

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 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 2016 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2016 or fiscal plan year beginning <u>01/01/2016</u> and ending <u>12/31/2016</u>			
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.) ☒ a single-employer plan ☐ a DFE (specify) _____	
B	This return/report is:	☐ the first return/report ☐ the final return/report ☒ an amended return/report ☐ a short plan year return/report (less than 12 months)	
C	If the plan is a collectively-bargained plan, check here. ☐		
D	Check box if filing under:	☒ Form 5558 ☐ automatic extension ☐ the DFVC program ☐ special extension (enter description)	

Part II	Basic Plan Information —enter all requested information		
1a	Name of plan <u>JEWISH HOSPITAL & ST. MARY'S HEALTHCARE PENSION PLAN</u>	1b	Three-digit plan number (PN) ► <u>003</u>
		1c	Effective date of plan <u>01/01/1965</u>
2a	Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions) <u>JEWISH HOSPITAL & ST. MARY'S HEALTHCARE, INC.</u> <u>200 ABRAHAM FLEXNER WAY</u> <u>LOUISVILLE, KY 40202</u>	2b	Employer Identification Number (EIN) <u>61-1029768</u>
		2c	Plan Sponsor's telephone number <u>502-562-7050</u>
		2d	Business code (see instructions) <u>622000</u>

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	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)			Preparer's telephone number

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

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 6441
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..... a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits..... c Other retired or separated participants entitled to future benefits d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested	6a(1) 2828 6a(2) 2597 6b 304 6c 3367 6d 6268 6e 27 6f 6295 6g 6h 4
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 2016 Form M-1 annual report. If the plan was not required to file the 2016 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 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

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

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

A Name of plan <u>JEWISH HOSPITAL & ST. MARY'S HEALTHCARE PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>JEWISH HOSPITAL & ST. MARY'S HEALTHCARE, INC.</u>	D Employer Identification Number (EIN) <u>61-1029768</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>	
2 Assets:	
a Market value	2a <u>132462748</u>
b Actuarial value	2b <u>139524202</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment	(1) Number of participants <u>303</u> (2) Vested Funding Target <u>15823744</u> (3) Total Funding Target <u>15823744</u>
b For terminated vested participants	<u>3310</u> <u>48584382</u> <u>48584382</u>
c For active participants	<u>2828</u> <u>75322431</u> <u>76646386</u>
d Total	<u>6441</u> <u>139730557</u> <u>141054512</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b
5 Effective interest rate	5 <u>6.02 %</u>
6 Target normal cost	6 <u>1510000</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/05/2017</u>
	Signature of actuary	Date
<u>ERIC SIEKMAN</u>	Type or print name of actuary	<u>17-05062</u>
		Most recent enrollment number
<u>CONDUENT HR CONSULTING, LLC</u>	Firm name	<u>832-788-4718</u>
<u>9800 CENTRE PARKWAY, FLOOR 10</u> <u>HOUSTON, TX 77036</u>	Address of the firm	Telephone number (including area code)

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.

Schedule SB (Form 5500) 2016
v. 160205

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	636991
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	636991
10	Interest on line 9 using prior year's actual return of <u>-1.07</u> %	0	-6816
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		0
b(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 <u>6.27</u> %		0
b(2)	Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c	Total available at beginning of current plan year to add to prefunding balance		0
d	Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	630175

Part III Funding Percentages			
14	Funding target attainment percentage	14	98.46%
15	Adjusted funding target attainment percentage	15	98.46%
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	103.47%
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
07/14/2017	2533259	0			
09/14/2017	2766741	0			
			Totals ▶	18(b)	5300000
				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 4821603
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:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%;">1st segment: 4.43%</td> <td style="width: 33%;">2nd segment: 5.91%</td> <td style="width: 33%;">3rd segment: 6.65%</td> </tr> </table>	1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%	☐ N/A, full yield curve used
1st segment: 4.43%	2nd segment: 5.91%	3rd segment: 6.65%				
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	1510000			
b	Excess assets, if applicable, but not greater than line 31a	31b	0			
32	Amortization installments:	Outstanding Balance	Installment			
a	Net shortfall amortization installment	2160485	356963			
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	1866963			
		Carryover balance	Prefunding balance			
35	Balances elected for use to offset funding requirement	0	0			
36	Additional cash requirement (line 34 minus line 35)	36	1866963			
37	Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	4821603			
38	Present value of excess contributions for current year (see instructions)					
a	Total (excess, if any, of line 37 over line 36)	38a	2954640			
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				

<div>SCHEDULE C</div> <div>(Form 5500)</div> <div>Department of the Treasury Internal Revenue Service</div> <div>Department of Labor Employee Benefits Security Administration</div> <div>Pension Benefit Guaranty Corporation</div>	<div>Service Provider Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>	OMB No. 1210-0110
		2016
		This Form is Open to Public Inspection.

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

<div>A</div> <div>Name of plan</div> <div>JEWISH HOSPITAL & ST. MARY'S HEALTHCARE PENSION PLAN</div>	<div>B</div> <div>Three-digit plan number (PN)</div> <div>▶</div> <div>003</div>
<div>C</div> <div>Plan sponsor's name as shown on line 2a of Form 5500</div> <div>JEWISH HOSPITAL & ST. MARY'S HEALTHCARE, INC.</div>	<div>D</div> <div>Employer Identification Number (EIN)</div> <div>61-1029768</div>

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a

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

☐ Yes ☒ No
- b

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

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

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

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

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	174120	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

FIDELITY

04-3275867

(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?
15 50	NONE	37613	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

POLSINELLI

900 W. 48TH PLACE
SUITE 900
KANSAS CITY, MO 64112

(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?
29 50	NONE	28638	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)

HERRONPALMER

45-4725418

(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?
16 50	NONE	11576	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:	MARCIA DUSH	b EIN:	13-3954297
c Position:	ENROLLED ACTUARY		
d Address:	1201 LOUISIANA SUITE 750 HOUSTON, TX 77002	e Telephone:	713-658-3455

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:

<div>SCHEDULE D (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>		<div>DFE/Participating Plan Information</div> <div>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2016</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016					
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 80-0000385-001		d Entity code M	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) 124971780		
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)		

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule D (Form 5500) 2016 v.160205

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

<div>SCHEDULE G (Form 5500) Department of Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration</div>	<div>Financial Transaction Schedules</div> <div>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).</div> <div>► File as an attachment to Form 5500.</div>	<div>OMB No. 1210-0110</div> <div>2016</div> <div>This Form is Open to Public Inspection.</div>
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016	
<div>A Name of plan</div> <div>JEWISH HOSPITAL & ST. MARY'S HEALTHCARE PENSION PLAN</div>	<div>B Three-digit plan number (PN) ► 003</div>
<div>C Plan sponsor's name as shown on line 2a of Form 5500</div> <div>JEWISH HOSPITAL & ST. MARY'S HEALTHCARE, INC.</div>	<div>D Employer Identification Number (EIN)</div> <div>61-1029768</div>

Part I	<div>Schedule of Loans or Fixed Income Obligations in Default or Classified as Uncollectible</div> <div>Complete as many entries as needed to report all loans or fixed income obligations in default or classified as uncollectible. Check box (a) if obligor is known to be a party in interest. Attach Overdue Loan Explanation for each loan listed. See Instructions.</div>
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(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor	(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items
☐		

	Amount received during reporting year			Amount overdue	
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

(a)	(b) Identity and address of obligor		(c) Detailed description of loan including dates of making and maturity, interest rate, the type and value of collateral, any renegotiation of the loan and the terms of the renegotiation, and other material items		
☐					
		Amount received during reporting year			Amount overdue
(d) Original amount of loan	(e) Principal	(f) Interest	(g) Unpaid balance at end of year	(h) Principal	(i) Interest

Part II Schedule of Leases in Default or Classified as Uncollectible

Complete as many entries as needed to report all leases in default or classified as uncollectible. Check box (a) if lessor or lessee is known to be a party in interest. Attach Overdue Lease Explanation for each lease listed. (See instructions)

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

(a)	(b) Identity of lessor/lessee	(c) Relationship to plan, employer, employee organization, or other party-in-interest	(d) Terms and description (type of property, location and date it was purchased, terms regarding rent, taxes, insurance, repairs, expenses, renewal options, date property was leased)			
☐						
(e) Original cost	(f) Current value at time of lease	(g) Gross rental receipts during the plan year	(h) Expenses paid during the plan year	(i) Net receipts	(j) Amount in arrears	

Part III Nonexempt Transactions

Complete as many entries as needed to report all nonexempt transactions. **Caution:** If a nonexempt prohibited transaction occurred with respect to a disqualified person, file Form 5330 with the IRS to pay the excise tax on the transaction.

(a) Identity of party involved CATHOLIC HEALTH INITIATIVES	(b) Relationship to plan, employer, or other party-in-interest EMPLOYER/PLAN SPONSOR	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value INELIGIBLE EXPENSES PAID BY THIS PLAN FOR ANOTHER PLAN.		(d) Purchase price	
(e) Selling price	(f) Lease rental	(g) Transaction expenses 269876	(h) Cost of asset	(i) Current value of asset 269876	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

(a) Identity of party involved	(b) Relationship to plan, employer, or other party-in-interest	(c) Description of transaction including maturity date, rate of interest, collateral, par or maturity value		(d) Purchase price	
(e) Selling price	(f) Lease rental	(g) Transaction expenses	(h) Cost of asset	(i) Current value of asset	(j) Net gain (or loss) on each transaction

SCHEDULE H (Form 5500) <small>Internal Revenue Service</small> <small>Department of Labor</small> <small>Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 2016 This Form is Open to Public Inspection
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016		
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	1546956
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	5300000
(2) Participant contributions	1b(2)		
(3) Other.....	1b(3)	270504	739
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	4189088	177598
(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)	127693896	124971780
(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)	489339	943470
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other	1c(15)	90339	57211

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	132733166	132997754

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	132733166	132997754
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	5300000	
(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)		5300000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	10706	
(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)		10706
(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)	1399	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		1399
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	6793	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-6793
(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)		9577885
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		14883197

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	13066419	
(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)		13066419
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)	257096	
(2) Contract administrator fees.....	2i(2)		
(3) Investment advisory and management fees.....	2i(3)		
(4) Other	2i(4)	1295094	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		1552190
j Total expenses. Add all expense amounts in column (b) and enter total	2j		14618609

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		264588
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: 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:

a Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....

b Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

		Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d	X		269876
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			
o Defined Benefit Plan or Money Purchase Pension Plan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not separated from service?	4o			

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
If "Yes" is checked, enter the My PAA confirmation number from the PBGC premium filing for this plan year 4007311. (See instructions.)

Part V Trust Information

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

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 sections 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 2016 This Form is Open to Public Inspection.
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For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

A Name of plan <u>JEWISH HOSPITAL & ST. MARY'S HEALTHCARE PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>003</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>JEWISH HOSPITAL & ST. MARY'S HEALTHCARE, INC.</u>	D Employer Identification Number (EIN) <u>61-1029768</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>31-1051736</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year	3	<u>255</u>

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

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

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

For Paperwork Reduction Act Notice, see the Instructions for Form 5500.

Schedule R (Form 5500) 2016
v. 160205

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

14	Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:		
	a The current year	14a	
	b The plan year immediately preceding the current plan year	14b	
	c The second preceding plan year	14c	
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:		
	a The corresponding number for the plan year immediately preceding the current plan year	15a	
	b The corresponding number for the second preceding plan year	15b	
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:		
	a Enter the number of employers who withdrew during the preceding plan year	16a	
	b If line 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b	
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. ☐		

Part VI	Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans
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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: <u>42.6</u> % Investment-Grade Debt: <u>32.7</u> % High-Yield Debt: <u>3.6</u> % Real Estate: <u>5.7</u> % Other: <u>15.4</u> % 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):

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan? If "No," skip b	☐ Yes ☐ No
20b How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:	☐ Design-based safe harbor ☐ "Prior year" ADP test ☐ "Current year" ADP test ☐ N/A
21a What testing method was used to satisfy the coverage requirements under section 410(b) for the plan year? Check all that apply:	☐ Ratio percentage test ☐ Average benefit test ☐ N/A
21b Did the plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) for the plan year by combining this plan with any other plan under the permissive aggregation rules?	☐ Yes ☐ No
22a If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable IRS opinion letter or advisory letter, enter the date of the letter / / and the serial number .	
22b If the plan is an individually-designed plan that received a favorable determination letter from the IRS, enter the date of the most recent determination letter / / .	

FINANCIAL STATEMENTS AND
SUPPLEMENTAL SCHEDULES

Jewish Hospital & St. Mary's HealthCare Pension Plan
Years Ended December 31, 2016 and 2015
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, 2016 and 2015

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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 the Jewish Hospital & St. Mary's HealthCare Pension Plan, which comprise the statements of net assets available for benefits as of December 31, 2016 and 2015, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audits in accordance with auditing standards generally accepted in the United States. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for 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 December 31, 2016 and 2015, and for the years then ended, stating that the investment information provided to the plan administrator is complete and accurate.

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, 2016, and nonexempt transactions 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.

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 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, 2017

Jewish Hospital & St. Mary's HealthCare Pension Plan

Statements of Net Assets Available for Benefits

	December 31	
	2016	2015
Assets		
Non-interest-bearing cash	\$ 1,546,956	\$ —
Investments, at fair value:		
Plan interest in CHI Master Trust	124,971,780	127,693,896
Money market funds – Fifth Third	177,598	4,189,088
Dreyfus Government Securities Fund	943,470	—
Dreyfus Institutional Cash Advantage Fund	—	489,339
Alternative investments	57,211	90,339
Total investments, at fair value	126,150,059	132,462,662
Receivables:		
Employer contributions	5,300,000	—
Interest and dividends	739	628
Other	—	269,876
Total receivables	5,300,739	270,504
Net assets available for benefits	<u>\$ 132,997,754</u>	<u>\$ 132,733,166</u>

See accompanying notes.

Jewish Hospital & St. Mary's HealthCare Pension Plan

Statements of Changes in Net Assets Available for Benefits

	Year Ended December 31	
	2016	2015
Additions		
Investment income (loss):		
Interest and dividends	\$ 12,105	\$ 12,176
Net investment gain (loss) from plan interest in CHI Master Trust	9,577,885	(1,568,893)
Net depreciation in fair value of investments	(6,793)	(8,179)
Total investment income (loss)	9,583,197	(1,564,896)
Employer contributions	5,300,000	730,740
Total additions, net of investment income (loss)	14,883,197	(834,156)
Deductions		
Benefits paid to participants	13,066,419	13,186,765
Administrative expenses	1,552,190	809,421
Total deductions	14,618,609	13,996,186
Net increase (decrease)	264,588	(14,830,342)
Net assets available for benefits at:		
Beginning of year	132,733,166	147,563,508
End of year	<u>\$ 132,997,754</u>	<u>\$ 132,733,166</u>

See accompanying notes.

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements

December 31, 2016

1. Description of the Plan

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

General

The Plan is a non-contributory 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, 2016 and 2015. 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 Catholic Health Initiatives Master Trust (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 satisfy minimum funding requirements and avoid the PBGC 4010 filing. The Plan has met the minimum funding requirements established by the federal government.

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements (continued)

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.

On December 30, 2016, the Plan was amended such that the accrued benefits of all active participants became 100% vested and non-forfeitable.

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 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.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements (continued)

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 CHI Master Trust, are stated at estimated fair value in accordance with Accounting Standards Codification Topic (ASC) 820, *Fair Value Measurement*. 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.

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements (continued)

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, 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 CHI Master Trust's Level 3 investments consist of term loans.
- 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 (depreciation) includes the Plan's gains and losses on investments bought and sold as well as held during the year.

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements (continued)

2. Summary of Significant Accounting Policies (continued)

New Accounting Pronouncement

In February 2017, the Financial Accounting Standards Board issued Accounting Standards Update No. (ASU) 2017-06, *Plan Accounting: Defined Benefit Pension Plans (Topic 960), Defined Contribution Pension Plans (Topic 962), Health and Welfare Benefit Plans (Topic 965): Employee Benefit Plan Master Trust Reporting*. ASU 2017-06 clarifies the presentation requirements for a plan's interest in a master trust, and requires more detailed disclosures of a plan's interest in a master trust. ASU 2017-06 is effective for entities for fiscal years beginning after December 15, 2018, with retrospective application to all periods presented. Early application is permitted. Plan management is currently evaluating the effect that the provisions of ASU 2017-06 will have on the Plan's financial statements.

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.

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

The accumulated plan benefit information as of December 31, 2015, is as follows:

Actuarial present value of accumulated plan benefits:

Vested benefits:

Participants and beneficiaries receiving benefits	\$ 14,777,451
Other participants	113,351,751
	<hr/> 128,129,202

Non-vested benefits	243,394
	<hr/> \$ 128,372,596

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

Actuarial present value of accumulated plan benefits at

January 1, 2015 \$ 127,373,717

Increase (decrease) during the year attributable to:

Assumption changes	4,638,470
Benefits accumulated	358,693
Decrease in discount rate	9,188,481
Benefits paid	(13,186,765)

Net increase	<hr/> 998,879
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Actuarial present value of accumulated plan benefits at

December 31, 2015 \$ 128,372,596

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements (continued)

3. Accumulated Plan Benefits (continued)

The significant actuarial assumptions underlying the actuarial computations at December 31, 2015 and 2014, are as follows:

Mortality basis	RP-2014 sex distinct employee and annuitant tables with no collar adjustment, removing post-2006 projections and replacing them with MP-2016 projections converging to a long-term rate of improvement of 0.75% by 2032 in 2015 and RP-2014 Total Employee and Healthy Annuity Mortality Tables projected with the Towers improvement table (removing the post-2006 projections and replacing them with a modified version of MP-2015, converting to a long-term rate of improvement of 0.75% by 2029 in 2014)	
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%, 67 through 69 – 50%, 70 – 100%	
Withdrawal assumption	Years of service	Rate
	0–1	25%
	1–2	25
	2–3	15
	Sample ages for greater than three years of service 25 – 22.5%, 40 – 15.0%, 55 – 7.5%. Prior year sample rates were 25 – 9.6%, 40 – 7.2%, 55 – 2.0%, which were the T–6 rates from the Actuary's Pension Handbook	
Assumed rate of return	2015 – 7.20%; 2014 – 7.60%	
Cash balance rate	2015 – 3.80%; 2014 – 4.00%	

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements (continued)

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, 2016			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 1,121,068	\$ —	\$ —	\$ 1,121,068
Investments measured at net asset value:				
Alternative investments				57,211
Plan's investments at fair value				\$ 1,178,279

	December 31, 2015			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 4,678,427	\$ —	\$ —	\$ 4,678,427
Investments measured at net asset value:				
Alternative investments				90,339
Plan's investments at fair value				\$ 4,768,766

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements (continued)

4. Fair Value Measurements (continued)

Alternative Investments

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:

2016					
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period	
Multi-strategy hedge funds ^(a)	\$ 57,211	\$ –	Various	30–180 days	
2015					
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period	
Multi-strategy hedge funds ^(a)	\$ 90,399	\$ –	Various	30–180 days	

^(a)This category includes two investments in a hedge fund that takes both long and short positions in various investment subfunds. Management of the funds has the ability to shift investments among differing investment strategies. Certain subfunds require an initial lockup period related to each investment by the fund in such subfund 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, 2016.

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements (continued)

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 (depreciation), all investment information disclosed in the accompanying financial statements, footnotes, and supplemental schedules, including investments held at December 31, 2016 and 2015, net investment gain (loss) from plan interest in the CHI Master Trust, and interest and dividend income for the years then ended, 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, 2016 and 2015, the Plan's interest in the net assets of the CHI Master Trust was 3.45% and 3.58%, respectively.

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

	December 31	
	2016	2015
	<i>(Dollars in Thousands)</i>	
Assets		
Investments in securities	\$ 3,630,284	\$ 3,572,658
Receivable for securities sold	10,417	9,745
Foreign currency exchange contracts	35,639	19,477
Other receivables	9,552	10,220
Total assets	<u>3,685,892</u>	<u>3,612,100</u>
Liabilities		
Payable for securities purchased	25,884	20,830
Foreign currency exchange contracts	34,586	19,459
Other liabilities	2,708	1,913
Total liabilities	<u>63,178</u>	<u>42,202</u>
Net assets	<u>\$ 3,622,714</u>	<u>\$ 3,569,898</u>

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements (continued)

6. CHI Master Trust (continued)

The following table presents the changes in net assets for the CHI Master Trust:

	Year Ended December 31	
	2016	2015
	<i>(Dollars in Thousands)</i>	
Net appreciation (depreciation) in fair value of investments	\$ 198,522	\$ (119,307)
Interest income	41,114	43,333
Dividend income	38,543	42,611
Total investment income (loss)	278,179	(33,363)
Investment manager and custody fees	11,195	13,831
Other	266	382
Total expenses	11,461	14,213
Net transfers (contributions and benefit payments for the participating plans)	(213,902)	(136,662)
Net increase (decrease)	52,816	(184,238)
Net assets:		
Beginning of year	3,569,898	3,754,136
End of year	\$ 3,622,714	\$ 3,569,898

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.

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements (continued)

6. CHI Master Trust (continued)

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, 2016, the CHI Master Trust had committed to invest \$800.0 million in 39 funds, of which \$676.7 million had been invested. The remaining \$123.3 million will be invested when, and if, requested by the funds.

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements (continued)

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, 2016			
	Level 1	Level 2	Level 3	Total
	(Dollars in Thousands)			
Assets				
Short-term investments	\$ 99,732	\$ 2,690	\$ –	\$ 102,422
Common stocks	1,595,334	–	–	1,595,334
Mutual funds and exchange-traded funds	87,573	–	–	87,573
Preferred stocks	7,277	–	–	7,277
Corporate bonds	–	315,551	–	315,551
Asset-backed securities	–	41,196	–	41,196
Government bonds	300,292	29,586	–	329,878
Foreign government bonds	–	26,630	–	26,630
Term loans	–	–	170,923	170,923
	<u>\$ 2,090,208</u>	<u>\$ 415,653</u>	<u>\$ 170,923</u>	<u>2,676,784</u>
Investments measured at net asset value:				
Fixed income funds				226,087
Hedge funds				275,354
Real estate				316,525
Venture capital/private equity funds				135,534
Total investments at fair value				<u>\$ 3,630,284</u>
Receivables				
Foreign currency exchange contracts	\$ –	\$ 35,639	\$ –	\$ 35,639
Liabilities				
Foreign currency exchange contracts	\$ –	\$ 34,586	\$ –	\$ 34,586

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements (continued)

6. CHI Master Trust (continued)

	December 31, 2015			
	Level 1	Level 2	Level 3	Total
	(Dollars in Thousands)			
Assets				
Short-term investments	\$ 97,787	\$ 20,573	\$ —	\$ 118,360
Common stocks	1,489,973	—	—	1,489,973
Mutual funds and exchange-traded funds	92,098	—	—	92,098
Preferred stocks	5,424	—	—	5,424
Corporate bonds	—	324,221	—	324,221
Asset-backed securities	—	45,021	—	45,021
Government bonds	333,511	37,487	—	370,998
Foreign government bonds	—	27,697	—	27,697
Term loans	—	—	163,235	163,235
	<u>\$ 2,018,793</u>	<u>\$ 454,999</u>	<u>\$ 163,235</u>	<u>2,637,027</u>
Investments measured at net asset value:				
Fixed income funds				239,817
Hedge funds				279,331
Real estate				254,941
Venture capital/private equity funds				<u>161,542</u>
Total investments at fair value				<u>\$ 3,572,658</u>
Receivables				
Foreign currency exchange contracts	\$ —	\$ 19,477	\$ —	\$ 19,477
Liabilities				
Foreign currency exchange contracts	\$ —	\$ 19,459	\$ —	\$ 19,459

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements (continued)

6. CHI Master Trust (continued)

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

	Term Loans
	<i>(Dollars in Thousands)</i>
Investments at fair value at January 1, 2015	\$ 141,610
Purchases/contributions of investments	170,091
Sales/distributions of investments	(141,228)
Net change in unrealized depreciation	
on investments and effect of foreign currency translation	(5,457)
Net realized losses on investments	(1,781)
Investments at fair value at December 31, 2015	<u>163,235</u>
Purchases/contributions of investments	131,126
Sales/distributions of investments	(131,409)
Net change in unrealized appreciation	
on investments and effect of foreign currency translation	8,578
Net realized losses on investments	(607)
Investments at fair value at December 31, 2016	<u><u>\$ 170,923</u></u>

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.

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements (continued)

6. CHI Master Trust (continued)

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

	Derivative Assets Fair Value	Derivative Liabilities Fair Value
	<i>(Dollars in Thousands)</i>	
2016		
Foreign currency exchange contracts	<u>\$ 35,639</u>	<u>\$ 34,586</u>
2015		
Foreign currency exchange contracts	<u>\$ 19,477</u>	<u>\$ 19,459</u>

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. Subsequent to this determination by the IRS, the Plan was amended. Once qualified, the Plan is required to operate in conformity with the Code to maintain its qualification. The plan administrator has indicated that it will take the necessary steps, if any, to bring the Plan's operations into compliance with the Code.

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements (continued)

7. Income Tax Status (continued)

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, 2016, 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.

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 on the statements of net assets available for benefits.

Plan contributions are made and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee demographics, all of which are subject to change. Due to uncertainties inherent in the estimation and assumption 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, 2017, 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 #003

Schedule G, Part III – Schedule of Nonexempt Transactions

Year Ended December 31, 2016

(a) Identity of Party Involved	(b) Relationship to Plan, Employer, or Other Party in Interest	(c) Description of Transactions	(i) Current Value of Asset
Catholic Health Initiatives	Employer/plan sponsor	Ineligible expense	\$ 269,876 ⁽¹⁾

Columns (d) through (h) and (j) are not shown as they are not applicable.

⁽¹⁾This amount represents the aggregate amount of ineligible expenses paid by the Plan during 2015. The employer/plan sponsor fully reimbursed the Plan for the amount of the ineligible expenses plus lost earnings of \$269,876 in August 2016. The employer/plan sponsor filed Form 5330, *Return of Excise Taxes Related to Employee Benefit Plans*.

Jewish Hospital & St. Mary's HealthCare Pension Plan

EIN: 61-1029768 Plan #003

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

December 31, 2016

Identity of Issue, Borrower, Lessor, or Similar Party	Description of Investment	Cost	Current Value
Money market funds:			
*Fifth Third Bank	Fifth Third Banksafe Trust	\$ 177,598	\$ 177,598
*The Bank of New York Mellon	Dreyfus Government Securities Fund	943,470	943,470
Alternative investments:			
A&Q Diversified Neutral Alpha Limited Class S Fund	Hedge fund	13,428	3,007
Federal Street Multi-Strategy Offshore Fund	Hedge fund	65,227	54,204
		<u>\$ 1,199,724</u>	<u>\$ 1,178,279</u>

*Party in interest

Jewish Hospital & St. Mary's HealthCare Pension Plan

EIN: 61-1029768 Plan #003

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2016

Identity of Party Involved and Description of Asset	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction	Net Gain (Loss)
Category (i) – A single transaction in excess of 5% of the fair value of plan assets					
Fifth Third Bank:					
Fifth Third Banksafe Premium	\$ 2,413,189	\$ –	\$ 2,413,189	\$ 2,413,189	\$ –
Fifth Third Banksafe Premium	263,464	–	263,464	263,464	–
Fifth Third Banksafe Trust	540,226	–	540,226	540,226	–
Fifth Third Banksafe Trust	4,796,711	–	4,796,711	4,796,711	–
Fifth Third Banksafe Premium	–	721,643	721,643	721,643	–
Fifth Third Banksafe Premium	–	1,850,580	1,850,580	1,850,580	–
Fifth Third Banksafe Premium	–	393,502	393,502	393,502	–
Fifth Third Banksafe Premium	–	803,494	803,494	803,494	–
Fifth Third Banksafe Premium	–	875,059	875,059	875,059	–
Fifth Third Banksafe Premium	–	734,636	734,636	734,636	–
Fifth Third Banksafe Premium	–	599,500	599,500	599,500	–
Fifth Third Banksafe Premium	–	1,581,432	1,581,432	1,581,432	–
Fifth Third Banksafe Premium	–	2,615,779	2,615,779	2,615,779	–
Fifth Third Banksafe Trust	–	540,226	540,226	540,226	–
Fifth Third Banksafe Trust	–	263,464	263,464	263,464	–
Fifth Third Banksafe Trust	–	823,940	823,940	823,940	–
The Bank of New York Mellon:					
Dreyfus Institutional Govt Securities	478,988	–	478,988	478,988	–
Dreyfus Institutional Govt Securities	478,988	–	478,988	478,988	–
Dreyfus Institutional Govt Securities	269,879	–	269,879	269,879	–
Dreyfus Institutional Govt Securities	253,044	–	253,044	253,044	–
Dreyfus Institutional Govt Securities	–	478,988	478,988	478,988	–
Dreyfus Institutional Cash Advantage Fund	–	478,988	478,988	478,988	–
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	\$ 360	\$ –	\$ 360	\$ 360	\$ –
	–	489,699	489,699	489,699	–
Dreyfus Institutional Govt Securities	1,494,723	–	1,494,723	1,494,723	–
	–	551,253	551,253	551,253	–
Fifth Third Bank:					
Fifth Third Banksafe Trust	803,690	–	803,690	803,690	–
	–	1,627,630	1,627,630	1,627,630	–
Fifth Third Banksafe Premium	7,209,900	–	7,209,900	7,209,900	–
	–	10,300,799	10,300,799	10,300,799	–

There were no category (ii) or (iv) reportable transactions during 2016.

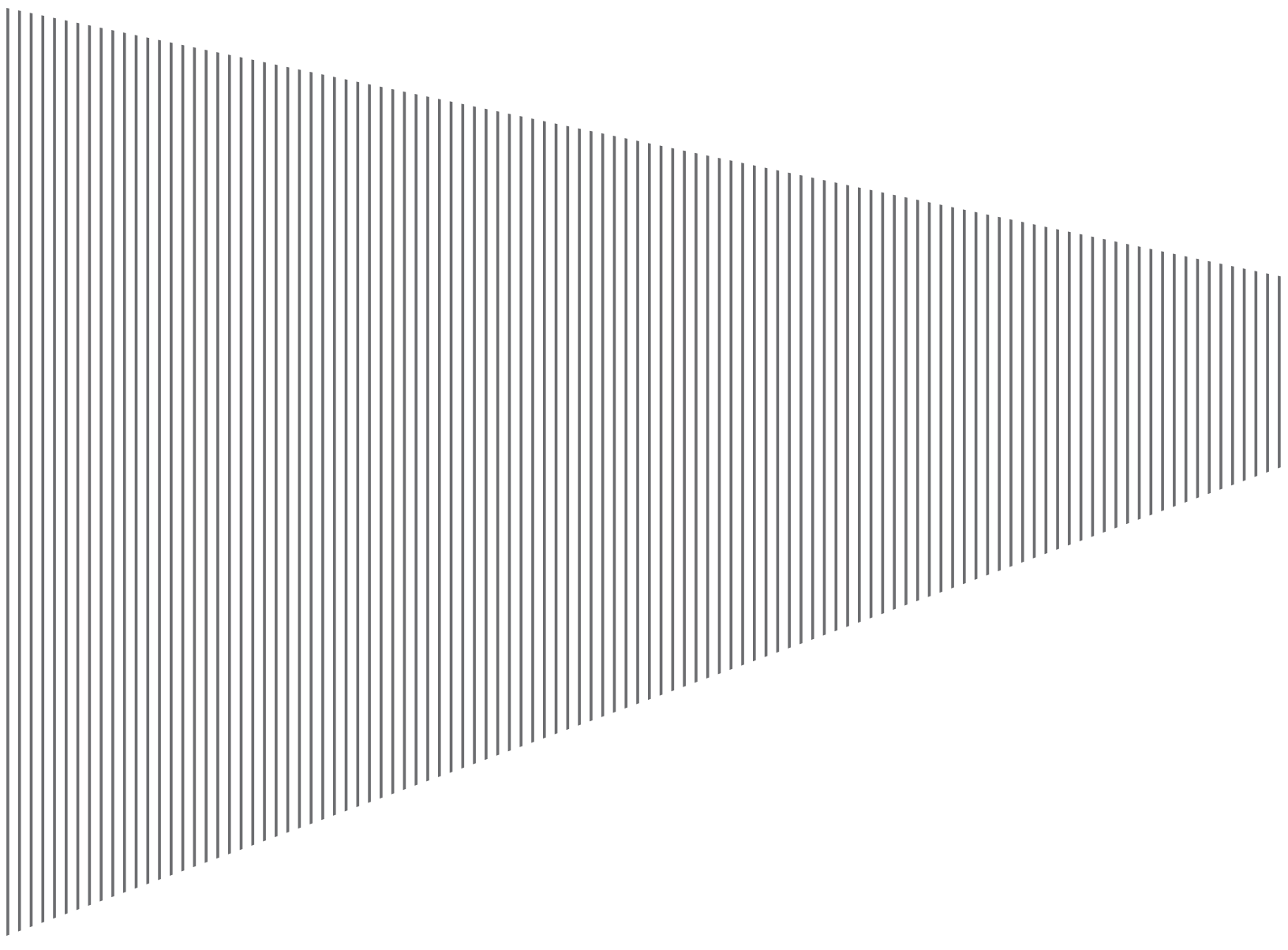
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Jewish Hospital and St. Mary`s Healthcare Pension Plan
EIN/PN: 61-1029768 / 003

Schedule SB, Line 26 – Schedule of Active Participant Data

		Years of Credited Service																			
		Under 1		1 - 4		5 - 9		10 - 14		15 - 19		20 - 24		25 - 29		30 - 34		35 - 39		40 & up	
		No.	Cash Bal.	No.	Cash Bal.	No.	Cash Bal.	No.	Cash Bal.	No.	Cash Bal.	No.	Cash Bal.	No.	Cash Bal.	No.	Cash Bal.	No.	Cash Bal.	No.	Cash Bal.
Under 25																					
25 - 29	1			54	1,739																
30 - 34	1			211	3,530	37	9,433														
35 - 39	2			212	5,756	94	13,953	21	20,533	2											
40 - 44	1			213	8,346	72	16,872	76	24,694	24	30,989										
45 - 49	3			178	11,742	71	18,687	51	29,402	51	42,957	9									
50 - 54	2			193	14,033	82	18,885	55	39,680	55	53,683	44	68,332	25	65,439	1					
55 - 59	3			230	16,926	53	23,004	32	39,776	46	55,839	35	79,733	42	91,911	30	98,390	1			
60 - 64	7			177	21,989	46	23,652	34	60,599	32	81,895	20	99,415	10		29	143,701	14			
65 - 69	1			58	26,324	13		10		7		8		3		1		6			
70 & up	1			28	36,211	5		3		1		1									

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

Jewish Hospital and St. Mary's Healthcare Pension Plan

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Schedule SB, Part V - Statement of Actuarial Assumptions/Methods

Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA.

Funding interest rates

For 2016 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.34%	4.43%
Second Segment Rate	4.03%	5.91%
Third Segment Rate	5.06%	6.65%
Effective Interest Rate Based on constrained rates		6.02%

For 2015 Plan Year: Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.15%	4.72%
Second Segment Rate	4.06%	6.11%
Third Segment Rate	5.15%	6.81%
Effective Interest Rate Based on constrained rates		6.27%

* Used for maximum tax-deduction purposes.

** Used for minimum funding and benefit restriction 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.

Cash Balance to annuity conversion rate

Funding interest rates as specified in IRS Regulation 1.430(h)(2)-1. These rates are constrained in accordance with HATFA.

Cash Balance to annuity mortality assumption

417(e) applicable mortality for 2016

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

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Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods

Experience Study

An experience study was completed for the 2016 Funding and ASC 960 Valuation. Demographic assumptions including Retirement Rates, Withdrawal Rates, Lump Sum election Rates and Optional Form Elections were studied. Based on this study, the demographic assumptions listed above were revised by the actuary.

Cash Balance interest crediting rate

Current and Future Years:	3.80%
Prior Year:	4.00%

The Cash Balance interest crediting rate assumption of 3.80% reflects a normative range for current and historic interest rates and is the estimate of the annual yield of 30-year Treasury securities.

Annuity to lump sum conversion interest rate

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

In general, lump sum conversion rate is based on the Annual Applicable Interest Rate or the GATT Factors – whichever factors produce the greater amount. Based on current and historic interest rates, the estimate of the lower of the two rates is 4%.

Annuity to lump sum mortality assumption

1994 GA Reserving Table as provided under Revenue Ruling 2001-62.

Frequency of optional payment forms

Current active participants upon termination from active employment if eligible for retirement:

Immediate lump sum:	50.00%
Immediate annuity:	50.00%

Current active participants upon termination from active employment if not eligible for retirement:

Immediate lump sum:	15.00%
Lump sum deferred to age 65:	85.00%
Immediate annuity:	0.00%
Annuity deferred to age 65:	0.00%

Deferred vested participants with annuity benefits:

Immediate lump sum:	0.00%
Lump sum deferred to age 65:	75.00%
Immediate annuity:	0.00%
Annuity deferred to age 65:	25.00%

Deferred vested participants with cash balance only benefits:

Immediate lump sum:	0.00%
Lump sum deferred to age 60:	100.00%
Immediate annuity:	0.00%
Annuity deferred to age 60:	0.00%

Jewish Hospital and St. Mary`s Healthcare Pension Plan

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Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Optional annuity forms

Participants who elect annuity benefits:

Single life annuity:	65.00%
10 year certain period only annuity:	20.00%
50% joint and survivor annuity:	15.00%

Expenses

Expected plan administrative and PBGC expenses added to the Target Normal Cost increased from \$1,100,000 for 2015 to \$1,510,000 for 2016. This assumption is based upon the sum of actual prior year expenses paid (without PBGC Premium), increased with a 4% inflation assumption, and the current year`s expected PBGC Premium rounded to the nearest \$10,000. The change was made to reflect the anticipated change in expenses.

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	Current Year	Prior Year
55	15%	10%
56	10%	5%
57	10%	5%
58	10%	5%
59	15%	5%
60	15%	5%
61	10%	5%
62	20%	25%
63	20%	10%
64	20%	10%
65	50%	70%
66	30%	30%
67	30%	50%
68	30%	50%
69	30%	50%
70	100%	100%

Deferred vested participants with cash balance are assumed to retire upon attaining age 60 or immediately if older than 60. Deferred vested participants without cash balance are assumed to retire upon attaining age 65 or immediately if older than 65.

Disability rates

None assumed.

Jewish Hospital and St. Mary's Healthcare Pension Plan

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Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Withdrawal rates¹

For all participants during a "select" period of 3 years, turnover was considered to be a function of service only (25% first year, 25% second year, and 15% third year). After the select period, "ultimate" turnover rates were considered to be a function of age only. The Current Rates eliminated the select period. Illustrative rates of termination are as follows:

Age	Current Year Annual Rate of Termination	Prior Year Annual Rate of Termination
25	22.5%	9.6%
40	15.0%	7.2%
55	7.5%	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 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
2016 Expected Return	7.20%	6.65%	6.65%
2015 Expected Return	7.60%	6.81%	6.81%
2014 Expected Return	7.75%	6.99%	6.99%

The actuary's expected rate of return is based on the plan's asset allocation and forward-looking expected rates of return by asset category provided by the plan's investment consultant.

Future actuarial measurements

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.

¹ For active participants not eligible for retirement.

Jewish Hospital and St. Mary's Healthcare Pension Plan

EIN/PN: 61-1029768 / 003

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Summary of changes from the Prior Valuation

The following changes were made to the assumptions used to value plan liabilities since the prior valuation:

- The interest rate basis was updated to the current rates as specified in IRS Regulation 1.430(h)(2)-1. These rates are constrained in accordance with HATFA.
- The mortality assumption was updated according to the projection 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.
- The retirement rates were changed to better reflect anticipated plan experience. The new retirement rates are based on an examination of the plan's experience.
- The withdrawal rates were changed to better reflect anticipated plan experience. The new withdrawal rates are based on an examination of the plan's experience.
- The cash balance interest crediting rate was changed from 4.00% in 2015 to 3.80% in 2016.
- The assumptions regarding when participants commence their benefit payments and what form of payment is elected have been modified to better reflect the plan experience as follows:
 - For participants who terminate from active employment and who are not yet eligible for retirement, we had assumed that 30% take an immediate lump sum and that 70% take a lump sum at 65. It is now assumed that 15% take an immediate lump sum and 85% take a lump sum at 65.
 - For participants who terminate from active employment and who are eligible for retirement, we had assumed that 90% take an immediate lump sum and 10% take a life annuity. It is now assumed that 50% take an immediate lump sum and 50% take an annuity benefit.
 - For participants who are no longer active and have both cash balance account and prior or grandfathered benefits, we had assumed that 100% take a life annuity. It is now assumed that 25% take an annuity benefit and 75% take a lump sum at 65.
 - For participants who elect annuity benefits, we had assumed that 100% take a single life annuity. It is now assumed that 65% take a life annuity, 20% take a 10 year certain period only annuity and 15% take joint and survivor annuity with 50% continuation percentage. The new assumption is based upon the examination of the form of payments of current retiree population.
- The expected return on assets used for the determination of actuarial value of plan assets was changed from 7.60% to 7.20% to better reflect the plan's asset allocation and forward-looking expected rates of return.
- Expected plan administrative and PBGC expenses added to the Target Normal Cost increased from \$1,100,000 to \$1,510,000 to better reflect anticipated expenses.

The change in assumptions listed above increased the Funding Target by approximately \$4.0M.

See

Audited Financial

Statements

For

Schedule of Reportable Transactions

(Schedule H 4j)

**SCHEDULE SB
(Form 5500)**Department of the Treasury
Internal Revenue ServiceDepartment of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

**Single-Employer Defined Benefit Plan
Actuarial Information**

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

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

OMB No. 1210-0110

2016**This Form is Open to Public
Inspection**

For calendar plan year 2016 or fiscal plan year beginning 01/01/2016 and ending 12/31/2016

► **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: ☒ Single ☐ Multiple-A ☐ Multiple-B		F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2016</u>			
2 Assets:			
a Market value		2a	132,462,748
b Actuarial value		2b	139,524,202
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	303	15,823,744	15,823,744
b For terminated vested participants	3,310	48,584,382	48,584,382
c For active participants	2,828	75,322,431	76,646,386
d Total	6,441	139,730,557	141,054,512
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	6.02%
6 Target normal cost		6	1,510,000

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

10/5/2017

Date

1705062

ERIC SIEKMAN

Type or print name of actuary

CONDUENT HR CONSULTING, LLC

Firm name

Most recent enrollment number

832-788-4718

Telephone number (including area code)

9800 CENTRE PARKWAY, FLOOR 10

HOUSTON TX 77036

Address of the firm

If the actuary has not fully reflected any regulation or ruling promulgated under the statute in completing this schedule, check the box and see instructions ☐**For Paperwork Reduction Act Notice, see the Instructions for Form 5500 or 5500-SF.****Schedule SB (Form 5500) 2016
v. 160205**

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	636,991
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	636,991
10 Interest on line 9 using prior year's actual return of <u>-1.07%</u>	0	-6,816
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b(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 <u>6.27%</u>		0
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d - line 12)	0	630,175

Part III Funding Percentages

14 Funding target attainment percentage	14	98.46%
15 Adjusted funding target attainment percentage	15	98.46%
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	103.47%
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
07/14/2017	2,533,259	0			
09/14/2017	2,766,741	0			
Totals ▶			18(b)	5,300,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	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	4,821,603

20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th

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

21 Discount rate:			
a Segment rates:	1st segment: 4.43 %	2nd segment: 5.91 %	3rd segment: 6.65 %
			☐ 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	1,510,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment.....		2,160,485	356,963
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	1,866,963
	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	1,866,963	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	4,821,603	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	2,954,640	
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

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Schedule SB – Statement of Enrolled Actuary

In preparing this Schedule SB, the actuary relied on other parties for, and applied reasonability tests to, information on assets, contributions, plan provisions and data on people covered by the plan.

Jewish Hospital and St. Mary`s Healthcare Pension Plan

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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	734.0353	0.0704	51.6885	2,842.8649
56	754.8728	0.0953	71.9750	4,030.5990
57	765.9210	0.0957	73.2849	4,177.2402
58	790.7436	0.0947	74.9180	4,345.2441
59	800.3407	0.1426	114.1508	6,734.8972
60	765.8677	0.1430	109.5359	6,572.1541
61	735.9987	0.0953	70.1564	4,279.5377
62	750.3145	0.1915	143.6850	8,908.4705
63	663.9640	0.1919	127.3949	8,025.8799
64	602.9961	0.1926	116.1187	7,431.5984
65	535.3567	0.4904	262.5360	17,064.8415
66	290.8159	0.2992	87.0122	5,742.8084
67	220.4860	0.2992	65.9588	4,419.2390
68	179.4675	0.2991	53.6807	3,650.2868
69	140.8826	0.2991	42.1334	2,907.2025
70	107.0046	1.0000	107.0046	7,490.3185
71	2.0000	1.0000	2.0000	142.0000
72	7.0000	1.0000	7.0000	504.0000
73	2.0000	1.0000	2.0000	146.0000
74	3.0000	1.0000	3.0000	222.0000
75	9.0000	1.0000	9.0000	675.0000
76	2.0000	1.0000	2.0000	152.0000
77	2.0000	1.0000	2.0000	154.0000
78	1.0000	1.0000	1.0000	78.0000
79	1.0000	1.0000	1.0000	79.0000
80	0.0000	1.0000	0.0000	0.0000
81	2.0000	1.0000	2.0000	162.0000
82	1.0000	1.0000	1.0000	82.0000
83	1.0000	1.0000	1.0000	83.0000
84	0.0000	1.0000	0.0000	0.0000
85	0.0000	1.0000	0.0000	0.0000
86	0.0000	1.0000	0.0000	0.0000
87	1.0000	1.0000	1.0000	87.0000
88	1.0000	1.0000	<u>1.0000</u>	<u>88.0000</u>
Total			1,606.2337	101,277.1827
Weighted Average Retirement Age = 101,277.1827 / 1,606.2337				63.05
Rounded Weighted Average Retirement Age				63

Jewish Hospital and St. Mary`s Healthcare Pension Plan

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Schedule SB, Line 22 - Description of Weighted Average Retirement Age (continued)

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

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Schedule SB, Part V - Summary of Plan Provisions

Effective Date

The Plan was originally adopted January 1, 1965. It has been amended and restated numerous times. Benefits were frozen as of December 31, 2009. The plan was most recently amended and restated effective January 1, 2014.

Eligible Employee

An Employee employed by a Participating Company, with the following exceptions: union employees (unless the union has bargained participation in the plan), leased employees, non-resident aliens, physicians (who are not common law employees of the Company) and independent contractors. Eligibility for and Participation in the Plan were frozen effective December 31, 2009.

Entry Date

January 1 or July 1 coincident with or next following the completion of 1 year of Eligibility or Credited Service.

Participation

Each Eligible Employee who was a Participant on the Effective Date of the restated Plan shall continue as a Participant. Eligibility for and Participation in the Plan were frozen effective December 31, 2009. No employee shall become a Participant after December 31, 2009.

Retirement Dates

Normal

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

Early

A Full Early Retirement Date is the first day of any month coincident with or following the Participant's employment severance date but before age 65 if the Participant's benefit is based on his Grandfathered Benefit or a Prior Plan Benefit and the Participant has attained age 55 and 10 years of Vesting Service.

A Service Eligible Early Retirement Date is the first day of any month coincident with or following the Participant's employment severance date if the Participant's benefit is based on a Grandfathered Benefit or a Prior Plan Benefit and the Participant has 10 years of Vesting Service but has not yet attained age 55.

Late

After Normal Retirement Date.

Disability

Age 50 with 10 years of Vesting Service and eligible for Social Security disability benefits

No Participant shall become eligible for a Disability Retirement based on a disability that occurs after December 31, 2009.

Termination with Vested Benefits

3 years of Vesting Service for participants who had an Hour of Service after December 31, 2007; otherwise, 5 years of Vesting Service. A participant is automatically vested upon reaching his Normal Retirement Date.

Jewish Hospital and St. Mary`s Healthcare Pension Plan

EIN/PN: 61-1029768 / 003

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, a year of Vesting Service is defined as a Plan Year 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.

Vesting Service includes service with related employers, up to two years of authorized absence, and military service (provided the participant returns to employment).

There are special rules for Eligible Employees of certain Participating Companies who joined the Plan after its original inception.

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:

Full-time Eligible Employees receive a month of Credited Service for each month from January 1976 to December 1992 in which they were employed by a Participating Company for at least one day.

A part-time employee earns a year of Credited Service for each Plan Year he performs 1,000 Hours of Service

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.

No Credited Service is granted for periods after 2009.

There are special rules for Eligible Employees of certain Participating Companies who joined the Plan after its original inception.

Average Monthly Compensation

1/12th of an Eligible Employee's Compensation averaged over a five (5) consecutive calendar year period of employment which produces the highest average. Compensation is base pay, bonuses, deferred compensation under Code Section 125 or 403(b), sales incentives and overtime pay, income imputed to an Employee by reason of his use of a Company-owned or furnished vehicle, and imputed income from life insurance in excess of \$50,000. Compensation shall exclude moving expense reimbursements and long term incentive bonuses. Effective January 1, 2009, Compensation shall also include differential wage payments.

Compensation after 2009 is not included.

Jewish Hospital and St. Mary`s Healthcare Pension Plan

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

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 Benefit calculated using Average Monthly Compensation and Credited Service at date of determination. Average Monthly Compensation and Credited Service were frozen as of December 31, 2009.

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

- (a) The December 31, 1988 Accrued Monthly Benefit, plus
- (b) 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 Monthly Benefit (Prior Plan Benefit)
- (b) If a Grandfathered Participant (see below), the Accrued Monthly Benefit determined under the 1989 to 1999 formula based on Credited Service and Average Monthly Compensation as of date of termination. Note that Credited Service and Average Monthly Compensation were frozen as of December 31, 2009.
(Grandfathered Benefit)
- (c) The Pay Credit Benefit
- (d) The Match Credit Benefit

After 2009

Benefit accruals were frozen at December 31, 2009.

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.

Jewish Hospital and St. Mary`s Healthcare Pension Plan

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

Points

A participant's Points are the sum of his attained age and years of Vesting Service.

Pay Credit Account

At December 31, 1999, a Pay Credit Account was established for each active participant equal to the lump sum value of the December 31, 1999 Accrued Monthly Benefit using a 7% interest rate and the UP-84 Mortality Table set back 3 years. The Pay Credit Account increases from year to year by Investment Credits and Pay Credits. No pay credits are earned after December 31, 2009. However, the Pay Credit Account continues to receive Investment Credits until a Participant commences his benefit.

Investment Credits

For each quarter, the Investment Credit rate is $(1+i)^{1/4}$, where "i" is the greater of 3.8% and the annual yield of 30-year Treasury securities as published for the second calendar month preceding the first day of the quarter.

Pay Credits After 2009

No Pay Credits are earned.

Pay Credit Benefit

The Pay Credit Account balance is projected to Normal Retirement Date using the Investment Credit Percentage applicable at the time the Accrued Monthly Benefit is being determined. It is then converted to a single life annuity using the Annual Applicable Interest Rate and Applicable Mortality Table in effect at that time. The Annual Applicable Interest Rate and the Annual Applicable Mortality Table are defined in IRC Section 417(e)(3)(C) and (B) respectively.

Match Credit Account After 2008

A Participant's Match Credit Account balance shall not be increased by Match Credits with respect to any Plan Year following 2008. The Match Credit Account also continues to receive Investment Credits.

Match Credit Benefit

The Match Credit Account balance is projected to Normal Retirement Date using the Investment Credit Percentage applicable at the time the Accrued Monthly Benefit is being determined. It is then converted to a single life annuity using the Annual Applicable Interest Rate and Applicable Mortality Table in effect at that time. The Annual Applicable Interest Rate and the Annual Applicable Mortality Table are defined in IRC Section 417(e)(3)(C) and (B) respectively.

Early Retirement Benefit

For Prior Plan Benefits or Grandfathered Benefits: If the Participant has at least 10 Years of Vesting Service, the Accrued Benefit is 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. For a Service Eligible Early Retiree who elects a benefit commencement date earlier than age 55, the benefit is further reduced actuarially to reflect all additional months by which his benefit commencement date precedes age 55. Actuarial equivalence is based on the RP-2000 Mortality Table and an interest rate of 7%.

Jewish Hospital and St. Mary`s Healthcare Pension Plan

EIN/PN: 61-1029768 / 003

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

For Pay Credit and Match Credit Benefits: The Pay Credit and Match Credit Benefits determined at the Benefit Commencement Date are reduced actuarially based on the Applicable Mortality Table (IRC Section 417(e)(3)(B) and the Investment Credit Percentage then applicable. However, in no case should the Pay Credit Benefit or the Match Credit Benefit be less than the single life annuity benefits determined by converting the account balances at the date of Benefit Commencement using the Applicable Mortality Table and the Annual Applicable Interest Rate then in effect to an immediate single life annuity. The Applicable Mortality Table and Annual Applicable Interest Rates are defined in IRC Section 417(e)(3)(B) and (C) respectively.

Late Retirement Benefit

For Prior Plan Benefits or Grandfathered Benefits: The benefit that would have been payable at Normal Retirement Date actuarially increased for late commencement, or Normal Retirement Benefit based on Final Average Compensation and Credited Service at Late Retirement Date, whichever is greater. Actuarial Increases are based on the RP 2000 Mortality Table and a 7% interest rate.

For Pay Credit and Match Credit Benefits: Pay Credit or Match Account balances or the actuarially equivalent annuity determined by converting those account balances to a single life annuity using the Applicable Mortality Table and the Annual Applicable Interest Rates in effect at the Late Retirement Date. The Applicable Mortality Table and Annual Applicable Interest Rates are defined in IRC Section 417(e)(3)(B) and (C) respectively.

Disability Retirement

Certain Eligible Employees who were disabled before January 1, 2010 were entitled to continue to accrue benefits while disabled. However, those benefits were frozen effective December 31, 2009.

Also, no Participant shall become eligible for a disability retirement benefit based on a disability that occurs after December 31, 2009.

Vested Benefit

A Terminated Vested Participant shall be eligible to receive benefits as of any Benefit Commencement Date following the Participant's employment severance date. However, if the benefit commences before Normal Retirement Date, the benefit will be reduced actuarially.

For Prior Plan Benefits or Grandfathered Benefits: The benefit is reduced actuarially to reflect all additional months by which his benefit commencement date precedes age 65. Actuarial equivalence is based on the RP 2000 Mortality Table and an interest rate of 7%.

For Pay Credit and Match Credit Benefits: The Pay Credit and Match Credit Benefits determined at the Benefit Commencement Date are reduced actuarially based on the Applicable Mortality Table (IRC Section 417(e)(3)(B) and the Investment Credit Percentage then applicable. However, in no case, should the Pay Credit Benefit or the Match Credit Benefit be less than the single life annuity benefits determined by converting the account balances at the date of the Benefit Commencement using the Applicable Mortality Table and the Annual Applicable Interest Rate then in effect to an immediate single life annuity. The Applicable Mortality Table and Annual Applicable Interest Rates are defined in IRC Section 417(e)(3)(B) and (C) respectively.

Normal Form of Benefit

For a Participant without an Eligible Spouse - Single Life Annuity

For a Participant with an Eligible Spouse – A Qualified Joint and Survivor Annuity (50%)

Jewish Hospital and St. Mary`s Healthcare Pension Plan

EIN/PN: 61-1029768 / 003

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

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.

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.

Summary of Changes from the Prior Valuation

None.

See

Audited Financial

Statements

For

Schedule of Assets Held

(Schedule H 4i)

Jewish Hospital and St. Mary`s Healthcare Pension Plan

EIN/PN: 61-1029768 / 003

Schedule SB, Line 32 – Schedule of Amortization Bases

Type of Base	Present Value of Remaining Installments as of January 1, 2016	Date Established	Remaining Installments	Shortfall Amortization Installment
Shortfall	\$2,160,485	1/1/2016	7	\$356,963

Jewish Hospital and St. Mary's Healthcare Pension Plan

EIN/PN: 61-1029768 / 003

Schedule SB, Line 24 - Change in Actuarial Assumptions

- The retirement rates were changed to better reflect anticipated plan experience. The new retirement rates are based on an examination of the plan's experience.
- The withdrawal rates were changed to better reflect anticipated plan experience. The new withdrawal rates are based on an examination of the plan's experience.
- The cash balance interest crediting rate was changed from 4.00% in 2015 to 3.80% in 2016.
- The assumptions regarding when participants commence their benefit payments and what form of payment is elected have been modified to better reflect the plan experience as follows:
 - For participants who terminate from active employment and who are not yet eligible for retirement, we had assumed that 30% take an immediate lump sum and that 70% take a lump sum at 65. It is now assumed that 15% take an immediate lump sum and 85% take a lump sum at 65.
 - For participants who terminate from active employment and who are eligible for retirement, we had assumed that 90% take an immediate lump sum and 10% take a life annuity. It is now assumed that 50% take an immediate lump sum and 50% take an annuity benefit.
 - For participants who are no longer active and have both cash balance account and prior or grandfathered benefits, we had assumed that 100% take a life annuity. It is now assumed that 25% take an annuity benefit and 75% take a lump sum at 65.
 - For participants who elect annuity benefits, we had assumed that 100% take a single life annuity. It is now assumed that 65% take a life annuity, 20% take a 10 year certain period only annuity and 15% take joint and survivor annuity with 50% continuation percentage. The new assumption is based upon the examination of the form of payments of current retiree population.
- The expected return on assets used for the determination of actuarial value of plan assets was changed from 7.60% to 7.20% to better reflect the plan's asset allocation and forward-looking expected rates of return.
- Expected plan administrative and PBGC expenses added to the Target Normal Cost increased from \$1,100,000 to \$1,510,000 to better reflect anticipated expenses.