior to 1995.

For VNA, vesting service credit is granted for service prior to 1997.

For Caritas and Shelbyville employees, vesting service is granted for service prior to 2006.

Credited Service (Benefit Accrual)

The sum of (a), (b), and (c) below.

(a) Prior to 1976: Years and months of continuous employment from date of hire to January 1, 1976 rounded to the nearest one-tenth year.

(b) From later of January 1, 1976 or date of hire to December 31, 1992: Credited Service includes service in non-covered employment, service with related employers, up to 12 months of approved absence, and military service (provided the participant is rehired).

One day or more of employment in a calendar month is credited as a full month for full-time employees during this period.

A part-time employee earns a year of Credited Service for each Plan Year he performs 1,000 Hours of Service with a fractional year of Credited Service if he enters the Plan on other than the first day of the Plan Year.

The resulting Credited Service for full-time and part-time employees shall be rounded to the nearest one-tenth year.

(c) For periods after 1992: Plan years in which 1,000 Hours of Service are performed.

(d) For periods after 2009: None

For Four Courts Senior Center employees, no service is granted prior to 1994.

For Frazier Rehabilitation Center employees, no service is granted prior to 1995.

For VNA no service is granted prior to 1997.

For Caritas and Shelbyville employees, no service is granted prior to 2006.

Jewish Hospital and St. Mary's Healthcare Pension Plan
EIN: 61-1029768 PN: 003
Plan Year: January 1, 2014 to December 31, 2014

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

Average Monthly Compensation

"W-2 pay" plus amounts deferred under IRC Code Sections 403(b) and 125, excluding long-term incentive pay and moving expenses, during the 5 consecutive completed calendar years producing the highest average. Compensation after 2009 is not included.

Accrued Monthly Benefit

Prior to 1989

Projected normal retirement pension calculated using Average Monthly Compensation at December 31, 1988 and projected Credited Service at Normal Retirement Date, such amount multiplied by a fraction, the numerator of which is Credited Service at date of determination and the denominator of which is projected Credited Service at Normal Retirement Date.

After 1989

Normal retirement pension calculated using Average Monthly Compensation and Credited Service at date of determination.

Normal Retirement Benefit (Monthly)

Prior to 1989

(a) 1.8% of Average Monthly Compensation multiplied by Credited Service to nearest one-tenth year, minus

(b) the monthly primary Social Security Benefit times the lesser of i) 50% or ii) 1.8% times Credited Service to the nearest one-tenth year.

1989 to 1999

The December 31, 1988 Accrued Benefit, plus Credited Service after December 31, 1988 (limited to 35 years minus the sum of Service at December 31, 1988 and service with the Visiting Nurse Association), times the sum of i) 1.65% of Average Monthly Compensation plus, ii) .65% of Average Monthly Compensation in excess of Monthly Covered Compensation.

After 1999

The greatest of (a), (b), or (c); plus (d)

(a) The December 31, 1999 Accrued Benefit

(b) If a Grandfathered Participant (see below), the benefit determined under the 1989 to 1999 formula based on Credited Service and Average Monthly Compensation as of date of termination.

(c) The actuarial equivalent of the Cash Balance Account, described below.

(d) The actuarial equivalent of the Match Balance Account, described below.

After 2009

Benefit accruals are frozen.

Jewish Hospital and St. Mary's Healthcare Pension Plan
EIN: 61-1029768 PN: 003
Plan Year: January 1, 2014 to December 31, 2014

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

Grandfathered Participant

As of December 31, 1999, each participant with at least 10 years of vesting service who had either attained age 50 or had 70 or more Points is a Grandfathered Participant.

In addition, each Officer with at least 10 years of vesting service and 65 Points, each Senior Vice President, and the CEO of Patti A. Clay Hospital is a Grandfathered Participant.

Points

A participant's Points are the sum of his attained age and Years of Vesting Service, disregarding fractions.

Cash Balance Account

At December 31, 1999, a Cash Balance Account was established for each active participant equal to the lump sum value of the December 31, 1999 Accrued Benefit at 7% interest and UP-84 mortality set back 3 years. The Cash Balance Account increases from year to year by Investment Credits and Pay Credits. No pay credits are earned after December 31, 2009.

Investment Credits

For each quarter, the Investment Credit rate is the average annual yield of 30-year Treasury securities as published for the second calendar month preceding the first day of the quarter.

Pay Credits

Prior to 2010

For each year in which the participant completes 1000 hours of service, a pay credit will be received at the end of the year, according to the following schedule:

End of Year Points	Pay Credit Percentage
Fewer than 40	3%
40 to 49	4%
50 to 59	5%
60 to 69	6%
70 to 79	7%
80 or more	8%

In addition, each participant who was either (i) at least age 50 with 5 years of vesting service or (ii) at least age 45 with 10 years of vesting service or (iii) an Officer as of 12/31/99, and was not a Grandfathered Participant, receives an additional Pay Credit of 2%.

Officers who have at least 5 Years of Vesting Service and 55 Points as of 12/31/99 receive an additional Pay Credit of 4% instead of 2%.

Caritas employees who were "SCNHS Participants" on December 31, 2005 as that term was defined in the Catholic Health Initiatives Plan and met the requirements to be a Grandfathered Participant in that plan as of that date receive an additional pay credit of 2%.

After 2009

No pay credits are earned.

Jewish Hospital and St. Mary's Healthcare Pension Plan
EIN: 61-1029768 PN: 003
Plan Year: January 1, 2014 to December 31, 2014

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

Match Balance Account

Prior to 2009

As of 12/31/99, each participant had a Match Balance Account established at $0. The Match Balance Account receives credits equal to 50% of a participant's contributions to the Jewish Hospital 403(b) plan, up to X% of pay, if the participant completes 1000 hours of service. X% of pay is based on the following service schedule:

End of Year Vesting Service	X% of Pay
0 to 9	1.00%
10 to 14	1.50%
15 to 19	2.00%
20 to 24	2.50%
25 or more	3.00%

After 2008

A participant's Match Balance shall not be increased by Match Credits with respect to any Plan Year following 2008.

The Match Balance Account also receives Investment Credits.

Early Retirement Benefit

Annuity Formula: with at least 10 Years of Vesting Service, Accrued Benefit reduced 1/180th for each of the first 60 months and 1/360th for each of the next 60 months that benefits commence prior to Normal Retirement Date; otherwise, actuarial equivalent.

Cash Balance Formula: current cash balance or actuarially equivalent annuity.

Late Retirement Benefit

Annuity Formula: benefit that would have been payable at Normal Retirement Date actuarially increased for late commencement, or Normal Retirement pension based on Final Average Compensation and Credited Service at Late Retirement Date, whichever is greater.

Cash Balance Formula: current cash balance or actuarially equivalent annuity.

Disability Retirement

Prior to 2000: Accrued Benefit at date of disablement. If a Benefit member receives benefits under the Hospital's LTD plan, he continues accruing pension benefits as if he had remained employed at the rate of pay in effect immediately prior to his termination of employment and payment is deferred until LTD benefits cease.

After 1999: Accrued Benefit as of date of disablement.

Vested Benefit

After 3 years of Service, the Accrued Benefit becomes payable at Normal Retirement Date. A participant who terminated prior to 2000 with 10 or more years of Vesting Service is eligible for a reduced pension payable any time after age 55.

Jewish Hospital and St. Mary's Healthcare Pension Plan
EIN: 61-1029768 PN: 003
Plan Year: January 1, 2014 to December 31, 2014

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

Normal Form of Benefit

Life annuity.

Optional Forms of Benefit

(a) 5, 10, 15 or 20 Year Certain Period and Life Annuity

(b) 5, 10, 15 or 20 Year Certain Period Only Annuity

(c) 50%, 66-2/3%, 75%, or 100% Joint and Survivor Annuity

(d) 66 2/3% Joint and Survivor Annuity with 10 Year Certain Period

(e) Lump Sum

Lump Sum factors are based on the following:

(a) If the Participant is a Terminated Vested Participant and to the extent such benefit is based on his Grandfathered or Prior Plan Benefit: (i) The Applicable Mortality Table and the Annual Applicable Interest Rate or (ii) The GATT Factors – whichever factors produce the greater amount.

(b) If the Participant is a Service Eligible Retiree and to the extent such benefit is based on his Grandfathered or Prior Plan Benefit: (i) Actuarial Equivalence based on the RP 2000 Mortality Table and a 7% interest rate, (ii) The Applicable Mortality Table and the Annual Applicable Interest Rate, or (iii) the GATT Factors – whichever factors produce the greater amount.

(c) If the Participant is a Full Early Retiree or Normal Retiree and to the extent such benefit is based on his Grandfathered or Prior Plan Benefit: (i) Actuarial Equivalence based on the RP 2000 Mortality Table and a 7% interest rate, (ii) The Applicable Mortality Table and the Annual Applicable Interest Rate, or (iii) the GATT Factors – whichever factors produce the greater amount.

(d) To the extent that such benefit is based on the Participant's Pay Credit or Match Benefit – the Applicable Mortality Table and Annual Applicable Interest Rate but not less than the Pay Credit Account Balance or the Match Benefit Account Balance at Benefit Commencement. The Applicable Mortality Table and Annual Applicable Interest Rates are defined in IRC Section 417(e)(3)(B) and (C) respectively.

For the purposes of this Section the GATT Factors are based on the 30-year Treasury securities rate for the 4th month (September) preceding the Plan Year and the 1994 GA Reserving Table as provided under Revenue Ruling 2001-62.

All other Optional Form of Payment Factors are the Actuarial Equivalent based the RP 2000 Mortality Table and a 7% interest rate.

Conversion of Cash balances to annuities is based on Annual Applicable Mortality Table and the Annual applicable Interest Rate.

If the Participant is an Early Retiree (either a Full or Service Eligible Early Retiree) then the value of any early retirement subsidy shall be taken into account in converting the Participant's Benefit into any other form of benefit including a lump sum.

See

Audited Financial

Statements

For

Schedule of Assets Held

(Schedule H 4i)

Jewish Hospital and St. Mary's Healthcare Pension Plan
EIN: 61-1029768 PN: 003
Plan Year: January 1, 2014 to December 31, 2014

Schedule SB, Line 32 – Schedule of Amortization Bases

Type of Base	Date Established	Remaining Installments	Shortfall Amortization Installment	Present Value of Remaining Installments as of January 1, 2014
Shortfall	January 1, 2014	7	$ 701,479	$ 4,191,464
	Total charge		$ 701,479	$ 4,191,464

Jewish Hospital and St. Mary's Healthcare Pension Plan
EIN: 61-1029768 PN: 003
Plan Year: January 1, 2014 to December 31, 2014

Schedule SB, Line 24 – Change in Actuarial Assumptions

Expected plan administrative and PBGC expenses were increased from $640,000 to $760,000. This was primarily a result of the anticipated increase in the PBGC premium to be paid out of the plan trust.