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

2017

This Form is Open to Public Inspection

Part I Annual Report Identification Information

For calendar plan year 2017 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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.)
- [X] a single-employer plan
- [ ] a DFE (specify) ____

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

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

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

Part II Basic Plan Information—enter all requested information

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

1b Three-digit plan number (PN) ▶ 003

1c Effective date of plan 01/01/1965

2a Plan sponsor's name (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)

JEWISH HOSPITAL & ST. MARY'S HEALTHCARE, INC.

200 ABRAHAM FLEXNER WAY
LOUISVILLE, KY 40202

2b Employer Identification Number (EIN)
61-1029768

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

2d Business code (see instructions)
622000

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	01/22/2018	TROY LINDON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

3a Plan administrator's name and address [X] Same as Plan Sponsor

3b Administrator's EIN

3c Administrator's telephone number

4 If the name and/or EIN of the plan sponsor or the plan name has changed since the last return/report filed for this plan, enter the plan sponsor's name, EIN, the plan name and the plan number from the last return/report:
a Sponsor's name
c Plan Name

4b EIN

4d PN

5 Total number of participants at the beginning of the plan year	**5**	7412
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines **6a(1), 6a(2), 6b, 6c,** and **6d**).		
a(1) Total number of active participants at the beginning of the plan year	**6a(1)**	
a(2) Total number of active participants at the end of the plan year	**6a(2)**	3672
b Retired or separated participants receiving benefits	**6b**	279
c Other retired or separated participants entitled to future benefits	**6c**	3063
d Subtotal. Add lines **6a(2)**, **6b**, and **6c**	**6d**	7014
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	**6e**	13
f Total. Add lines **6d** and **6e**.	**6f**	7027
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	**6g**	
h Number of participants who terminated employment during the plan year with accrued benefits that were less than 100% vested	**6h**	80
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)	[X]	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)	[X]	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)	[X]	**R** (Retirement Plan Information)
(2)	[ ]	**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary
(3)	[X]	**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

b General Schedules

(1)	[X]		**H** (Financial Information)
(2)	[ ]		**I** (Financial Information – Small Plan)
(3)	[ ]	0	**A** (Insurance Information)
(4)	[X]		**C** (Service Provider Information)
(5)	[X]		**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 2017 Form M-1 annual report. If the plan was not required to file the 2017 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 C (Form 5500)	Service Provider Information	OMB No. 1210-0110
Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ **File as an attachment to Form 5500.**	**2017** **This Form is Open to Public Inspection.**

For calendar plan year 2017 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
61-1029768

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

BANK OF NEW YORK

13-5160382

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	TRUSTEE	593806	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BUCK CONSULTANTS

1000 LOUISIANA STREET
HOUSTON, TX 77002

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	ACTUARY	156206	Yes [ ] No [X]	Yes [ ] No [ ]		Yes [ ] No [ ]

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

BKD, LLP

600 N. HURSTBORNE PKWY
SUITE 350
LOUISVILLE, KY 40252

44-0160260

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	ACCOUNTANT	22195	Yes [ ] No [X]	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)

FIFTH THIRD BANK

5001 KINGSLEY DRIVE
CINCINNATI, OH 45227

38-0892650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
49	DISTRIBUTION MANAGER	645	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:	**b** EIN:
c Position:	
d Address:	**e** Telephone:

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

DFE/Participating Plan Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection.

For calendar plan year 2017 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
61-1029768

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

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

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

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

c EIN-PN	**d** Entity code	**e** Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)
80-0000385-001	M	147639409

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

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a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

a Plan name

b Name of plan sponsor	**c** EIN-PN

SCHEDULE H (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Financial Information

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

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

OMB No. 1210-0110

2017

This Form is Open to Public Inspection

For calendar plan year 2017 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
61-1029768

Part I Asset and Liability Statement

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

Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a	0	0
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions	1b(1)	0	606882
(2) Participant contributions	1b(2)		
(3) Other	1b(3)	225339	4011
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1739831	308595
(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)	148673538	147639409
(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)		
(14) Value of funds held in insurance company general account (unallocated contracts)	1c(14)		
(15) Other	1c(15)	208590	187000

			(a) Beginning of Year	(b) End of Year
1d	Employer-related investments:			
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
e	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	150847298	148745897
	Liabilities			
g	Benefit claims payable	1g	37943	37258
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k	37943	37258
	Net Assets			
l	Net assets (subtract line 1k from line 1f)	1l	150809355	148708639

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)	606882	
	(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)		606882
b	**Earnings on investments:**			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	1208	
	(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)		1208
	(2) Dividends: **(A)** Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines **2b(2)(A)**, **(B)**, and **(C)**	2b(2)(D)		0
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: **(A)** Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line **2b(4)(B)** from line **2b(4)(A)** and enter result	2b(4)(C)		0
	(5) Unrealized appreciation (depreciation) of assets: **(A)** Real estate	2b(5)(A)		
	(B) Other	2b(5)(B)	20622	
	(C) Total unrealized appreciation of assets. Add lines **2b(5)(A)** and **(B)**	2b(5)(C)		20622

		(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)		20858662
(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		21487374
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	22319550	
(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)		22319550
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)	244147	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	528706	
(4) Other	2i(4)	495687	
(5) Total administrative expenses. Add lines **2i(1)** through **(4)**	2i(5)		1268540
j Total expenses. Add all **expense** amounts in column (b) and enter total	2j		23588090
Net Income and Reconciliation			
k Net income (loss). Subtract line **2j** from line **2d**	2k		-2100716
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

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

(1) Name: BKD, LLP **(2)** EIN: 44-0160260

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

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

Part IV Compliance Questions

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

During the plan year:

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

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

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

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_____. (See instructions.)

Jewish Hospital & St. Mary's HealthCare Pension Plan

EIN 61-1029768 PN 003

Auditor's Report and Financial Statements

December 31, 2013 and 2012

BKD LLP

CPAs & Advisors

Jewish Hospital & St. Mary's HealthCare Pension Plan

December 31, 2013 and 2012

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BKD LLP
CPAs & Advisors
600 N. Hurstbourne Parkway, Suite 350 // P.O. Box 22127 // Louisville, KY 40252-0127
502.581.0435 // fax 502.581.0723 // bkd.com

Independent Auditor's Report

Plan Administrator
Jewish Hospital & St. Mary's HealthCare Pension Plan
Louisville, Kentucky

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of the Jewish Hospital & St. Mary's HealthCare Pension Plan (Plan), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, 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 accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the *Employee Retirement Income Security Act of 1974* (ERISA), the Plan administrator instructed us not to perform, and we did not perform, auditing procedures with respect to the information summarized in Note 3 or Note 4, which was certified by Fifth Third Bank, the trustee of the Plan for the period from January 1, 2012, through June 1, 2012, and custodian of certain Plan assets from January 1, 2012, through December 31, 2013, or Bank of New York Mellon, the trustee of the Plan for the period from June 1, 2012, through December 31, 2013, except for comparing such information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustees and custodian held the Plan's investment assets and executed transactions related to these assets. The Plan administrator has obtained certifications from the trustees and custodian as of and for the years ended December 31, 2013 and 2012, that the information provided to the Plan administrator by the trustees and custodian is complete and accurate to the best of their knowledge.

Praxity MEMBER GLOBAL ALLIANCE OF INDEPENDENT FIRMS

Disclaimer of Opinion

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

Other Matter

The supplemental schedules listed in the table of contents are required by the DOL's Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

Report of Form and Content in Compliance With Department of Labor Rules and Regulations

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

BKD, LLP

Louisville, Kentucky
October 8, 2014
Federal Employer Identification Number: 44-0160260

Jewish Hospital & St. Mary's HealthCare Pension Plan

Statements of Net Assets Available for Benefits

December 31, 2013 and 2012

Assets

	2013	2012
Investments, At Fair Value	$ 148,135,004	$ 150,621,959
Receivables		
Employer's contribution	606,882	-
Accrued interest and dividends	456	19,562
Other	3,555	205,777
	610,893	225,339
Total assets	148,745,897	150,847,298

Liabilities

Administrative expenses payable	37,258	37,943
Net Assets Available for Benefits	$ 148,708,639	$ 150,809,355

Jewish Hospital & St. Mary's HealthCare Pension Plan

Statements of Changes in Net Assets Available for Benefits

Years Ended December 31, 2013 and 2012

	2013	2012
Investment Income		
Plan interest in Catholic Health Initiatives Master Trust investment income	$ 20,858,662	$ 12,209,533
Net appreciation in fair value of investments	20,622	4,160,140
Interest and dividends	1,208	856,777
	20,880,492	17,226,450
Less investment expense	522,907	345,283
Net investment income	20,357,585	16,881,167
Employer Contributions	606,882	-
Total additions	20,964,467	16,881,167
Deductions		
Benefits paid to participants	22,319,550	14,745,913
Administrative expenses	745,633	645,965
Total deductions	23,065,183	15,391,878
Net Increase (Decrease)	(2,100,716)	1,489,289
Net Assets Available for Benefits, Beginning of Year	150,809,355	149,320,066
Net Assets Available for Benefits, End of Year	$ 148,708,639	$ 150,809,355

Jewish Hospital & St. Mary's HealthCare Pension Plan

Notes to Financial Statements

December 31, 2013 and 2012

Note 1: Description of the Plan

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

General

The Plan is a noncontributory cash balance retirement plan covering substantially all employees of Jewish Hospital & St. Mary's HealthCare, Inc. (Sponsor) and certain affiliated companies and provides for retirement, death and disability benefits. The Plan is subject to provisions of the *Employee Retirement Income Security Act of 1974* (ERISA). 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, 2013.

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.

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

Contributions

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

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 late retirement after age 65.

Vesting

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

Plan Termination

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

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

b. Other vested benefits insured by the PBGC, up to the applicable limitations discussed below

c. Vested benefits not insured by the PBGC

d. All nonvested benefits

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit PBGC guarantees.

Whether all participants receive their benefits should the Plan terminate at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide for accumulated benefit obligations and may also depend on the financial condition of the Plan Sponsor and the level of benefits guaranteed by the PBGC.

Note 2: Summary of Significant Accounting Policies

Basis of Accounting

The financial statements of the Plan are prepared on the accrual basis of accounting.

Use of Estimates

The preparation of financial statements in accordance with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets available for benefits, disclosure of contingent assets and liabilities and the actuarial present value of accumulated Plan benefits at the date of the financial statements. Actual results could differ from those estimates.

Valuation of Investments and Income Recognition

At December 31, 2013, the majority of the Plan's investments were held in the Catholic Health Initiatives Master Trust (Master Trust), which was established for the Plan and certain affiliated plans of the Plan Sponsor. Each plan has an undivided interest in the Master Trust. As of December 31, 2013 and 2012, the Plan's interest in the net assets of the Master Trust was 4.2 percent and 5.0 percent, respectively. Investment income related to the Master Trust as a whole is allocated to each plan based on the respective equitable share of the Master Trust. Administrative expenses paid from the Master Trust are allocated to each plan based on the value of each plan's respective equitable share of the Master Trust.

The Master Trust's investments consist of cash and cash equivalents, fixed income securities, common stock, preferred stock and mutual funds. Fixed income securities are valued utilizing trade prices of similar securities through live fees in current market trading or on the basis of yields currently available on comparable securities of issuers with similar credit ratings. The shares of mutual funds are valued at quoted market prices, which represented the net asset values of shares held by the Plan at year-end. Common stocks traded on national securities exchanges are valued at the last reported sale price.

The Master Trust also holds certain alternative investments, such as hedge funds, real estate and partnerships. These alternative investments are carried at estimated net asset value (NAV) (or its equivalent) as of December 31, 2013 and 2012, as adjusted by cash receipts, cash disbursements and securities distributions through December 31, 2013 and 2012. The Plan Sponsor believes the total carrying amount of the Master Trust's alternative investments at December 31, 2013 and 2012, as well as the Plan's recorded interest in the Master Trust, are reasonable estimates of fair value.

The 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 a least 95 days' prior written notice.

The 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, 2013, the Master Trust had committed to invest $381.0 million in 26 funds, of which $342.5 million had been invested. The remaining $38.5 million will be invested when, and if, requested by the funds.

Other Plan investments consisted of alternative investments that are not necessarily readily marketable and included short sales on securities and trading in future contracts, options, foreign currency contracts, other derivative instruments and private equity investments. The components of the individual investments within these funds were not readily determinable. The estimated fair value was based on audited financial statements for the respective investments. The Plan administrator believes the carrying amount of these financial instruments was a reasonable estimate of fair value.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Administrative Expenses

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

Accumulated Plan Benefits

Accumulated Plan benefits (Note 5) are those estimated future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to retirees, terminated vested employees, beneficiaries receiving payments and active employees and their beneficiaries. Benefits payable under all circumstances—retirement, death, disability and termination of employment—are included to the extent they are deemed attributable to employee service rendered to the valuation date.

Plan Tax Status

The Plan obtained its latest determination letter on January 19, 2011, in which the Internal Revenue Service stated the Plan and related trust, as then designed, were in compliance with the applicable requirements of the Internal Revenue Code (IRC) and, therefore, not subject to tax. The Plan has been amended since receiving the determination letter. However, the Plan administrator believes the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the IRC. With a few exceptions, the Plan is no longer subject to U.S. federal, state, local or non-U.S. income tax examinations by tax authorities for years before 2010.

Note 3: Investments

The following table presents the Plan's investments. Investments that represent 5 percent or more of the Plan's net assets available for benefits are separately identified:

	2013	2012
Plan interest in Catholic Health Initiatives Master Trust	$ 147,639,409	$ 148,673,538
Money market funds	308,595	1,739,831
Alternative investments	187,000	208,590
	$ 148,135,004	$ 150,621,959

During the years ended 2013 and 2012, the Plan's investments (including gains and losses on investments bought, sold and held during the year) appreciated (depreciated) in value as follows:

	2013	2012
Common stocks	$ -	$ (57,997)
Mutual funds	-	4,267,367
Collective trust funds	-	(254,773)
Alternative investments	20,622	205,543
	$ 20,622	$ 4,160,140

Interest and dividends realized on the Plan's investments for the years ended 2013 and 2012 were $1,208 and $856,777, respectively. The Plan's interest in Catholic Health Initiatives Master Trust investment income for the years ended December 31, 2013 and 2012, was $20,858,662 and $12,209,533, respectively.

Alternative Investments

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

	2013			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Multistrategy hedge fund (A)	$ 187,000	$ -	Various	30 - 180 days

	2012			
	Fair Value	Unfunded Commitments	Redemption Frequency	Redemption Notice Period
Multistrategy hedge fund (A)	$ 208,590	$ -	Various	30 - 180 days

(A) This category includes an investment in a hedge fund that takes both long and short positions in various investment sub-funds. Management of the funds has the ability to shift investments among differing investment strategies. Certain sub-funds require an initial lock-up period related to each investment by the fund in such sub-fund before redemption can be made. Additionally, investments representing an insignificant portion of the value of investments in this category have temporarily suspended their normal redemption terms or have implemented their gate provisions in varying percentages (10 percent to 30 percent). The remaining redemption restriction period for these investments ranged from 1 to 36 months at December 31, 2013.

Note 4: Interest in Catholic Health Initiatives Master Trust

A summary of the major classifications of assets and liabilities of the Master Trust as of December 31, 2013 and 2012, is shown below (amounts in thousands):

	2013	2012
Assets		
Short-term investments	$ 88,074	$ 80,567
Common stock	1,795,506	1,536,727
Fixed income securities	922,699	789,410
Preferred stock	8,089	4,171
Private equity	202,973	213,389
Hedge funds	201,759	179,363
Real estate	219,130	164,520
Receivables and other asset	112,613	53,923
Total assets	3,550,843	3,022,070
Liabilities – Other	38,889	21,728
Net assets	$ 3,511,954	$ 3,000,342

Investment income of the Master Trust for the years ended December 31, 2013 and 2012, was as follows (amounts in thousands). Certain allocation assumptions were utilized in the determination of these amounts.

	2013	2012
Net realized/unrealized gain on common stock	$ 397,675	$ 171,579
Net realized/unrealized gain (loss) on fixed income securities	(69,395)	81,316
Net realized/unrealized loss on preferred stock	(1,480)	(1,644)
Net realized/unrealized gain on private equity	23,157	21,370
Net realized/unrealized gain on hedge funds	22,396	9,865
Net realized/unrealized gain on real estate	14,153	5,608
Net realized/unrealized gain (loss) on foreign currency/futures contracts	(5,060)	11,544
Interest and dividends	69,342	64,366
Other	7,511	3,105
Total investment income	$ 458,299	$ 367,109

Note 5: Accumulated Plan Benefits

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

The accumulated Plan benefit information as of the beginning of each Plan year was as follows:

	2013	2012
Actuarial present value of accumulated Plan benefits		
Vested benefits		
Participants and beneficiaries receiving benefits	$ 13,023,993	$ 11,568,409
Other participants	120,889,983	123,954,131
	133,913,976	135,522,540
Nonvested benefits	1,092,401	1,180,440
Total actuarial present value of accumulated Plan benefits	$ 135,006,377	$ 136,702,980

Changes in the actuarial present value of accumulated Plan benefits were as follows:

	2013	2012
Actuarial present value of accumulated Plan benefits at January 1, 2012 and 2011, respectively	$ 136,702,980	$ 140,242,662
Increase (decrease) during the year attributable to		
Changes in actuarial assumptions	2,399,025	1,087,566
Benefits accumulated and other	(272,543)	(1,087,337)
Increase for interest due to the decrease in the discount period	10,379,081	10,662,255
Benefits paid	(14,202,166)	(14,202,166)
Net decrease	(1,696,603)	(3,539,682)
Actuarial present value of accumulated Plan benefits at January 1, 2013 and 2012, respectively	$ 135,006,377	$ 136,702,980

Significant actuarial assumptions underlying the actuarial computations are:

Life expectancy of participants	2013 – IRS 2013 Static Mortality; 2012 – IRS 2012 Static Mortality
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	T-6 rates from the Actuary's Pension Handbook
ASC 960 discount rate	2013 – 7.75%; 2012 – 8.00%

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

Note 6: Party-in-Interest Transactions

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50 percent or more of such an employee organization or relatives of such persons.

The Plan invests in certain investments of the Plan trustee. Fees recorded to Fifth Third for custodial and administrative services were $646 and $26,113 for the years ended December 31, 2013 and 2012, respectively. Additionally, fees recorded to specific investment managers for investment and brokerage services were $0 and $101,740 for the years ended December 31, 2013 and 2012, respectively. The Plan also recorded $156,206 and $156,024 in fees to the Plan actuary for actuarial services for the years ended December 31, 2013 and 2012, respectively. Fees recorded for other professional services totaled $22,195 and $0 for the years ended December 31, 2013 and 2012, respectively.

Effective with the transition to the Master Trust during 2012, certain expenses paid by the Master Trust are allocated to each plan based on the value of each plan's respective equitable share of the Master Trust. The amount of fees allocated to the Plan by the Master Trust during the years ended December 31, 2013 and 2012, was $593,806 and $276,132, respectively. The Sponsor provides certain administrative services at no cost to the Plan.

Note 7: Disclosures About Fair Value of Assets and Liabilities

Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Fair value measurements must maximize the use of observable inputs and minimize the use of unobservable inputs. There is a hierarchy of three levels of inputs that may be used to measure fair value:

Level 1 Quoted prices in active markets for identical assets or liabilities

Level 2 Observable inputs other than Level 1 prices, such as quoted prices for similar assets or liabilities, quoted prices in markets that are not active or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets or liabilities

Level 3 Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities

Recurring Measurements

The following table presents the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements for the Plan fall at December 31:

		Fair Value Measurements Using		
	Fair Value	Quoted Prices Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2013				
Plan				
Money market funds	$ 308,595	$ 308,595	$ -	$ -
Alternative investments	187,000	-	-	187,000
	$ 495,595	$ 308,595	$ -	$ 187,000
December 31, 2012				
Plan				
Money market funds	$ 1,739,831	$ 1,739,831	$ -	$ -
Alternative investments	208,590	-	-	208,590
	$ 1,948,421	$ 1,739,831	$ -	$ 208,590

The following table presents the fair value measurements of assets measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements for the Master Trust fall at December 31 (amounts in thousands):

		Fair Value Measurements Using		
	Fair Value	Quoted Prices Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
December 31, 2013				
Master Trust				
Short-term investments	$ 88,074	$ 70,977	$ 17,097	$ -
Common stock	1,795,506	1,795,506	-	-
Fixed income securities	922,699	252,300	670,399	-
Preferred stock	8,089	8,089	-	-
Private equity	202,973	-	-	202,973
Hedge funds	201,759	-	-	201,759
Real estate	219,130	-	-	219,130
	$ 3,438,230	$ 2,126,872	$ 687,496	$ 623,862
December 31, 2012				
Master Trust				
Short-term investments	$ 80,567	$ 67,564	$ 13,003	$ -
Common stock	1,536,727	1,536,727	-	-
Fixed income securities	789,410	247,180	542,230	-
Preferred stock	4,171	4,171	-	-
Private equity	213,389	-	-	213,389
Hedge funds	179,363	-	-	179,363
Real estate	164,520	-	-	164,520
	$ 2,968,147	$ 1,855,642	$ 555,233	$ 557,272

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits for the Plan or recognized in the Master Trust, as well as the general classification of such assets pursuant to the valuation hierarchy. There have been no significant changes in the valuation techniques during the year ended December 31, 2013. The Plan had no liabilities measured at fair value on a recurring basis. In addition, the Plan had no assets or liabilities measured at fair value on a nonrecurring basis. For assets classified within Level 3 of the fair value hierarchy, the process used to develop the reported fair value is described below.

Investments

Where quoted market prices are available in an active market, investments are classified within Level 1 of the valuation hierarchy. If quoted market prices are not available, then fair values are estimated by using quoted prices of securities with similar characteristics or independent asset pricing services and pricing models, the inputs of which are market-based or independently sourced market parameters, including, but not limited to, yield curves, interest rates, volatilities, prepayments, defaults, cumulative loss projections and cash flows. Such investments are classified within Level 2 of the valuation hierarchy. In certain cases where Level 1 or Level 2 inputs are not available, investments are classified within Level 3 of the hierarchy. See the table below for inputs and valuation techniques used for Level 3 investments.

The value of certain investments, classified as alternative investments, is determined using net asset value (or its equivalent) as a practical expedient. Because alternative investments are not publicly traded, market quotations are generally not available to be used for valuation purposes. Accordingly, the valuations of alternative investments are generally equal to or based upon the reported capital account balances or net asset values of such alternative investments as of the reporting date. Various factors are considered, including the financial statements of the alternative investments prepared in accordance with accounting principles generally accepted in the United States of America and other financial information provided by the general partners of the alternative investments, to determine if any adjustments should be made to the reported capital account balances or net asset values.

While the Plan administrator believes the 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.

Fair value determinations for Level 3 measurements of securities are the responsibility of the Plan administrator. The Plan administrator challenges the reasonableness of the assumptions used and reviews the methodology to ensure the estimated fair value complies with accounting standards generally accepted in the United States of America.

The following is a reconciliation of the beginning and ending balances of recurring fair value measurements for the Plan recognized in the accompanying statements of net assets available for benefits using significant unobservable (Level 3) inputs:

	Alternative Investments – Plan
Balance, January 1, 2012	$ 9,774,196
Sales	(9,771,149)
Total realized and unrealized gains included in net increase in net assets available or benefits	205,543
Balance, December 31, 2012	208,590
Sales	(42,212)
Total realized and unrealized gains included in net increase in net assets available for benefits	20,622
Balance, December 31, 2013	$ 187,000
Total gains for the period included in net increase in net assets available for benefits attributable to the change in unrealized gains related to assets still held at the reporting date	
Year ended December 31, 2013	$ 20,622
Year ended December 31, 2012	$ (42,566)

Realized and unrealized gains and losses included in net increase in net assets available for benefits for the years ended December 31, 2013 and 2012, are reported in net appreciation in fair value of investments in the statements of changes in net assets available for benefits.

The following is a reconciliation of the beginning and ending balances of recurring fair value measurements for the Master Trust using significant unobservable (Level 3) inputs (amounts in thousands):

	Hedge Funds	Real Estate	Private Equity
Balance, January 1, 2012	$ 169,498	$ 119,557	$ 217,127
Purchases	-	39,413	18,123
Sales	-	(58)	(43,231)
Total realized and unrealized gains and losses	9,865	5,608	21,370
Balance, December 31, 2012	179,363	164,520	213,389
Purchases	-	43,049	11,504
Sales	-	(2,592)	(45,077)
Total realized and unrealized gains and losses	22,396	14,153	23,157 -
Balance, December 31, 2013	$ 201,759	$ 219,130	$ 202,973

Unobservable (Level 3) Inputs

The following table presents quantitative information about unobservable inputs used in the Master Trust's recurring Level 3 fair value measurements (amounts in thousands):

	Fair Value at 12/31/13	Valuation Technique	Adjustment to NAV	Range (Weighted Average)
Hedge funds	$ 201,759	NAV (or equivalent) as practical expedient	None	N/A
Real estate	$ 219,130	NAV (or equivalent) as practical expedient	None	N/A
Private equity	$ 202,973	NAV (or equivalent) as practical expedient	None	N/A

	Fair Value at 12/31/12	Valuation Technique	Adjustment to NAV	Range (Weighted Average)
Hedge funds	$ 179,363	NAV (or equivalent) as practical expedient	None	N/A
Real estate	$ 164,520	NAV (or equivalent) as practical expedient	None	N/A
Private equity	$ 213,389	NAV (or equivalent) as practical expedient	None	N/A

Derivatives

The Master Trust invests in derivative financial instruments primarily to adjust portfolio risk and asset class exposures. The Master Trust only utilizes derivative instruments that have well-understood risk/return patterns, documented market liquidity and a recognized pricing mechanism. Investment in such instruments is limited to the extent that the instruments are fully collateralized to avoid any leverage from such positions. Individual investment manager guidelines may further restrict the use of derivatives within the portfolio. The net value of such derivatives held in the Master Trust at December 31, 2013 and 2012, was not significant to the Master Trust investments as a whole.

Note 8: Plan Amendment

In January 2012, the Plan was amended to modify certain crediting service provisions as a result of the merger of the Plan Sponsor that occurred subsequent to the end of the Plan year ended December 31, 2011.

In December 2013, the Plan was amended to clarify distribution limitations based on the funded status of the Plan.

Note 9: Risks and Uncertainties

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

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 would be material to the financial statements.

Note 10: Subsequent Events

Subsequent events have been evaluated through the date of the Independent Auditor's Report, which is the date the financial statements were available to be issued.

Supplemental Schedules

Jewish Hospital & St. Mary's HealthCare Pension Plan

EIN 61-1029768 PN 003

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

December 31, 2013

Identity of Issuer	Description of Investment	Cost	Current Value
Money Market Funds			
*Fifth Third Banksafe Trust	292,836 shares	$ 292,836	$ 292,836
Dreyfus Institutional Cash Advantage Fund	15,759 shares	15,759	15,759
		308,595	308,595
Alternative Investment			
Federal Street Multi-Strategy Offshore Fund	166 shares	198,029	187,000
		$ 506,624	$ 495,595

*Party-in-interest

Jewish Hospital & St. Mary's HealthCare Pension Plan

EIN 61-1029768 PN 003

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2013

Investment	Number of Purchases	Purchase Price	Number of Sales	Sales Price	Cost of Asset	Net Gain or (Loss)
Series of Transactions						
None						
Series of Transactions						
Fifth Third Banksafe Trust	2	$ 5,024,230	5	$ 5,207,987	$ 5,207,987	$ -

JEWISH HOSPITAL AND ST MARYS HEALTHCARE PENSION PLAN
EIN / PN 61-1029768 / 003
2013 SCHEDULE SB, LINE 26 - SCHEDULE OF ACTIVE PARTICIPANT DATA

YEARS OF CREDITED SERVICE																						
	<1		1-4		5-9		10-14		15-19		20-24		25-29		30-34		35-39		>=40		Total	
AGE	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.	No.	Avg. Cash Bal.
<25			42	921																	42	
25-29	3		340	2,322	17																360	
30 - 34	1		397	3,794	129	10,383	12														539	
35 - 39	3		365	5,736	123	12,821	80	21,370	11												582	
40 - 44			347	8,321	122	15,798	72	24,808	55	32,320	1										597	
45 - 49			301	10,367	116	18,071	72	29,653	64	46,131	46	54,959	4		0						603	
50 - 54			332	12,026	93	17,574	72	33,485	78	47,333	43	63,194	63	74,764	19						700	
55 - 59	2		366	14,655	79	22,110	58	43,177	58	62,775	43	80,390	26	83,087	57	106,524	10				699	
60 - 64	1		231	18,852	50	23,534	32	41,009	37	69,436	26	90,527	19		28	139,938	24	154,238	1		449	
65 - 69			77	26,484	17		14		9		4		3		1		6				131	
70+			36	21,640	10		4		3		1		2		1						57	
Total	10		2,834		756		416		315		164		117		106		40		1		4,759	

Note: Average Compensation is provided only for groups containing 20 or more participants

JEWISH HOSPITAL AND ST MARYS HEALTHCARE PENSION PLAN
EIN: 61-1029768 PN: 003
2013 SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS

Prescribed Funding Assumptions and Methods

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

Funding interest rates

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

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

Effective Interest Rate Based on HATFA rates	6.62%

For 2012 Plan Year: Segment Rates with four-month lookback, constrained in accordance with MAP-21 and HATFA as follows:

	Unconstrained Rates*	Rates Reflecting MAP-21 Corridor**	Rates Reflecting HATFA Corridor
First Segment Rate	2.06%	5.54%	N/A
Second Segment Rate	5.25%	6.85%	N/A
Third Segment Rate	6.32%	7.52%	N/A

Effective Interest Rate Based on MAP-21 rates	6.95%

* Used for maximum tax-deduction
** 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.

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 MARYS HEALTHCARE PENSION PLAN
EIN: 61-1029768 PN: 003
2013 SCHEDULE SB, PART V – STATEMENT OF ACTUARIAL ASSUMPTIONS AND METHODS (CONTINUED)

Non-Prescribed Funding Assumptions and Methods

Cash Balance Interest Crediting Rate and Lump Sum Conversion Rate

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

Basis for conversion of the cash balance amount to annuity form is the 30-year Treasury Rate for the September preceding the valuation date.

Expenses

Expected plan administrative and PBGC expenses were decreased from $920,000 to $640,000.

Frequency of optional payment forms

It has been assumed that 90% of participants eligible for retirement select a lump sum distribution and 10% select life annuity. For participants not eligible for retirement, 40% defer benefit commencement to age 65 and 60% commence immediately and at commencement 90% select a lump sum distributions and 10% select a life annuity.
Deferred vested participants with annuity benefits are assumed to commence a single life annuity at age 65. Deferred vested participants with cash balance only benefits are assumed to select a lump sum distribution and defer their lump sum to age 65 at a rate of 40% and commence immediately at a rate of 60%.

Marital percentage

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

Retirement Rates

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

JEWISH HOSPITAL AND ST MARYS HEALTHCARE PENSION PLAN
EIN: 61-1029768 PN: 003
2013 SCHEDULE SB, PART V – STATEMENT OF
ACTUARIAL ASSUMPTIONS AND METHODS (CONTINUED)

Non-Prescribed Funding Assumptions and Methods (continued)

Disability Rates

Illustrative rates are as follows:

Age	Assumption
45	0.00%
50	0.02%
55	0.05%

Withdrawal Rates[1]

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

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

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

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

Asset valuation method

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

The expected return on plan assets changed from 8.00% to 7.75% per annum, limited by PPA to the applicable Third Segment Rate as follows:

2012 measurement period: 7.52%
2011 measurement period: 6.57%

Summary of Changes from the January 1, 2012 Valuation

The expected return on plan assets changed from 8.00% to 7.75% per annum.
Expected plan administrative and PBGC expenses were decreased from $920,000 to $640,000.

[1] For active participants not eligible for retirement.

Jewish Hospital & St. Mary's HealthCare Pension Plan

EIN 61-1029768 PN 003

Schedule H, Line 4j – Schedule of Reportable Transactions

Year Ended December 31, 2013

Investment	Number of Purchases	Purchase Price	Number of Sales	Sales Price	Cost of Asset	Net Gain or (Loss)
Series of Transactions						
None						
Series of Transactions						
Fifth Third Banksafe Trust	2	$ 5,024,230	5	$ 5,207,987	$ 5,207,987	$ -

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

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

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

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
61-1029768

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

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

Part I Basic Information

1	Enter the valuation date: Month 01 Day 01 Year 2013			
2	Assets:			
	a Market value	2a		150664575
	b Actuarial value	2b		148718035
3	Funding target/participant count breakdown:		(1) Number of participants	(2) Funding Target
	a For retired participants and beneficiaries receiving payment	3a	274	14183449
	b For terminated vested participants	3b	2379	33744414
	c For active participants:			
	(1) Non-vested benefits	3c(1)		991957
	(2) Vested benefits	3c(2)		99122086
	(3) Total active	3c(3)	4759	100114043
	d Total	3d	7412	148041906
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		6.62%
6	Target normal cost	6		640000

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

10/31/2014
Date

LEE JAMES
Type or print name of actuary

1404022
Most recent enrollment number

BUCK CONSULTANTS, LLC
Firm name

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

1201 LOUISIANA, SUITE 750
HOUSTON TX 77002
Address of the firm

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

Part II Beginning of Year Carryover Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 12.08%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b Interest on (a) using prior year's effective interest rate of 6.95% except as otherwise provided (see instructions)		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	100.45%
15	Adjusted funding target attainment percentage	15	97.74%
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	101.55%
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2014	303441	0			
07/15/2014	303441	0			
		Totals ▶ 18(b)	606882	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	554469

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	☐ N/A, full yield curve used
5.23%	6.51%	7.16%	

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	640000
b Excess assets, if applicable, but not greater than line 31a	31b	640000

32 Amortization installments:

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

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

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

36 Additional cash requirement (line 34 minus line 35)	36	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	554469
38 Present value of excess contributions for current year (see instructions)		
a Total (excess, if any, of line 37 over line 36)	38a	554469
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0
40 Unpaid minimum required contributions for all years	40	0

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

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

a Schedule elected	☐ 2 plus 7 years	☐ 15 years
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010	☐ 2011

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

SCHEDULE SB (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Single-Employer Defined Benefit Plan Actuarial Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

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

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

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
61-1029768

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

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

Part I Basic Information

1 Enter the valuation date: Month 01 Day 01 Year 2013

2 Assets:

a Market value	**2a**	150,664,575
b Actuarial value	**2b**	148,718,035

3 Funding target/participant count breakdown:

		(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment	**3a**	274	14,183,449
b For terminated vested participants	**3b**	2,379	33,744,414
c For active participants:			
(1) Non-vested benefits	**3c(1)**		991,957
(2) Vested benefits	**3c(2)**		99,122,086
(3) Total active	**3c(3)**	4,759	100,114,043
d Total	**3d**	7,412	148,041,906

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**	6.62%
6 Target normal cost	**6**	640,000

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

10/03/2014
Date

LEE JAMES
Type or print name of actuary

1404022
Most recent enrollment number

BUCK CONSULTANTS, LLC
Firm name

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

1201 LOUISIANA
SUITE 750
HOUSTON TX 77002
Address of the firm

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

Part II Beginning of Year Carryover Prefunding Balances

		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of 12.08%	0	0
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		0
	b Interest on (a) using prior year's effective interest rate of 6.95% except as otherwise provided (see instructions)		0
	c Total available at beginning of current plan year to add to prefunding balance		0
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections	0	0
13	Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14	Funding target attainment percentage	14	100.45 %
15	Adjusted funding target attainment percentage	15	97.74 %
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	101.55 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and liquidity shortfalls

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

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2014	303,441	0			
07/15/2014	303,441	0			
		Totals ► 18(b)	606,882	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	554,469

20 Quarterly contributions and liquidity shortfalls:

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

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

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

Liquidity shortfall as of end of quarter of this plan year

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

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

21 Discount rate:

a Segment rates:

1st segment:	2nd segment:	3rd segment:	
5.23%	6.51%	7.16%	☐ 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**	640,000
b Excess assets, if applicable, but not greater than line 31a	**31b**	640,000

32 Amortization installments:

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

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

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

36 Additional cash requirement (line 34 minus line 35)	**36**	0
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	**37**	554,469

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

a Total (excess, if any, of line 37 over line 36)	**38a**	554,469
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	**38b**	0
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	**39**	0
40 Unpaid minimum required contributions for all years	**40**	0

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

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

a Schedule elected ☐ 2 plus 7 years ☐ 15 years

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

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

SCHEDULE R (Form 5500)

Department of the Treasury
Internal Revenue Service

Department of Labor
Employee Benefits Security Administration

Pension Benefit Guaranty Corporation

Retirement Plan Information

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

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

OMB No. 1210-0110

2013

This Form is Open to Public Inspection.

For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

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

B Three-digit plan number (PN) ▶ 003

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

D Employer Identification Number (EIN)
61-1029768

Part I Distributions

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

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

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

EIN(s): 63-1376024 _____

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** 368

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

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

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

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

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

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

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

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

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

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

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

Part III Amendments

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

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

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

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

---

a Name of contributing employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

JEWISH HOSPITAL AND ST MARYS HEALTHCARE PENSION PLAN
EIN: 61-1029768 PN: 003
2013 SCHEDULE SB, PART V – SUMMARY OF PLAN PROVISIONS

Effective Date

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

Eligible Employee

Effective January 1, 1993: non-union employees other than independent contractors or physicians who have at least 1 year of Eligibility Service (1,000 hour rule) are eligible to enter the plan on the coincident or next following entry date.

Prior to January 1, 1993: non-union employee, at least age 21, who is regularly scheduled for at least 1,000 Hours of Service during the Plan Year. Independent contractors and physicians excluded. Part-time employee, who completes at least 1,000 Hours of Service during his initial employment year, or any subsequent Plan Year, is eligible.

Effective January 1, 1994: Employees of Four Courts Senior Center are covered by the Plan.

Effective January 1, 1995: Employees of Frazier Rehabilitation Center are covered by the Plan.

Effective January 1, 2006: Employees of St. Mary & Elizabeth Hospital, employees of Jewish Hospital Shelbyville and physicians are covered by the Plan.

Effective January 1, 1997: Employees of Visiting Nurse Association are covered by the Plan.

Entry Date

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

Retirement Dates

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

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

Late: After Normal Retirement Date.

Disability

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

Service (Vesting)

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

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

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

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

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

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

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

Credited Service (Benefit Accrual)

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

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

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

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

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

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

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

(d) For periods after 2009: None

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

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

For VNA no service is granted prior to 1997.

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

Average Monthly Compensation

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

Accrued Monthly Benefit

Prior to 1989: Projected normal retirement pension calculated using Average Monthly Compensation at December 31, 1988 and projected Credited Service at Normal Retirement Date, such amount multiplied by a fraction, the numerator of which is Credited Service at date of determination and the denominator of which is projected Credited Service at Normal Retirement Date.

After 1989: Normal retirement pension calculated using Average Monthly Compensation and Credited Service at date of determination.

Normal Retirement Benefit (Monthly)

Prior to 1989:
(a) 1.8% of Average Monthly Compensation multiplied by Credited Service to nearest one-tenth year, minus
(b) the monthly primary Social Security Benefit times the lesser of i) 50% or ii) 1.8% times Credited Service to the nearest one-tenth year.

1989 to 1999: The 12/31/88 Accrued Benefit, plus Credited Service after 12/31/88 (limited to 35 years minus the sum of Service at 12/31/88 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 12/31/99 Accrued Benefit
(b) If a Grandfathered Participant (see below), the benefit determined under the 1989 to 1999 formula based on Credited Service and Average Monthly Compensation as of date of termination.
(c) The actuarial equivalent of the Cash Balance Account, described below.
(d) The actuarial equivalent of the Match Balance Account, described below.

After 2009: Benefit accruals are frozen.

Grandfathered Participant

As of 12/31/99, each participant with at least 10 years of vesting service who had either attained age 50 or had 70 or more Points is a Grandfathered Participant.

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

Points

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

Cash Balance Account

At 12/31/99, a Cash Balance Account was established for each active participant equal to the lump sum value of the 12/31/99 Accrued Benefit at 7% interest and UP-84 mortality set back 3 years. The Cash Balance Account increases from year to year by Investment Credits and Pay Credits. No pay credits are earned after December 31, 2009.

Investment Credits

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

Pay Credits

Prior to 2010: For each year in which the participant completes 1000 hours of service, a pay credit will be received at the end of the year, according to the following schedule:

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

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

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

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

After 2009: No pay credits are earned.

Match Balance Account

Prior to 2009: As of 12/31/99, each participant had a Match Balance Account established at $0. The Match Balance Account receives credits equal to 50% of a participant's contributions to the Jewish Hospital 403(b) plan, up to X% of pay, if the participant completes 1000 hours of service. X% of pay is based on the following service schedule:

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

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

The Match Balance Account also receives Investment Credits.

Early Retirement Benefit

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

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

Late Retirement Benefit

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

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

Disability Retirement

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

After 1999: Accrued Benefit as of date of disablement.

Vested Benefit

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

Normal Form of Benefit

Life annuity.

Optional Forms of Benefit

5, 10, 15 or 20 Year Certain and Life Annuity; 50%, 66-2/3%, 75%, or 100% Joint and Survivor Annuity; guaranteed monthly payments for 5, 10, 15 or 20 years; Lump Sum; Lump Sum immediately on termination if less than $1,000. Lump sums in the amount of $5,000 or less may be taken in cash or rolled over without spousal consent. All other lump sums can begin the first of any month following termination up to normal retirement date.

Monthly Payments Guaranteed	Percentage of Single Life Annuity Form of Retirement Benefit
60	98.5%
120	94.5%
180	89.5%
240	84.5%
60	98.5%

Percentage Continuation of Participant's Retirement Benefit	Percentage of Single Life Annuity Form of Retirement Benefit
50%	93%
66-2/3%	91%
75%	90%
100%	87%

The factors shown are adjusted for age differences greater than 5 years.

Summary of Changes from the January 1, 2012 Valuation

None.

Jewish Hospital & St. Mary's HealthCare Pension Plan

EIN 61-1029768 PN 003

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

December 31, 2013

Identity of Issuer	Description of Investment	Cost	Current Value
Money Market Funds			
*Fifth Third Banksafe Trust	292,836 shares	$ 292,836	$ 292,836
Dreyfus Institutional Cash Advantage Fund	15,759 shares	15,759	15,759
		308,595	308,595
Alternative Investment			
Federal Street Multi-Strategy Offshore Fund	166 shares	198,029	187,000
		$ 506,624	$ 495,595

*Party-in-interest

JEWISH HOSPITAL AND ST MARYS HEALTHCARE PENSION PLAN
EIN: 61-1029768 PN: 003
2013 SCHEDULE SB, LINE 24 – CHANGE IN ACTUARIAL ASSUMPTIONS

Expected plan administrative and PBGC expenses were decreased from $920,000 to $640,000.

The expected return on plan assets was lowered from 8.00% to 7.75% per annum.