

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2013 This Form is Open to Public Inspection
---	---	---

Part I	Annual Report Identification Information
For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan; or ☒ a single-employer plan; ☐ a DFE (specify) ____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF MERCY MEMORIAL HOSPITAL CORPORATION</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>01/01/1973</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>01/01/1973</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>				
1c Effective date of plan <u>01/01/1973</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>MERCY MEMORIAL HOSPITAL CORPORATION</u> <u>718 NORTH MACOMB STREET</u> <u>MONROE, MI 48162</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>38-1984289</u></td> </tr> <tr> <td>2c Sponsor's telephone number <u>734-240-4402</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>38-1984289</u>	2c Sponsor's telephone number <u>734-240-4402</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>38-1984289</u>					
2c Sponsor's telephone number <u>734-240-4402</u>					
2d Business code (see instructions) <u>622000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2014	THOMAS W. SCHILLING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address; include room or suite number. (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor Name ☐ Same as Plan Sponsor Address		3b Administrator's EIN	
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name		3c Administrator's telephone number 4b EIN 4c PN	
5 Total number of participants at the beginning of the plan year		5	1468
6 Number of participants as of the end of the plan year (welfare plans complete only lines 6a , 6b , 6c , and 6d).			
a Active participants		6a	471
b Retired or separated participants receiving benefits		6b	440
c Other retired or separated participants entitled to future benefits		6c	455
d Subtotal. Add lines 6a , 6b , and 6c		6d	1366
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	27
f Total. Add lines 6d and 6e		6f	1393
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)		6g	
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested		6h	0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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 <u>RETIREMENT PLAN FOR EMPLOYEES OF MERCY MEMORIAL HOSPITAL CORPORATION</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>MERCY MEMORIAL HOSPITAL CORPORATION</u>	D Employer Identification Number (EIN) <u>38-1984289</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2013</u>	
2 Assets:	
a Market value	2a <u>56653307</u>
b Actuarial value	2b <u>56396790</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>475</u> <u>26552092</u>
b For terminated vested participants.....	3b <u>478</u> <u>12553994</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>781812</u>
(2) Vested benefits	3c(2) <u>21743622</u>
(3) Total active.....	3c(3) <u>515</u> <u>22525434</u>
d Total.....	3d <u>1468</u> <u>61631520</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>6.35 %</u>
6 Target normal cost	6 <u>345000</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>10/09/2014</u>
Signature of actuary		Date
<u>JEFFRY P. BLASZKOWSKI FSA, EA, MAAA</u>		<u>14-06646</u>
Type or print name of actuary		Most recent enrollment number
<u>MERCER</u>		<u>248-945-5500</u>
Firm name		Telephone number (including area code)
<u>ONE TOWNE SQUARE</u> <u>SUITE 1100</u> <u>SOUTHFIELD, MI 48076</u>		
Address of the firm		

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

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

Schedule SB (Form 5500) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>8.51</u> %		
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1385485
b Interest on (a) using prior year's effective interest rate of <u>7.06</u> % except as otherwise provided (see instructions)		97815
c Total available at beginning of current plan year to add to prefunding balance		1483300
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections		
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	91.50 %
15 Adjusted funding target attainment percentage	15	91.50 %
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	97.44 %
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
04/11/2013	600000	0			
07/11/2013	600000	0			
10/11/2013	600000	0			
01/13/2014	600000	0			
			Totals ►	18(b)	2400000
				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	2306009
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☒ Yes ☐ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☒ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.94%	2nd segment: 6.15%	3rd segment: 6.76 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 62
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	345000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	5234730	1343638	
b Waiver amortization installment		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	1688638	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35).....	36	1688638	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	2306009	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	617371	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☐ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☐ 2010 ☐ 2011		
42 Amount of acceleration adjustment	42		
43 Excess installment acceleration amount to be carried over to future plan years	43		

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider 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
		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 <u>RETIREMENT PLAN FOR EMPLOYEES OF MERCY MEMORIAL HOSPITAL CORPORATION</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MERCY MEMORIAL HOSPITAL CORPORATION</u>	D Employer Identification Number (EIN) <u>38-1984289</u>

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

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

MERCER

13-2836910

(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	N/A	96483	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EAGLE CAPITAL MANAGEMENT

22-3361201

(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?
28	N/A	65742	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

AILERON LTD.

38-3104483

(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?
17	N/A	35000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WILLIAM BLAIR & CO. LLC

36-2214610

(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?
51	N/A	34251	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

DELAWARE INVESTMENT MANAGEMENT

23-2859590

(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?
28	N/A	33357	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

MONROE BANK & TRUST

38-0847680

(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?
52 64	N/A	29596	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

CALAMOS ASSET MANAGEMENT

20-1647533

(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?
28	N/A	25293	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

SEGALL BRYANT & HAMILL

41-1788385

(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?
28	N/A	25124	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

WELLESLEY INVESTMENT ADVISORS, INC

04-3154394

(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?
51	N/A	25014	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

PNC INSTITUTIONAL INVESTMENT

25-1211909

(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?
28	N/A	24954	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WHV INVESTMENTS

91-1631301

(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?
51	N/A	20975	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

JP MORGAN CHASE

13-4994650

(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	N/A	18063	Yes ☒ No ☐	Yes ☒ No ☐	0	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)

PLANTE MORAN

38-1357951

(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	N/A	10000	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
JP MORGAN CHASE	21	3262
(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.
JP MORGAN INVESTMENT MANAGEMENT 45 PARK AVENUE NEW YORK, NY 10167	REVENUE SHARE ON MUTUAL FUNDS	
(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

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 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 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 RETIREMENT PLAN FOR EMPLOYEES OF MERCY MEMORIAL HOSPITAL CORPORATION	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 MERCY MEMORIAL HOSPITAL CORPORATION	D Employer Identification Number (EIN) 38-1984289	

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	2270	1547
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	600000	600000
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	287941	272082
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1765622	1853916
(2) U.S. Government securities	1c(2)	14068322	14466600
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	19582455	22403454
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	1138450	1104546
(B) Common.....	1c(4)(B)	19209255	21951607
(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)		
(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)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	56654315	62653752

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	56654315	62653752
---	-----------	----------	----------

Part II Income and Expense Statement

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

Income**a Contributions:**

		(a) Amount	(b) Total
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2400000	
(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)		2400000

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

(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	424	
(B) U.S. Government securities	2b(1)(B)	340324	
(C) Corporate debt instruments	2b(1)(C)	702856	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)	19558	
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1063162

(2) Dividends: (A) Preferred stock	2b(2)(A)	72877	
(B) Common stock	2b(2)(B)	256063	
(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)		328940

(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	71889396	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	69360578	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		2528818

(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	3104446	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		3104446

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		9425366

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2775873	
(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)		2775873
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)	112765	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	317766	
(4) Other	2i(4)	219525	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		650056
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3425929

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		5999437
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: PLANTE & MORAN, PLLC

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

- a** Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)
- b** Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
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.)		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.)		X	
e Was this plan covered by a fidelity bond?	X		500000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		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?		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?		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.)	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.)	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?		X	
l Has the plan failed to provide any benefit when due under the plan?		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
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.			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 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 <u>RETIREMENT PLAN FOR EMPLOYEES OF MERCY MEMORIAL HOSPITAL CORPORATION</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>MERCY MEMORIAL HOSPITAL CORPORATION</u>	D Employer Identification Number (EIN) <u>38-1984289</u>

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	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>38-0847680</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

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

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

Part III	Amendments
-----------------	-------------------

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: 55.0% Investment-Grade Debt: 44.0% High-Yield Debt: _____% Real Estate: _____% Other: 1.0%

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

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

Retirement Plan for Employees of Mercy Memorial Hospital Corporation

**Financial Report
December 31, 2013**

Retirement Plan for Employees of Mercy Memorial Hospital Corporation

Contents

Report Letter	1-2
Statement of Net Assets Available for Benefits	3
Statement of Changes in Net Assets Available for Benefits	4
Statement of Accumulated Plan Benefits	5
Statement of Changes in Accumulated Plan Benefits	6
Notes to Financial Statements	7-14
Schedule of Assets Held at End of Year	15-21
Schedule of Reportable Transactions	22

Independent Auditor's Report

To the Plan Administrator
Retirement Plan for Employees of
Mercy Memorial Hospital Corporation

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Retirement Plan for Employees of Mercy Memorial Hospital Corporation (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2013 and 2012 and the related statement of changes in net assets available for benefits for the years then ended and the statement of accumulated plan benefits as of January 1, 2013 and the related statement of changes in accumulated plan benefits for the year ended January 1, 2013, 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 the 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 an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by JPMorgan Chase Bank N.A. (the "Trustee"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes related transactions. The plan administrator has obtained certifications from the Trustee as of and for the years ended December 31, 2013 and 2012 that the information provided to the plan administrator by the Trustee is complete and accurate.

To the Plan Administrator
Retirement Plan for Employees of
Mercy Memorial Hospital Corporation

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 evidence to provide a basis for an audit opinion. Accordingly, we do not express an opinion on these financial statements.

Other Matter

The supplemental schedules of assets held at end of year and reportable transactions as of and for the year ended December 31, 2013 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

Report on Form and Content in Compliance with DOL Rules and Regulations

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

Plante & Moran, PLLC

Southfield, Michigan
September 26, 2014

Retirement Plan for Employees of Mercy Memorial Hospital Corporation

Statement of Net Assets Available for Benefits

	December 31, 2013	December 31, 2012
Assets		
Investments - At fair value:		
Money market funds	\$ 1,853,916	\$ 1,765,622
Debt securities	14,466,600	14,068,322
Equity securities	23,056,153	20,347,705
Corporate bonds and notes	22,403,454	19,582,455
	<u>61,780,123</u>	<u>55,764,104</u>
Total investments - At fair value	61,780,123	55,764,104
Contributions receivable	600,000	600,000
Accrued income	272,082	287,941
Cash	1,547	2,270
	<u>62,653,752</u>	<u>56,654,315</u>
Net Assets Available for Benefits	\$ 62,653,752	\$ 56,654,315

Retirement Plan for Employees of Mercy Memorial Hospital Corporation

Statement of Changes in Net Assets Available for Benefits

	Years Ended	
	December 31, 2013	December 31, 2012
Additions to Net Assets		
Employer contributions	\$ 2,400,000	\$ 2,400,000
Investment income (loss):		
Interest and dividends	1,392,102	1,461,943
Net realized and unrealized (losses) gains on investments:		
U.S. government securities	(583,215)	(26,995)
Corporate bonds and notes	364,085	665,340
Equity securities	5,852,394	2,621,368
Net appreciation in fair value of investments	5,633,264	3,259,713
Total investment income	7,025,366	4,721,656
Total additions	9,425,366	7,121,656
Deductions from Net Assets		
Benefits paid directly to participants or beneficiaries	2,775,873	2,609,434
Administrative expenses	650,056	616,752
Total deductions	3,425,929	3,226,186
Net Increase	5,999,437	3,895,470
Net Assets Available for Benefits		
Beginning of year	56,654,315	52,758,845
End of year	<u><u>\$ 62,653,752</u></u>	<u><u>\$ 56,654,315</u></u>

Retirement Plan for Employees of Mercy Memorial Hospital Corporation

Statement of Accumulated Plan Benefits January 1, 2013

Actuarial Present Value of Accumulated Plan Benefits

Vested benefits:

Active participants	\$ 21,787,302
Inactive participants with deferred benefits	12,621,699
Inactive participants receiving benefits	<u>26,186,261</u>

Total vested benefits 60,595,262

Nonvested benefits 721,510

Total actuarial present value of accumulated plan benefits \$ 61,316,772

Retirement Plan for Employees of Mercy Memorial Hospital Corporation

Statement of Changes in Accumulated Plan Benefits Year Ended January 1, 2013

Actuarial Present Value of Accumulated Plan Benefits - Beginning of year -	
January 1, 2012	\$ 49,509,898
Increase (decrease) during the year attributable to:	
Benefits accumulated	324,286
Benefits paid	(2,609,434)
Change in actuarial assumptions	10,176,971
Interest due to the decrease in the discount period	3,915,051
Net increase	<u>11,806,874</u>
Actuarial Present Value of Accumulated Plan Benefits -	
End of year - January 1, 2013	<u><u>\$ 61,316,772</u></u>

Retirement Plan for Employees of Mercy Memorial Hospital Corporation

Notes to Financial Statements December 31, 2013 and 2012

Note 1 - Plan Description

The following description of Retirement Plan for Employees of Mercy Memorial Hospital Corporation (the "Plan") provides only general information. Participants should refer to the plan agreement for a more complete description of the Plan's provisions.

General - The Plan is a defined benefit plan which provides normal, early, late, and disability retirement benefits to eligible participants and death benefits to eligible beneficiaries of deceased participants. The Plan is funded by Mercy Memorial Hospital Corporation (the "Hospital") and the contributions to the Plan are based on an actuarially determined contribution level.

Pension Benefits - A participant with five or more years of vesting service credit (10 or more years of vesting service credit if the employee was terminated prior to January 1, 1989) and who has attained the age of 65 is eligible for normal monthly retirement income.

A participant with five or more years of vesting service credit and who has attained age 55 may elect an early retirement benefit. An early retirement benefit entitles the participant to receive reduced benefits commencing immediately upon retirement.

A participant who becomes totally and permanently disabled prior to age 50 and has at least 10 years of vested service credit is eligible for disability retirement benefits.

A participant may remain in the employment of the Hospital beyond his or her normal retirement date, regardless of age. When a participant attains age 70½, he or she will receive his or her regular monthly compensation as well as monthly retirement income. Upon retirement, the participant's monthly retirement income will be revalued based upon additional years of service incurred beyond age 70½ but is reduced by the present value of benefits received, and the revised monthly benefit will be no less than the current benefit being received.

As of January 1, 2006, the Plan was amended to freeze participation for employees hired after June 30, 2005. Benefits continued to accrue for employees hired prior to June 30, 2005.

On June 23, 2009, the board of directors approved the freeze of the Plan effective September 30, 2009. As a result of the Plan freeze, participant benefit accruals ceased effective October 1, 2009 and all participant benefits were fully vested. Active participants in the Plan will now participate in the Hospital's 403(b) defined contribution plan.

Retirement Plan for Employees of Mercy Memorial Hospital Corporation

Notes to Financial Statements December 31, 2013 and 2012

Note 2 - Summary of Significant Accounting Policies

Basis of Accounting - The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (GAAP).

Investment Valuation - The Plan's investments are stated at fair value.

Securities traded on national securities exchanges are valued at the last reported sales price on the last business day of the plan year. Investments traded in the over-the-counter market and listed securities for which no sale was reported on that date are valued at the average of the last reported bid and asked prices. The convertible securities fund, an equity security, is valued at quoted market prices, which represent the net asset values of shares held by the Plan at year end. The debt securities, corporate bonds, and notes are valued using quoted market prices and/or other market data for the same or comparable instruments and transactions in establishing the prices, discounted cash flow models, and other pricing models. These models are primarily industry-standard models that consider various assumptions, including time value and yield curve as well as other relevant economic measures. See Note 5 for additional information.

The methods described above may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. Furthermore, while the Plan believes its valuation methods are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different fair value measurement at the reporting date.

Use of Estimates - The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of additions and deductions during the reporting period. Actual results could differ from those estimates.

Retirement Plan for Employees of Mercy Memorial Hospital Corporation

Notes to Financial Statements December 31, 2013 and 2012

Note 2 - Summary of Significant Accounting Policies (Continued)

Risks and Uncertainties - Contributions to the Plan and the actuarial present value of accumulated plan benefits are reported based on certain assumptions pertaining to interest rates, inflation rates, and employee compensation and demographics. Due to the changing nature of these assumptions, it is at least reasonably possible that changes in these assumptions will occur in the near term and, due to the uncertainties inherent in setting assumptions, that the effect of such changes could be material to the financial statements. The Plan utilizes various investment securities including U.S. government securities, corporate debt instruments, mutual funds, and corporate stocks. Investment securities, in general, are exposed to various risks, such as interest rate, market, and credit risks. 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 statement of net assets available for benefits.

Administrative Expenses - Administrative expenses are paid by the Plan as provided in the plan document. Various administrative expenses are also paid by the Hospital.

Benefit Payments - Benefit payments to participants are recorded upon distribution.

Subsequent Events - The financial statements and related disclosures include evaluation of events up through and including September 26, 2014, which is the date the financial statements were available to be issued.

Note 3 - Unaudited Information

JPMorgan Chase Bank N.A. (the "Trustee") holds the Plan's investments and executes all investment transactions. The investment balances and related investment income and losses included in the accompanying financial statements and supplemental schedules of assets held at end of year and schedule of reportable transactions are based solely on information provided by the Trustee.

Note 4 - Accumulated Plan Benefits

The actuarial present value of accumulated plan benefits under the Plan was calculated by Mercer.

Retirement Plan for Employees of Mercy Memorial Hospital Corporation

Notes to Financial Statements December 31, 2013 and 2012

Note 4 - Accumulated Plan Benefits (Continued)

The actuarial assumptions underlying the January 1 calculations are as follows:

	2013	2012
Actuarial valuation method	Projected unit credit	Projected unit credit
Interest rate for discounting liabilities	6.50% per year	8.14% per year
Mortality basis	RP 2000 generational white collar mortality tables	RP 2000 generational white collar mortality tables
Normal retirement	Retirement rates assumed to vary by age	Retirement rates assumed to vary by age

Note 5 - Fair Value Measurements

Accounting standards require certain assets and liabilities be reported at fair value in the financial statements and provide a framework for establishing that fair value. The framework for determining fair value is based on a hierarchy that prioritizes the inputs and valuation techniques used to measure fair value.

The following tables present information about the Plan's assets measured at fair value on a recurring basis at December 31, 2013 and 2012 and the valuation techniques used by the Plan to determine those fair values.

Level 1 - Fair values determined by Level 1 inputs use quoted prices in active markets for identical assets that the Plan has the ability to access.

Level 2 - Fair values determined by Level 2 inputs use other inputs that are observable, either directly or indirectly. These Level 2 inputs include quoted prices for similar assets in active markets, and other inputs such as interest rates and yield curves that are observable at commonly quoted intervals.

Level 3 - Level 3 inputs are unobservable inputs, including inputs that are available in situations where there is little, if any, market activity for the related asset. These Level 3 fair value measurements are based primarily on management's own estimates using pricing models, discounted cash flow methodologies, or similar techniques taking into account the characteristics of the asset.

In instances whereby inputs used to measure fair value fall into different levels in the above fair value hierarchy, fair value measurements in their entirety are categorized based on the lowest level input that is significant to the valuation. The Plan's assessment of the significance of particular inputs to these fair value measurements requires judgment and considers factors specific to each asset.

Retirement Plan for Employees of Mercy Memorial Hospital Corporation

Notes to Financial Statements December 31, 2013 and 2012

Note 5 - Fair Value Measurements (Continued)

Reclassification - Due to a re-evaluation of the significance of the inputs used in the valuation of the U.S. government securities and the mortgage-backed securities, it was determined that certain investments previously classified as Level 2 should have been classified as Level 1 based on the fair value hierarchy. Accordingly, the following 2013 fair value disclosure has been updated to reflect this change.

Assets Measured at Fair Value on a Recurring Basis at December 31, 2013

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Balance at December 31, 2013
Money market funds	\$ 1,853,916	\$ -	\$ 1,853,916
Equity securities:			
U.S. equity securities	17,847,210	-	17,847,210
International equity securities	5,208,943	-	5,208,943
Debt securities:			
U.S. government securities	7,522,713	638,344	8,161,057
Federal agency securities	734,046	-	734,046
Mortgage-backed securities	5,571,497	-	5,571,497
Corporate bonds and notes:			
U.S. corporate bonds and notes	-	21,402,069	21,402,069
Foreign corporate bonds and notes	-	1,001,385	1,001,385
Total	<u>\$ 38,738,325</u>	<u>\$ 23,041,798</u>	<u>\$ 61,780,123</u>

Retirement Plan for Employees of Mercy Memorial Hospital Corporation

Notes to Financial Statements December 31, 2013 and 2012

Note 5 - Fair Value Measurements (Continued)

Assets Measured at Fair Value on a Recurring Basis at December 31, 2012

	Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Balance at December 31, 2012
Money market funds	\$ 1,765,622	\$ -	\$ 1,765,622
Equity securities:			
U.S. equity securities	16,451,879	-	16,451,879
International equity securities	3,895,826	-	3,895,826
Debt securities:			
U.S. government securities	6,420,269	702,796	7,123,065
Federal agency securities	576,098	-	576,098
Mortgage-backed securities	6,369,159	-	6,369,159
Corporate bonds and notes:			
U.S. corporate bonds and notes	-	17,527,324	17,527,324
Foreign corporate bonds and notes	-	2,055,131	2,055,131
Total	<u>\$ 35,478,853</u>	<u>\$ 20,285,251</u>	<u>\$ 55,764,104</u>

The Plan's policy is to recognize transfers between levels of the fair value hierarchy as of the actual date of the event of change in circumstances that caused the transfer. There were no significant transfers between levels of the fair value hierarchy during 2013 and 2012.

Note 6 - Tax Status

The Plan has received a determination letter from the Internal Revenue Service indicating that the Plan, as designed, is qualified for tax-exempt treatment under the applicable section of the Internal Revenue Code. Accordingly, no provision for income taxes has been made in the accompanying financial statements.

In accordance with guidance on accounting for uncertainty in income taxes, management evaluated the Plan's tax position and does not believe the Plan has any uncertain tax positions that require disclosure or adjustment to the financial statements. The plan administrator believes it is no longer subject to tax examinations for years prior to 2010.

Retirement Plan for Employees of Mercy Memorial Hospital Corporation

Notes to Financial Statements December 31, 2013 and 2012

Note 7 - Funding Policy

Contributions to provide benefits under the Plan are made solely by the Hospital. The Company's funding policy is to make cash contributions to the Plan in amounts as determined by the Plan's independent actuary. Contributions are on a quarterly basis due 3½ months, 6½ months, 9½ months, and 12½ months after the beginning of the plan year. Contributions made 12½ months after the beginning of the plan year are reflected as a contribution receivable. The Hospital met the minimum funding requirements of the Employee Retirement Income Security Act of 1974 (ERISA) for the years ended December 31, 2013 and 2012.

Note 8 - Plan Termination

Although it has not expressed any intention to do so, the Hospital has the right under the Plan, in certain circumstances, to discontinue its contributions at any time and to terminate the Plan subject to the provisions set forth in ERISA. In the event that the Plan is terminated, the net assets of the Plan will be allocated for payment of plan benefits to the participants in an order of priority determined in accordance with ERISA, applicable regulations thereunder, and the plan document.

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation (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, subject to a statutory ceiling on the amount of an individual's monthly benefit.

Whether all participants receive their benefits should the Plan be terminated at some future time will depend on the sufficiency, at that time, of the Plan's net assets to provide those benefits, the priority of those benefits to be paid, and the level and type of benefits guaranteed by the PBGC at that time. Some benefits may be fully or partially provided for by the then-existing assets and the PBGC guaranty, while other benefits may not be provided for at all.

Retirement Plan for Employees of Mercy Memorial Hospital Corporation

Notes to Financial Statements December 31, 2013 and 2012

Note 9 - Exempt Party-in-interest Transactions

Certain plan investments are shares of money market funds managed by JPMorgan Chase Bank N.A., who is the trustee as defined by the Plan, and therefore, these transactions qualify as party-in-interest transactions.

At December 31, 2013 and 2012, the Plan held 1,853,916 shares and 1,765,622 shares, respectively, of money market funds managed by JPMorgan Chase N.A., the trustee, with a cost basis of \$1,853,916 and \$1,765,622, respectively. During the years ended December 31, 2013 and 2012, the Plan recorded income of \$424 and \$2,270, respectively, from these investments.

Schedule SB, Line 26 — Schedule of Active Participant Data

Attained age	Years of frozen credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29	1	7									8
30–34	1	15	11								27
35–39	2	15	27	7							51
40–44	1	16	19	26	8	1					71
45–49		10	20	12	20	9	1				72
50–54	3	10	18	13	13	19	15	1			92
55–59	2	12	17	24	18	15	20	15			123
60–64		4	7	11	10	7	2	7	7		55
65–69		4	1	1	2				1	1	10
70 & up	1	2	1	2							6
Total	11	95	121	96	71	51	38	23	8	1	515

In each cell, the number is the count of active participants for each age/service combination.

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

Discount rate sponsor elections

• Segment rates or full yield curve	Segment		
• Look-back months	0		
	<u>Stabilized rates</u>	<u>Nonstabilized rates</u>	
• First 5 years	4.94%	1.62%	
• Next 15 years	6.15%	4.40%	
• Over 20 years	6.76%	5.45%	

Mortality sponsor elections

• Healthy participants	Section 430(h)(3) prescribed separate generational annuitant and nonannuitant mortality tables. These tables are based on the RP-2000 mortality tables projected with mortality improvement
• Disabled participants	Revenue Ruling 96-7 table for participants who became disabled after 1994

Other economic assumptions

• Salary increases	N/A
• Social Security wage base	N/A
• Inflation	N/A
• Expected investment return	6.50%
• Expenses	\$345,000 added to current year normal cost

Demographic assumptions

• Withdrawal	<u>Age</u>	<u>Withdrawal Rate</u>	
	25	.116242	
	40	.093957	
	55	.017264	
• Disability incidence	<u>Age</u>	<u>Male</u>	<u>Female</u>
	25	.00038	.00047
	40	.00117	.00211
	55	.00722	.00952

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

- Retirement age

<u>Attained age</u>	<u>Percentage</u>	
	<u>Male</u>	<u>Female</u>
Under 55	0%	0%
55	3.7%	3.7%
56	3.2%	3.2%
57	2.9%	2.9%
58	2.5%	2.5%
59	2.3%	2.3%
60	5.2%	5.2%
61	5.1%	5.1%
62	40%	40%
63	20%	20%
64	20%	20%
65 and above	100%	100%

- Benefit commencement age for

- Future vested deferred 65
- Current vested deferred 65

- Spouse assumptions

- | | | |
|-------------------------|--------------------------|----------------------------|
| | <u>Male participants</u> | <u>Female participants</u> |
| — Percentage married | 80% | 70% |
| — Spouse age difference | 3 years younger | 3 years older |

<u>Form of payment</u>	<u>Single life</u>	<u>50% J&S</u>
• Active retirements	85%	15%
• Future vested deferred	85%	15%
• Future disabilities	85%	15%
• Future deaths	0%	100%
• Current vested deferred	85%	15%
Unpredictable contingent event assumptions	Not applicable	

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

Actuarial Methods

Asset Methods

The asset valuation method is an average of the adjusted market value for the current and prior valuation date. The adjusted market value is the market value at each determination date adjusted to the valuation date based on actual cash flows and expected interest at the lesser of the expected rate of return and the third segment rate. This amount is adjusted to be no greater than 110 percent and no less than 90 percent of the fair market value, as defined in IRC Section 430.

A characteristic of this asset method is that, over time, it is slightly more likely to produce an actuarial value of assets that is less than the market value of assets than an actuarial value that is greater than the market value.

Participant Methods

Participants or former participants are included or excluded from the valuation as described below:

- **Participants included:** The plan sponsor provides us with data on only those employees who have completed the plan's eligibility requirements.
- **Participants excluded:** No actuarial liability is included for nonvested participants who terminated prior to the valuation date. For this purpose, participants with a break in service on the valuation date are treated as terminated participants.
- **Insurance contracts:** The plan does not have any insurance contracts.

Minimum Funding Methods

The funding target for minimum funding calculations is computed using the traditional unit credit method of funding. The objective under this method is to fund each participant's benefits under the plan as they accrue. Thus, the total pension to which each participant is expected to become entitled at retirement is broken down into units, each associated with a year of past or future credited service.

A detailed description of the calculation follows:

- The plan's valuation date is the beginning of the plan year.
- An individual's **funding target** is the present value of future benefits based on credited service and average pay as of the beginning of the plan year, and an individual's **target normal cost** is the present value of the benefit expected to accrue in the plan year. If multiple decrements are used, the funding target and the target normal cost for an individual is the sum of the component funding targets and target normal costs associated with the various anticipated separation dates.
- The plan's **target normal cost** is the sum of the individual target normal costs, and the plan's **funding target** is the sum of the individual funding targets for all participants under the plan.

Retirement Plan for Employees of Mercy Memorial Hospital Corporation

Schedule of Reportable Transactions Form 5500, Schedule H, Line 4j EIN 38-1984289, Plan No. 001 Year Ended December 31, 2013

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	Number of Transactions	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date	(i) Net Gain (Loss)
Category (i) - A single transaction that amounts to more than 5 percent of the beginning value of total Plan assets:							
Series of transactions	JPMorgan Chase Bank N.A. JPMorgan Prime - Money Market Fund	\$ 34,943,407	\$ -	879	\$ 34,943,408	\$ 34,943,408	\$ -
	JPMorgan Chase Bank N.A. JPMorgan Prime - Money Market Fund	-	34,855,113	553	34,855,113	34,855,113	-

There were no Category (i), (ii) or (iv) reportable transactions during the year.

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 Retirement Plan for Employees of Mercy Memorial Hospital Corporation	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Mercy Memorial Hospital Corporation	D Employer Identification Number (EIN) 38-1984289
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500	

Part I Basic Information

1	Enter the valuation date: Month <u>1</u> Day <u>1</u> Year <u>2013</u>	
2	Assets:	
	a Market value	2a 56,653,307
	b Actuarial value	2b 56,396,790
3	Funding target/participant count breakdown:	
	a For retired participants and beneficiaries receiving payment	3a 475 26,552,092
	b For terminated vested participants	3b 478 12,553,994
	c For active participants:	
	(1) Non-vested benefits	3c(1) 781,812
	(2) Vested benefits	3c(2) 21,743,622
	(3) Total active	3c(3) 515 22,525,434
	d Total	3d 1,468 61,631,520
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 6.35 %
6	Target normal cost	6 345,000

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 Jeffry P. Blaszkowski FSA, EA, MAAA Type or print name of actuary Mercer Firm name One Towne Square Suite 1100 Southfield MI 48076 Address of the firm	<u>10-9-2014</u> Date 14-06646 Most recent enrollment number (248) 945-5500 Telephone number (including area code)
----------------------	--	--

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

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

Schedule SB (Form 5500) 2013
v. 130118

Part II Beginning of Year Carryover and Prefunding Balances		(a) Carryover balance	(b) Prefunding balance
7	Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8	Portion elected for use to offset prior year's funding requirement (line 35 from prior year)		
9	Amount remaining (line 7 minus line 8)	0	0
10	Interest on line 9 using prior year's actual return of <u>8.51</u> %		
11	Prior year's excess contributions to be added to prefunding balance:		
	a Present value of excess contributions (line 38a from prior year)		1,385,485
	b Interest on (a) using prior year's effective interest rate of <u>7.06</u> % except as otherwise provided (see instructions)		97,815
	c Total available at beginning of current plan year to add to prefunding balance		1,483,300
	d Portion of (c) to be added to prefunding balance		0
12	Other reductions in balances due to elections or deemed elections		
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	91.50 %
15	Adjusted funding target attainment percentage	15	91.50 %
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	97.44 %
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
04/11/2013	600,000				
07/11/2013	600,000				
10/11/2013	600,000				
01/13/2014	600,000				
Totals ▶			18(b)	2,400,000	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:			
a	Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b	Contributions made to avoid restrictions adjusted to valuation date	19b	0
c	Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2,306,009
20 Quarterly contributions and liquidity shortfalls:			
a Did the plan have a "funding shortfall" for the prior year?		☒ Yes ☐ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?		☒ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:			

Liquidity shortfall as of end of quarter of this plan year			
(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:			
a Segment rates:	1st segment: 4.94 %	2nd segment: 6.15 %	3rd segment: 6.76 %
			☐ N/A, full yield curve used
b Applicable month (enter code).....			21b 0
22 Weighted average retirement age			22 62
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	
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	345,000	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:		Outstanding Balance	Installment
a Net shortfall amortization installment.....		5,234,730	1,343,638
b Waiver amortization installment			0
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount		33	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..		34	1,688,638
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....			0
36 Additional cash requirement (line 34 minus line 35).....	36	1,688,638	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	2,306,009	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	617,371	
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, Part V — Summary of Plan Provisions

Effective date and plan year	Original plan: January 1, 1973 Restated plan: January 1, 2009 Plan year: Calendar year																
Status of the plan	The plan is frozen as of September 30, 2009, so that no future benefits will accrue under the plan.																
Significant events that occurred during the year	None																
Definitions																	
• Covered employees	All Employees of Mercy Memorial Hospital Corporation except for Pool, Standby, Temporary or Contract Employees.																
• Participation	An Employee becomes a Member of the plan on the anniversary of the date of employment provided that he or she has attained age 21 and has completed 1,000 hours of service during the first 12 months of employment. Otherwise, the Employee becomes a Member upon completion of 1,000 hours of service in a plan year. Employees hired on or after July 1, 2005 are not eligible to participate in the plan.																
• Eligibility service	A Member receives one year for each plan year in which he or she is credited with at least 1,000 hours.																
• Credited service	Credited Service is determined as follows: • Prior to January 1, 1976 — Credited Service before January 1, 1976 is determined on the basis of full-time service with the Hospital (at least 60 hours in any 2-week pay period) and is computed monthly (to the nearest 1/12 year). It does not include service earned before reaching age 21 and completing one year of full-time service. • After January 1, 1976 — Credited Service after January 1, 1976 (and after becoming a Member of the Plan) is earned on the basis of hours of service during each plan year in accordance with the following schedule. <table> <tr> <th><u>Hours of Service</u></th><th><u>Credited Service</u></th></tr> <tr> <td>At least 1,000 but less than 1,050</td><td>6/12</td></tr> <tr> <td>At least 1,050 but less than 1,200</td><td>7/12</td></tr> <tr> <td>At least 1,200 but less than 1,350</td><td>8/12</td></tr> <tr> <td>At least 1,350 but less than 1,500</td><td>9/12</td></tr> <tr> <td>At least 1,500 but less than 1,650</td><td>10/12</td></tr> <tr> <td>At least 1,650 but less than 1,800</td><td>11/12</td></tr> <tr> <td>1,800 or more</td><td>1 year</td></tr> </table> If a Member has less than 1,000 Hours of Service in the plan year of his retirement, termination or death, the Member will receive Credited Service in accordance with the following schedule:	<u>Hours of Service</u>	<u>Credited Service</u>	At least 1,000 but less than 1,050	6/12	At least 1,050 but less than 1,200	7/12	At least 1,200 but less than 1,350	8/12	At least 1,350 but less than 1,500	9/12	At least 1,500 but less than 1,650	10/12	At least 1,650 but less than 1,800	11/12	1,800 or more	1 year
<u>Hours of Service</u>	<u>Credited Service</u>																
At least 1,000 but less than 1,050	6/12																
At least 1,050 but less than 1,200	7/12																
At least 1,200 but less than 1,350	8/12																
At least 1,350 but less than 1,500	9/12																
At least 1,500 but less than 1,650	10/12																
At least 1,650 but less than 1,800	11/12																
1,800 or more	1 year																

Schedule SB, Part V — Summary of Plan Provisions

	<u>Hours of Service</u>	<u>Credited Service</u>
	Less than 150	0/12
	At least 150 but less than 300	1/12
	At least 300 but less than 450	2/12
	At least 450 but less than 600	3/12
	At least 600 but less than 750	4/12
	At least 750 but less than 900	5/12
	At least 900 but less than 1,000	6/12
• Monthly earnings	The January 1 hourly rate of pay multiplied by 173, exclusive of overtime, call time, differential time, incentive compensation and bonuses.	
• Final average monthly earnings	The sum of the Member's Monthly Earnings for the five consecutive January 1 dates preceding retirement or termination during which the Member received the greatest amount of compensation, divided by five.	
• Covered Compensation	Covered Compensation is an average of the Social Security wage bases for the 35 years through the year in which an individual attains Social Security retirement age. If a Member terminates, retires or dies prior to Social Security Retirement Age, the wage base is assumed to remain level for all future years.	
• Accrued benefit	1.05% of Final Average Monthly Earnings times years of Credited Service plus 0.65% of Final Average Monthly Earnings in excess of Covered Compensation times years of Credited Service up to 35. Accrued benefits are frozen at December 31, 2005 for any Members electing future accruals in the 403(b) plan. Accrued benefits are frozen at September 30, 2009 for all members who did not elect future accruals in the 403(b) plan	
Normal retirement		
• Eligibility	Age 65.	
• Benefit	The accrued benefit, based on service and compensation to date.	

Schedule SB, Part V — Summary of Plan Provisions

Early retirement				
• Eligibility	Age 55 and five years of Eligibility Service.			
• Benefit	Accrued retirement benefit as of early retirement date reduced for commencement prior to age 65 to reflect the increased payout period. Benefit is reduced according to the factors provided in the plan.			
	<u>Age</u>	<u>Factor</u>	<u>Age</u>	<u>Factor</u>
	55	.4862	61	.7308
	56	.5292	62	.7692
	57	.5769	63	.8462
	58	.6154	64	.9231
	59	.6538	65	1.000
	60	.6923		
Deferred vested				
• Eligibility	Completion of five years of Eligibility Service.			
• Benefit	Normal Retirement Benefit based on service and compensation at termination. Benefit is payable at age 65. A reduced benefit may begin as early as age 55.			
Disability				
• Eligibility	A Member age 50 determined to be permanently and totally disabled who has 10 or more years of Eligibility Service.			
• Benefit	Benefit is the accrued benefit at the time of disability payable the first day of the month when eligible for disability benefits under the Federal Social Security Act.			

Schedule SB, Part V — Summary of Plan Provisions

Pre-retirement death	
• Eligibility	All Members eligible for a Vested Retirement Benefit (whether or not actively employed) who are married at date of death automatically receive coverage under this option, unless rejected by the Member and the Member's spouse.
• Benefit	In the event of a vested Member's death prior to benefit commencement, a 50% survivor annuity will be paid to the Member's spouse. Benefits to the spouse are payable on the first day of the month following the Member's death, or if later, the first day of the month following the Member's 55th birthday. The benefit payable is the Member's accrued benefit at date of death, reduced actuarially for survivor annuity and reduced for early commencement (if applicable) by the early retirement factors provided in the plan. Cost of this protection is fully subsidized by the plan sponsor.
Form of benefits	
• Normal form for unmarried participants	Single life annuity
• Normal form for married participants	50% joint and survivor annuity
• Optional forms	Single life annuity, life annuity with 120-month certain period, 50% joint and survivor annuity, 75% joint and survivor annuity, 100% joint and survivor annuity
• Optional form conversion factors	UP-1984 mortality and 6% interest
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a) (17) for the calendar year in which the 12-month period begins. The limit was \$245,000 as of the plan accrual freeze on September 30, 2009.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. The limit was \$195,000 as of the plan accrual freeze on September 30, 2009.

Schedule SB, Part V — Summary of Plan Provisions***Benefits Included or Excluded***

Unless noted below, all benefits provided by the plan, as restated effective January 1, 2009, are included in this valuation.

- **Plan amendments excluded:** None.
- **Late retirement increases:**
 - *Active participants:* Mercy Memorial Hospital Corporation has been informed that the Plan should provide benefit suspension notices to participants who work beyond normal retirement; therefore, late retirement actuarial increases only apply to participants who defer retirement beyond age 70½. This valuation includes increases for current participants over age 70.
 - *Deferred vested participants:* Current deferred vested participants over normal retirement age are valued including the late retirement actuarial increase.
- **Internal Revenue Code limitations:** The limitations of Internal Revenue Code Section 415(b) and 401(a)(17) have been incorporated into our calculations.
- **IRC Section 416 rules for top-heavy plans:** We did not test whether this plan is top-heavy (when the present value of benefits for key employees equals or exceeds 60% of the present value for all participants). However, we expect that the plan is not top-heavy due to the large number of rank-and-file participants; therefore, the funding target and target normal cost do not reflect any liability for top-heavy benefit accruals.
- **IRC Section 436 benefit restrictions:**
 - *Unpredictable contingent event benefits:* This valuation excludes restricted contingent event benefits that occurred before the valuation date but includes contingent event benefits which are expected to occur on or after the valuation date regardless of anticipated funding-based limitations.
 - *Plan amendments:* None.
 - *Prohibited payments:* Limitations on prohibited benefits (if any) are reflected for annuity starting dates before the valuation date but are ignored for annuity starting dates on or after the valuation date.
 - *Benefit accruals:* Benefit accruals were frozen as of September 30, 2009 so these restrictions do not apply.
- **Unpredictable contingent event benefits:** The plan does not have any unpredictable contingent event benefits.

Plan Provision Changes Since Prior Valuation

Maximum benefit amounts under IRS rules were updated from 2012 to 2013.

RETIREMENT PLAN FOR EMPLOYEES OF
MERCY MEMORIAL HOSPITAL CORPORATION

EIN #38-1984289
Plan: #001

FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2013 (UNAUDITED)

(a)(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Money market fund — JPMorgan * Prime Money Mkt Fund		\$ 1,853,916	\$ 1,853,916
Debt securities:			
CATHOLIC HEALTH INIT	1.60% due 11/1/2017	\$	\$ 29,991
DALLAS CNTY TEX HOSP	4.45% due 8/15/2019		34,654
FEDERAL FRAM CREDIT BANK	1.59% due 9/19/2019		48,795
FEDERAL FRAM CREDIT BANK	2.00% due 1/10/2022		149,250
FEDERAL HOME LOAN BANK	1.35% due 3/12/2019		49,875
FEDERAL HOME LOAN BANK	1.40% due 6/12/2018		50,000
FEDERAL HOME LOAN BANK	2.00% due 10/29/2027		199,200
FEDERAL HOME LOAN BANK	2.15% due 11/1/2022		46,175
FEDERAL HOME LOAN BANK	2.24% due 8/22/2022		250,000
FEDERAL HOME LOAN MTG CORP	1.00% due 6/29/2017		160,625
FEDERAL HOME LOAN MTG CORP	1.00% due 7/30/2014		200,443
FEDERAL HOME LOAN MTG CORP	2.38% due 1/13/2022		65,859
FEDERAL HOME LOAN MTG CORP	3.75% due 3/27/2019		153,954
FEDERAL HOME LOAN MTG CORP	2.38% due 1/13/2022		47,957
FEDERAL HOME LOAN MTG CORP MTN	1.28% due 9/21/2018		49,950
FEDERAL HOME LOAN MTG CORP POOL #G12454 5.	50002% due 11/1/2021		44,068
FEDERAL HOME LOAN MTG CORP POOL #G12710F	5.50% due 7/1/2022		34,060
FEDERAL HOME LOAN MTG CORP POOL #G13997F	4.00% due 12/1/2025		44,720
FEDERAL HOME LOAN MTG CORP POOL #G18434F	3.00% due 5/1/2027		68,657
FEDERAL HOME LOAN MTG CORP POOL #N31395F	4.50% due 5/1/1937		77,401
FEDERAL HOME LOAN MTG CORP POOL #N31448F	5.50% due 10/1/1937		60,622
FEDERAL HOME LOAN MTG CORP POOL #P50531 6.	50001% due 1/1/1937		65,435
FEDERAL HOME LOAN MTG CORPMTN	2.00% due 12/18/2020		149,550
FEDERAL NATL MTG ASSN	0.75% due 12/19/2014		151,110
FEDERAL NATL MTG ASSN	0.88% due 2/8/2018		102,632
FEDERAL NATL MTG ASSN	1.00% due 9/20/2017		100,235
FEDERAL NATL MTG ASSN	1.63% due 10/26/2015		217,025
FEDERAL NATL MTG ASSN	4.13% due 4/15/2014		54,942
FEDERAL NATL MTG ASSN	4.38% due 10/15/2015		220,186
FEDERAL NATL MTG ASSN	5.25% due 9/15/2016		257,689
FEDERAL NATL MTG ASSN	1.50% due 5/25/2018		147,600
FEDERAL NATL MTG ASSN	1.65% due 5/20/2020		199,800
FEDERAL NATL MTG ASSN MTN	2.00% due 7/30/2027		233,750
FEDERAL NATL MTG ASSN MTN	2.00% due 11/14/2022		248,500
FEDERAL NATL MTG ASSN POOL #254803A	5.00% due 7/1/2018		52,874
FEDERAL NATL MTG ASSN POOL #255408A	5.50% due 9/1/2024		64,820
FEDERAL NATL MTG ASSN POOL #725352A	4.50% due 4/1/2019		37,779
FEDERAL NATL MTG ASSN POOL #899303A	5.50% due 3/1/1937		140,339
FEDERAL NATL MTG ASSN POOL #928692A	5.50% due 8/1/1937		95,555
FEDERAL NATL MTG ASSN POOL #945117A	6.00% due 8/1/1937		95,810
FEDERAL NATL MTG ASSN POOL #946821A	6.00% due 9/1/1937		80,466
FEDERAL NATL MTG ASSN POOL #AJ9355A	3.00% due 1/1/2027		67,958
FEDERAL NATL MTG ASSN POOL #AO3775A	3.75% due 4/1/1942		48,580
FEDERAL NATL MTG ASSN POOL #MA0127A	5.50% due 6/1/1939		88,312
FEDERAL NATL MTG ASSN POOL #MA0928A 3.	49999% due 12/1/1941		138,590
FEDERAL NATL MTG ASSN POOL #MA1660A	3.00% due 10/1/2023		143,443
FEDERAL NATL MTG ASSN POOL #725445A 4.	49999% due 5/1/2019		26,687
GOV'T NATIONAL MTG ASSN POOL #004335C 4.	99999% due 1/20/1939		60,826
GOV'T NATIONAL MTG ASSN POOL #004391M	5.00% due 3/20/1939		200,615
GOV'T NATIONAL MTG ASSN POOL #004462M	5.00% due 6/20/1939		79,522
GOV'T NATIONAL MTG ASSN POOL #004554M	5.00% due 10/20/1939		55,642
GOV'T NATIONAL MTG ASSN POOL #005302M	3.50% due 2/20/1942		320,482
GOV'T NATIONAL MTG ASSN POOL #701705C	5.00% due 2/20/1939		197,696
GOV'T NATIONAL MTG ASSN POOL #752842X	3.95% due 7/15/2025		247,944
GOV'T NATIONAL MTG ASSN POOL #AD0027C	3.75% due 7/20/1933		282,234
LOUISIANA LOC GOVT	1.52% due 2/1/2018		42,101
MICHIGAN ST	2.65% due 4/15/2015		64,927
MISSOURI ST HEALTH	2.97% due 11/15/2018		70,000
NEW YORK ST DORM AUT	1.55% due 2/15/2018		75,000
NORTH CAROLINA TPK	5.00% due 1/1/2019		47,810
OHIO ST MAJOR NEW ST	4.27% due 6/15/2019		66,773
PFLUGERVILLE TEX IND	5.00% due 2/15/2017		69,752
U.S. TREASURY INFLATION INDEX	1.25% due 7/15/2020		21,608
U.S. TREASURY NOTE	0.25% due 1/31/2015		220,000
U.S. TREASURY NOTE	0.38% due 1/15/2016		434,915
U.S. TREASURY NOTE	0.88% due 12/31/2016		633,150
U.S. TREASURY NOTE	1.00% due 3/31/2017		114,718
U.S. TREASURY NOTE	1.25% due 1/31/2019		245,461
U.S. TREASURY NOTE	1.25% due 8/31/2015		138,299
U.S. TREASURY NOTE	1.25% due 10/31/2015		753,945
U.S. TREASURY NOTE	1.50% due 8/31/2018		918,170
U.S. TREASURY NOTE	2.25% due 1/31/2015		388,894
U.S. TREASURY NOTE	2.38% due 8/31/2014	1,001,039	979,214
U.S. TREASURY NOTE	3.00% due 9/30/2016		940,196
U.S. TREASURY NOTE	1.00% due 6/30/2019		172,961
U.S. TREASURY NOTE	1.38% due 11/30/2015		199,241
U.S. TREASURY NOTE	1.75% due 5/15/2022		173,323
U.S. TREASURY NOTE	1.75% due 7/31/2015		148,818
U.S. TREASURY NOTE	2.00% due 2/15/2023		272,799
U.S. TREASURY NOTE	2.63% due 11/15/2023		74,242
U.S. TREASURY NOTE	3.13% due 5/15/2021		90,306
U.S. TREASURY NOTE	3.50% due 5/15/2020		169,078
U.S. TREASURY NOTE	3.63% due 2/15/2020		94,778
U.S. TREASURY NOTE	4.00% due 8/15/2018		193,073
U.S. TREASURY NOTE	4.25% due 8/15/2014		22,093
U.S. TREASURY NOTE	4.50% due 5/15/2017		195,755
UTAH ST	3.29% due 7/1/2020		49,284
VIRGINIA COLLEGE BLD	4.50% due 2/1/2019		99,552
Total debt securities		14,742,945	14,466,600

*Denotes party-in-interest

(Continued)

FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2013 (UNAUDITED)

(a)(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Corporate bonds and notes:			
3M CO	1.38% due 9/29/2016	\$ 91,216	\$ 91,339
ADVANCE AUTO PTS INC	5.75% due 5/1/2020	27,985	27,167
ADVANCED MICRO DEVIC	6.00% due 5/1/2015	166,570	167,200
AETNA INC NEW	1.50% due 11/15/2017	35,236	34,485
AIRGAS INC	1.65% due 2/15/2018	104,690	102,389
ALERE INC	3.00% due 5/15/2016	136,612	142,716
ALERE INC	3.00% due 5/15/2016	85,298	95,519
AMERICAN CAMPUS CMNT	3.75% due 4/15/2023	30,026	27,840
AMERICAN EXPRESS CO	6.15% due 8/28/2017	42,015	40,379
AMERICAN RLTY CAP PP	3.00% due 8/1/2018	129,025	129,919
AMGEN INC	3.88% due 11/15/2021	30,703	30,816
AMPHENOL CORP NEW	4.00% due 2/1/2022	25,006	24,069
AMPHENOL CORP NEW	4.75% due 11/15/2014	101,239	98,163
ANHEUSER BUSCH INBEV	1.38% due 7/15/2017	99,824	99,790
APPLE INC	2.40% due 5/3/2023	39,947	35,968
APPLE INC	2.40% due 5/3/2023	58,634	53,953
ARES CAP CORP	5.75% due 2/1/2016	117,131	117,380
ARES CAP CORP	4.88% due 3/15/2017	158,064	157,782
ARVINMERITOR INC	4.00% due 2/15/2027	193,830	197,117
ASSURANT INC	2.50% due 3/15/2018	19,964	19,541
ASTRAZENECA PLC	1.95% due 9/18/2019	122,475	121,453
AT&T INC	4.45% due 5/15/2021	66,412	63,170
AT&T INC	2.50% due 8/15/2015	98,321	97,537
AUTODESK INC	1.95% due 12/15/2017	29,916	29,677
AVERY DENNISON CORP	3.35% due 4/15/2023	151,395	136,745
BANK AMER CORP	3.30% due 1/11/2023	19,877	18,925
BANK AMER CORP	5.63% due 7/1/2020	69,286	68,563
BANK NEW YORK MTN	3.55% due 9/23/2021	46,552	46,041
BANK NOVA SCOTIA B C	3.00% due 11/16/2026	100,000	96,447
BARD C R INC	1.38% due 1/15/2018	70,095	67,530
BAXTER INTL INC	2.40% due 8/15/2022	29,831	27,195
BAXTER INTL INC	0.95% due 6/1/2016	24,997	24,997
BAXTER INTL INC	2.40% due 8/15/2022	41,343	40,792
BB&T CORP SR MTN	2.15% due 3/22/2017	39,694	40,442
BB&T CORP SR MTN	6.85% due 4/30/2019	17,437	18,038
BEAM INC	3.25% due 5/15/2022	100,500	95,839
BERKSHIRE HATHAWAY	3.75% due 8/15/2021	80,550	77,327
BERKSHIRE HATHAWAY	3.75% due 8/15/2021	63,347	61,862
BGC PARTNERS INC	4.50% due 7/15/2016	108,132	120,640
BGC PARTNERS INC	4.50% due 7/15/2016	103,875	104,000
BHP BILLITON FIN USA	1.13% due 11/21/2014	100,167	100,720
BIOMARIN PHARMACEUTI	0.75% due 10/15/2018	16,000	16,950
BIOMARIN PHARMACEUTI	1.50% due 10/15/2020	16,000	17,110
BLACKSTONE MTG TR IN	5.25% due 12/1/2018	119,000	125,248
BLUCORA INC	4.25% due 4/1/2019	67,107	88,613
BMW VEH 13-1-A3	0.54% due 9/21/2015	49,992	50,016
BOARDWALK PIPELINES	3.38% due 2/1/2023	29,954	26,974
BORGWARNER INC	4.63% due 9/15/2020	35,029	36,998
BROADSOFT INC	1.50% due 7/1/2018	120,463	115,575
BUNGE LTD FIN CORP	4.10% due 3/15/2016	66,786	68,636
BURLINGTON NORTHN SA	3.45% due 9/15/2021	106,500	98,758
BURLINGTON NORTHN SA	3.05% due 9/1/2022	28,169	28,128
CANADIAN PAC RY CO	7.25% due 5/15/2019	66,071	66,607
CAPITAL ONE FINL COR	6.15% due 9/1/2016	40,028	39,147
CARNIVAL CORP	1.88% due 12/15/2017	100,454	99,353
CAROLINA PWR & LT CO	2.80% due 5/15/2022	85,047	80,978
CATERPILLAR FINL MTN	2.05% due 8/1/2016	103,612	102,654
CATERPILLAR INC	3.90% due 5/27/2021	36,173	36,355
CBS CORP NEW	3.38% due 3/1/2022	91,821	85,897
CENTERPOINT 05-A-A4	5.17% due 8/1/2019	105,828	103,281
CHESAPEAKE ENERGY CO	2.25% due 12/15/1938	48,360	48,490
CHESAPEAKE ENERGY CO	2.50% due 5/15/1937	109,837	123,830
CHEVRON CORP	4.95% due 3/3/2019	106,530	102,088
CHEVRON CORP NEW	1.10% due 12/5/2017	35,000	34,230
CINTAS CORP NO 2	2.85% due 6/1/2016	24,980	25,788
CISCO SYS INC	4.45% due 1/15/2020	34,529	32,720
CITIBANK 03-A7	4.15% due 7/7/2017	79,879	79,039
CITIGROUP INC	4.88% due 5/7/2015	53,108	52,454
CNH EQUIP TR 13-A-A3	0.69% due 8/15/2016	40,016	39,993
COCA COLA CO	1.15% due 4/1/2018	100,071	97,146
COCA COLA CO 0	0.34% due 11/1/2016	35,043	35,029
CONAGRA FOODS INC	7.00% due 4/15/2019	37,645	35,553
CONAGRA FOODS INC	1.35% due 9/10/2015	90,476	90,625
CONNECTICUT LT & PWR	2.50% due 1/15/2023	19,870	18,279
CONOCOPHILLIPS	6.00% due 1/15/2020	29,866	29,328
CONOCOPHILLIPS CO	1.05% due 12/15/2017	101,381	102,458
CONTINENTAL 10-1-A	4.75% due 1/12/2021	44,763	47,392
CONTINENTAL RES INC	5.00% due 9/15/2022	31,313	31,163
CORNING INC	4.25% due 8/15/2020	38,439	37,291
CSX CORP	4.10% due 3/15/1944	101,650	84,740
CUMMINS INC	3.65% due 10/1/2023	39,922	39,463
CVS CAREMARK CORP	2.25% due 12/5/2018	31,361	29,991
DANAHER CORP	5.63% due 1/15/2018	97,170	96,896
DARDEN RESTAURANTS	3.35% due 11/1/2022	30,056	25,809
DEERE JOHN CAP CORP 0	0.37% due 6/15/2015	40,038	40,012
DEERE JOHN CAP MTN	1.20% due 10/10/2017	126,600	121,893

(Continued)

FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2013 (UNAUDITED)

(a)(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
DELTA AIR LINES INC	4.95% due 11/23/2019	\$ 45,440	\$ 45,885
DENDREON CORP	2.88% due 1/15/2016	73,636	50,900
DEVON ENERGY CORP 0.	69435% due 12/15/2015	25,000	25,019
DIGITAL RLTY TR LP	5.88% due 2/1/2020	40,967	37,235
DIRECTV HLDGS LLC	4.60% due 2/15/2021	50,031	51,635
DISCOVERY COMMUNICAT	4.38% due 6/15/2021	40,661	41,333
DISNEY WALT CO MTN	2.55% due 2/15/2022	104,600	93,095
DISNEY WALT CO MTN	5.88% due 12/15/2017	49,145	46,493
DISNEY WALT CO MTN	5.63% due 9/15/2016	79,715	78,593
DOMINION RES INC VA	4.45% due 3/15/2021	46,282	42,405
DOW CHEM CO	4.13% due 11/15/2021	32,797	30,989
DOW CHEM CO	3.00% due 11/15/2022	107,120	102,590
DU PONT E I DE NEMOU	3.25% due 1/15/2015	94,644	92,582
DUKE ENERGY CORP NEW	3.55% due 9/15/2021	35,286	35,009
EBAY INC	2.60% due 7/15/2022	39,273	36,789
ECOLAB INC	3.00% due 12/8/2016	100,741	99,532
EMC CORP	2.65% due 6/1/2020	29,753	29,381
EMERSON ELEC CO	4.88% due 10/15/2019	81,726	83,907
ENCORE CAP GROUP INC	3.00% due 7/1/2020	118,200	150,826
ENERGIZER HLDGS INC	4.70% due 5/24/2022	81,000	74,864
ENERGY XXI BERMUDA	3.00% due 12/15/2018	135,000	132,891
EQT CORP	8.13% due 6/1/2019	35,899	36,395
EQUINIX INC	4.75% due 6/15/2016	97,423	91,718
EXELON GENERATION CO	4.00% due 10/1/2020	50,988	54,979
EXTRA SPACE STORAGE	2.38% due 7/1/1933	96,188	100,188
FEDEX CORP	8.00% due 1/15/2019	100,326	99,419
FIFTH THIRD BANCORP	4.30% due 1/16/2024	34,858	34,280
FLORIDA PWR & LT CO	5.55% due 11/1/2017	46,274	45,577
FORESTAR GROUP INC	3.75% due 3/1/2020	82,434	79,523
FREEMPORT-MCMORAN COP	3.55% due 3/1/2022	29,963	28,512
GE CAP CORP	5.30% due 2/11/2021	28,995	27,966
GE CAP CORP MTN	3.15% due 9/7/2022	155,100	145,158
GE CAP CORP MTN	5.50% due 1/8/2020	21,792	22,903
GE ELEC CO	0.85% due 10/9/2015	100,158	100,467
GENERAL CABLE CORP	4.50% due 11/15/2029	136,517	122,979
GENERAL DYNAMICS COR	2.25% due 11/15/2022	148,964	134,681
GEORGIA PWR CO	5.40% due 6/1/2018	22,466	22,554
GILEAD SCIENCES INC	1.63% due 5/1/2016	93,843	234,167
GLAXOSMITHKLINE CAP	2.85% due 5/8/2022	126,171	117,894
GLAXOSMITHKLINE CAP	1.50% due 5/8/2017	100,119	100,045
GOOGLE INC	3.63% due 5/19/2021	50,189	46,922
GREEN PLAINS RENEWAB	3.25% due 10/1/2018	122,700	139,726
GREENBRIER COS INC	3.50% due 4/1/2018	135,170	153,725
HASBRO INC	6.30% due 9/15/2017	33,355	33,815
HEADWATERS INC	2.50% due 2/1/2014	130,397	136,965
HEALTH CARE REIT INC	4.95% due 1/15/2021	29,658	31,721
HELIX ENERGY Solutio	3.25% due 3/15/1932	137,772	154,398
HERCULES TECHNOLOGY	6.00% due 4/15/2016	69,600	83,400
HESS CORP	8.13% due 2/15/2019	95,562	93,158
HEWLETT PACKARD CO	4.38% due 9/15/2021	50,713	50,912
HEWLETT PACKARD CO	4.65% due 12/9/2021	102,739	102,968
HOLOGIC INC	2.00% due 3/1/1942	79,265	81,700
HOME DEPOT INC	4.40% due 4/1/2021	29,131	26,999
HONDA AUTO 13-3-A3	0.77% due 5/15/2017	14,998	15,051
HORSEHEAD HLDG CORP	3.80% due 7/1/2017	52,858	63,469
HSBC USA INC MTN	3.00% due 5/15/2023	122,813	118,574
HYUNDAI AUTO 13-B-A3	0.71% 5 due /16/16	34,993	35,034
IAS OPER PARTNERSHIP	5.00% due 3/15/2018	157,176	148,221
ILLINOIS TOOL WKS IN	6.25% due 4/1/2019	92,005	89,447
INTEGRA LIFESCIENCES	1.63% due 12/15/2016	155,820	170,726
INTEL CORP	3.25% due 8/1/1939	169,252	188,954
INTEL CORP	2.70% due 12/15/2022	74,888	69,136
INTEL CORP	3.30% due 10/1/2021	31,712	29,805
INTERNATIONAL PAPER	7.50% due 8/15/2021	24,044	24,518
INVENSENSE INC	1.75% due 11/1/2018	139,878	151,532
JARDEN CORP	1.50% due 6/15/2019	110,000	133,719
JDS UNIPHASE CORP	0.63% due 8/15/1933	133,310	135,338
JEFFERIES GROUP INC	3.88% due 11/1/2029	156,902	164,010
JOHN DEERE 12-B-A3	0.53% due 9/15/2015	120,031	120,025
JOHNSON & JOHNSON	5.55% due 8/15/2017	59,505	57,072
JOHNSON & JOHNSON 0.	37617% due 5/15/2014	45,190	45,007
JOHNSON CTLS INC	2.60% due 12/1/2016	25,866	25,850
JOHNSON CTLS INC	5.00% due 3/30/2020	11,098	10,924
JPMORGAN CHASE & CO	3.25% due 9/23/2022	130,661	119,790
JPMORGAN CHASE & CO	3.38% due 5/1/2023	9,946	9,320
JPMORGAN CHASE & CO	4.63% due 5/10/2021	22,524	21,560
JPMORGAN CHASE & CO	6.13% due 6/27/2017	38,564	39,754
KELLOGG CO	3.13% due 5/17/2022	104,800	94,811
KELLOGG CO	4.15% due 11/15/2019	49,183	48,173
KINDER MORGAN ENERGY	4.15% due 3/1/2022	16,082	14,891
KINDER MORGAN ENERGY	5.80% due 3/1/2021	18,009	16,660
KLA TENCOR CORP	6.90% due 5/1/2018	30,045	29,254
KRAFT FOODS GROUP IN	6.13% due 8/23/2018	103,649	99,078
KRAFT FOODS INC	5.38% due 2/10/2020	36,086	33,882
KROGER CO	3.85% due 8/1/2023	73,823	73,842
L-3 COMMUNICATIONS	3.00% due 8/1/1935	127,563	154,161
LEAP WIRELESS INTL	4.50% due 7/15/2014	156,663	162,200
LIFE TECHNOLOGIES CO	5.00% due 1/15/2021	28,000	27,067

(Continued)

FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2013 (UNAUDITED)

(a)(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Corporate bonds and notes:			
LINEAR TECHNOLOGY CO	3.00% due 5/1/2027	\$ 74,472	\$ 78,660
LIVE NATION ENTMT IN	2.88% due 7/15/2027	169,088	183,715
LOCKHEED MARTIN CORP	3.35% due 9/15/2021	30,163	29,766
M/I HOMES INC	3.00% due 3/1/2018	167,435	177,200
MARATHON OIL CORP	5.90% due 3/15/2018	82,205	79,652
MCDONALDS CORP MTN	5.80% due 10/15/2017	99,058	97,998
MEDTRONIC INC	1.38% due 4/1/2018	24,963	24,541
MERCK & CO INC NEW	3.88% due 1/15/2021	28,333	26,368
METLIFE INC	4.37% due 9/15/2023	15,075	15,313
MGM RESORTS INTL	4.25% due 4/15/2015	98,355	141,625
MICROSOFT CORP	4.00% due 2/8/2021	34,440	31,677
MICROSOFT CORP	0.88% due 11/15/2017	79,842	78,763
MOLSON COORS BREWING	3.50% due 5/1/2022	72,584	68,727
MORGAN STANLEY	4.75% due 3/22/2017	29,941	32,740
MORGAN STANLEY	4.88% due 11/1/2022	30,856	30,710
MYLAN INC	3.75% due 9/15/2015	89,913	160,655
MYLAN INC	4.20% due 11/29/2023	29,884	29,508
NBCUNIVERSAL MEDIA	5.15% due 4/30/2020	23,261	22,355
NBCUNIVERSAL MEDIA	5.15% due 4/30/2020	104,063	100,598
NEWMONT MNG CORP	3.50% due 3/15/2022	24,788	21,280
NEWS AMER INC	3.00% due 9/15/2022	27,311	28,202
NEXTERA ENERGY CAP	4.50% due 6/1/2021	33,791	30,942
NISSAN AUTO 13-A-A3	0.61% due 9/15/2015	30,000	29,993
NORFOLK SOUTHN CORP	7.70% due 5/15/2017	43,003	41,543
NORTHERN TR CORP	3.45% due 11/4/2020	78,944	77,137
NORTHERN TR CORP	2.38% due 8/2/2022	27,284	27,716
NORTHGATE MINERALS	3.50% due 10/1/2016	139,736	134,050
NUANCE COMMUNICATION	2.75% due 11/1/1931	165,404	151,416
NUANCE COMMUNICATION	2.75% due 11/1/1931	92,934	87,919
NUVASIVE INC	2.75% due 7/1/2017	209,885	235,039
OCCIDENTAL PETE CORP	1.50% due 2/15/2018	100,350	97,737
ORACLE CORP	2.38% due 1/15/2019	35,166	35,313
PACIFICORP	3.85% due 6/15/2021	33,303	31,070
PACKAGING CORP AMER	4.50% due 11/1/2023	30,263	30,078
PEABODY ENERGY CORP	4.75% due 12/15/1941	76,024	50,600
PENNYMAC CORP	5.38% due 5/1/2020	140,984	135,184
PEPSICO INC	3.00% due 8/25/2021	102,120	98,612
PEPSICO INC	3.13% due 11/1/2020	43,051	40,046
PEPSICO INC	5.00% due 6/1/2018	95,315	95,346
PHOTRONICS INC	3.25% due 4/1/2016	128,700	137,850
PNC BK N A MTN	2.70% due 11/1/2022	101,160	90,647
PORTFOLIO RECOVERY	3.00% due 8/1/2020	120,000	131,476
PORTLAND GEN ELEC CO	6.10% due 4/15/2019	63,944	64,871
PPL CAP FDG INC	3.50% due 12/1/2022	35,743	33,054
PRECISION CASTPARTS	1.25% due 1/15/2018	85,377	82,748
PROCTER & GAMBLE CO	4.85% due 12/15/2015	91,304	86,526
PROCTER & GAMBLE CO	1.45% due 8/15/2016	102,773	101,459
PROLOGIS LP	4.25% due 8/15/2023	24,964	24,697
PROLOGIS LP	6.88% due 3/15/2020	36,735	35,334
PROSPECT CAP CORP	5.38% due 10/15/2017	146,475	146,758
QUAKER OATS CO MTN	9.34% due 12/13/2019	137,500	124,966
QUEST DIAGNOSTICS IN	1.52% due 3/24/2014	30,236	30,038
RAYTHEON CO	2.50% due 12/15/2022	198,594	182,200
REALTY INCOME CORP	3.25% due 10/15/2022	24,779	22,879
REALTY INCOME CORP	5.75% due 1/15/2021	11,689	11,059
REDWOOD TR INC	4.63% due 4/15/2018	135,501	134,957
REINSURANCE GROUP AM	6.45% due 11/15/2019	26,616	28,828
REPUBLIC SVCS INC	3.80% due 5/15/2018	101,342	100,617
ROVI CORP	2.63% due 2/15/1940	50,981	45,338
ROYAL BK CDA	1.20% due 9/19/2017	90,219	89,175
ROYAL BK CDA MTN	3.00% due 6/21/2023	100,000	92,284
ROYAL GOLD INC	2.88% due 6/15/2019	85,140	82,668
RPM INTL INC	2.25% due 12/15/2020	37,000	40,955
RTI INTL METALS INC	1.63% due 10/15/2019	60,651	63,038
RYDER SYS INC MTN	3.15% due 3/2/2015	30,806	30,732
RYLAND GROUP INC	0.25% due 6/1/2019	133,091	130,638
SAFEWAY INC	3.95% due 8/15/2020	30,231	29,989
SANDISK CORP	1.50% due 8/15/2017	150,055	196,009
SANDISK CORP	0.50% due 10/15/2020	155,000	153,450
SBA COMMUNICATIONS	4.00% due 10/1/2014	37,538	76,960
SEACOR HLDGS INC	3.00% due 11/15/2028	140,183	138,688
SKYWAY CONCESSION O	0.56% due 6/30/2017	113,281	112,500
SMUCKER J M CO	3.50% due 10/15/2021	77,296	74,463
SOUTHERN CALIF EDISO	3.50% due 10/1/2023	40,096	39,202
SPANSION LLC	2.00% due 9/1/2020	145,000	169,016
STARWOOD PPTY TR INC	4.55% due 3/1/2018	143,981	149,091
STEEL DYNAMICS INC	5.13% due 6/15/2014	60,667	68,259
STONE ENERGY CORP	1.75% due 3/1/2017	113,784	132,450
TAKE TWO INTERACTIVE	1.00% due 7/1/2018	111,305	120,557
TARGET CORP O	41975% due 7/18/2014	29,975	30,030
TIBCO SOFTWARE INC	2.25% due 5/1/1932	169,648	173,325
TICC CAP CORP	7.50% due 11/1/2017	146,825	150,675
TIME WARNER INC NEW	3.40% due 6/15/2022	36,397	34,155
TIME WARNER INC NEW	4.88% due 3/15/2020	100,193	98,647
TITAN MACHY INC	3.75% due 5/1/2019	146,146	127,500
TITAN MACHY INC	3.75% due 5/1/2019	157,876	136,850
TOLEDO EDISON CO	7.25% due 5/1/2020	8,280	8,344
TOYOTA AUTO 13-A-A3	0.55% due 1/17/2017	35,000	34,999
TOYOTA AUTO 13-B-A3	0.89% due 7/17/2017	34,998	35,163
TRINITY INDS INC	3.88% due 6/1/1936	82,343	92,182
TTM TECHNOLOGIES INC	1.75% due 12/15/2020	135,304	144,873

(Continued)

FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2013 (UNAUDITED)

(a)(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Corporate bonds and notes:			
U S BANCORP MTN	2.95% due 7/15/2022	\$ 39,707	\$ 37,165
UBS AG LONDON BRH	due 12/15/2020	125,000	121,188
UNION PAC CORP	2.95% due 1/15/2023	102,250	92,422
UNION PAC CORP	4.00% due 2/1/2021	33,854	31,304
UNION PAC CORP	5.65% due 5/1/2017	52,308	50,576
UNITED PARCEL SVC	5.50% due 1/15/2018	28,283	28,598
UNITED PARCEL SVC IN	1.13% due 10/15/2017	60,303	59,104
UNITEDHEALTH GROUP	1.40% due 10/15/2017	25,077	24,684
VECTOR GROUP LTD	2.50% due 1/15/2019	54,482	58,894
VERISIGN INC	3.25% due 8/15/1937	99,422	144,300
VERIZON COMMUNICATIO	4.60% due 4/1/2021	56,967	52,815
VERIZON COMMUNICATIO	5.15% due 9/15/2023	19,935	21,474
VERIZON COMMUNICATIO	5.50% due 2/15/2018	50,353	50,839
VIACOM INC NEW	3.25% due 3/15/2023	34,417	32,418
VIRGINIA ELEC & PWR	5.40% due 1/15/2016	50,674	48,961
VOLKSWAGEN 13-1-A3	0.56% due 8/21/2017	54,997	54,990
VOLKSWAGEN 13-A-A3	0.84% due 11/20/2015	24,997	25,032
WACHOVIA 06-C28-A3	5.68% due 10/15/1948	53,866	50,286
WAL MART STORES INC	3.63% due 7/8/2020	38,706	36,675
WALTER INVT MGMT COR	4.50% due 11/1/2019	82,390	76,904
WASTE MGMT INC DEL	6.38% due 3/11/2015	87,827	85,202
WELLS FARGO & CO MTN	due 1/24/2020	167,578	178,146
WELLS FARGO & CO MTN	due 6/5/2020	158,000	154,951
WELLS FARGO & CO MTN	due 6/10/2020	158,000	152,770
WELLS FARGO & CO NEW	5.63% due 12/11/2017	36,014	34,386
WESTPAC BKG CORP MTN	3.00% due 6/20/2027	123,750	117,408
WILLIAMS PARTNERS L	4.13% due 11/15/2020	33,642	35,881
WILLIAMS PARTNERS L	5.25% due 3/15/2020	11,128	10,935
WISCONSIN ELEC PWR	6.25% due 12/1/2015	93,391	88,278
XCEL ENERGY INC	4.70% due 5/15/2020	16,311	16,462
XEROX CORP	6.40% due 3/15/2016	40,142	38,685
YUM BRANDS INC	3.75% due 11/1/2021	30,771	29,686
Total corporate bonds and notes		22,103,688	22,403,454

(Continued)

FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2013 (UNAUDITED)

(a)(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Equity securities:			
Common Stock:			
3M CO	900 shares	\$ 67,353	\$ 126,225
AIRGAS INC	1,225 shares	84,997	137,016
AKAMAI TECHNOLOGIES INC	2,990 shares	123,579	141,068
ALLERGAN INC	2,390 shares	177,908	265,481
ALTERA CORP	3,300 shares	71,754	107,286
AMAZON.COM INC	610 shares	109,831	243,262
ANADARKO PETE CORP	1,200 shares	94,437	95,184
APPLE INC	443 shares	59,818	248,532
BERKLEY W R CORP	5,000 shares	121,337	216,950
BERKSHIRE HATHAWAY INC DEL CL B NEW	5,700 shares	463,692	675,792
BORGWARNER INC	1,740 shares	92,594	97,283
CHURCH & DWIGHT INC	1,630 shares	105,703	108,036
COCA-COLA CO	8,600 shares	181,374	355,266
COGNIZANT TECHNOLOGY SOLUTIONS CL A	3,000 shares	198,425	302,940
COMCAST CORP NEW CL A SPL	6,500 shares	109,786	324,220
CONSTELLATION BRANDS INC CL A	3,700 shares	160,136	260,406
COSTCO WHSL CORP NEW	2,850 shares	287,864	339,207
DISH NETWORK CORP CL A	4,300 shares	163,521	249,056
EBAY INC	5,330 shares	209,465	292,430
ECOLAB INC	3,700 shares	131,937	385,799
ECOLAB INC	1,290 shares	44,411	134,508
ENCORE CAP GROUP INC	3,114 shares	92,714	156,510
EQUIFAX INC	2,850 shares	169,951	196,907
FACTSET RESH SYS INC	610 shares	61,235	66,234
FASTENAL CO	3,660 shares	136,361	173,887
FIDELITY NATL INFORMATION SVCS INC	3,600 shares	71,966	193,248
FORTUNE BRANDS HOME & SEC INC	1,595 shares	62,831	72,892
GILEAD SCIENCES INC	4,300 shares	89,927	322,930
GOLDMAN SACHS GROUP INC	1,311 shares	165,028	232,388
GOOGLE INC CL A	340 shares	183,385	381,041
GOOGLE INC CL A	519 shares	284,606	581,648
GREEN MTN COFFEE INC	1,805 shares	73,146	136,350
GUIDEWIRE SOFTWARE INC	636 shares	29,901	31,209
HARLEY DAVIDSON INC	2,665 shares	100,619	184,525
HMS HLDGS CORP	3,130 shares	78,426	71,051
IDEXX LABS INC	1,716 shares	132,876	182,531
INTERCONTINENTALEXCHANGE GROUP INC	975 shares	109,102	219,297
IPG PHOTONICS CORP	1,420 shares	87,298	110,206
JACOBS ENGR GROUP INC	3,432 shares	162,159	216,182
LOEWS CORP	5,700 shares	184,208	274,968
LOWES COS INC	4,880 shares	214,874	241,804
LPL FINL HLDGS INC	3,009 shares	99,858	141,573
MASTERCARD INC CL A	582 shares	255,463	486,238
MEAD JOHNSON NUTRITION CO	2,940 shares	236,395	246,254
MICROSOFT CORP	13,600 shares	372,168	508,776
MONDELEZ INTL INC	8,500 shares	173,150	300,050
MORGAN STANLEY NEW	12,800 shares	184,869	401,408
NEWS CORP NEW CL A	2,675 shares	12,830	48,204
NOBLE ENERGY INC	3,800 shares	170,421	258,818
NOBLE ENERGY INC	1,620 shares	103,896	110,338
NXSTAGE MED INC	6,524 shares	104,373	65,240
ORACLE CORP	18,500 shares	550,336	707,810
PANDORA MEDIA INC	5,875 shares	58,715	156,275
PEPSICO INC	3,600 shares	235,068	298,584
PIONEER NAT RES CO	280 shares	42,081	51,540
PRAXAIR INC	2,600 shares	143,633	338,078
PRECISION CASTPARTS CORP	1,180 shares	210,968	317,774
QUALCOMM INC	3,215 shares	167,200	238,714
REALPAGE INC	3,342 shares	63,665	78,136
RED HAT INC	2,709 shares	137,098	151,812
RPX CORP	658 shares	11,123	11,120
SALLY BEAUTY HLDGS INC	4,440 shares	110,640	134,221
SOLARWINDS INC	2,550 shares	102,169	96,467
STERICYCLE INC	1,420 shares	122,147	164,961
TEAM HEALTH HOLDINGS INC	1,548 shares	61,647	70,511
THERMO FISHER SCIENTIFIC INC	2,300 shares	86,955	256,105
TRANSDIGM GROUP INC	1,235 shares	110,616	198,860
TRIMAS CORP NEW	3,057 shares	62,465	121,944
TWENTY-FIRST CENTY FOX INC CL A	10,000 shares	88,947	351,700
TWITTER INC	1,700 shares	44,200	108,205
UNITEDHEALTH GROUP INC	4,700 shares	258,162	353,910
V F CORP	3,360 shares	139,032	209,462
WAL MART STORES INC	4,700 shares	224,727	369,843
WILLIAMS SONOMA INC	1,800 shares	105,383	104,904
YUM BRANDS INC	1,760 shares	120,556	133,074
Total common stock		10,521,491	16,742,664

(Continued)

FORM 5500, SCHEDULE H, LINE 4i — SCHEDULE OF ASSETS HELD AT END OF YEAR
AS OF DECEMBER 31, 2013 (UNAUDITED)

(a)(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Preferred convertible stock:			
BANK AMER CORP NON CUM CONV PFD L	46 shares	\$ 49,511	\$ 48,806
CROWN CASTLE INTL CONV PFD STK SER A	480 shares	48,000	48,182
DOMINION RES INC VA 6.000% 7/01/16	370 shares	18,130	20,058
DOMINION RES INC VA 6.125%	370 shares	18,130	20,024
GOODYEAR TIRE & RUBR CO PFD CONV	1,950.00 shares	92,931	130,358
HALCON RES PERP PFD CONV SER A %	130 shares	129,688	103,740
HEALTHSOUTH CORP PERP PFD CNV A 6.5%	120 shares	130,568	149,700
HUNTINGTON NON CUM PERP CONV PFD A	86 shares	106,290	109,649
MAIDEN HOLDINGS LTD REF CONV SHS	2,759.00 shares	139,062	125,728
METLIFE INC EQUITY UNIT	4,455.00 shares	133,122	140,511
SANDRIDGE ENERGY INC PERP PFD CONV	1,456.00 shares	169,905	156,738
WEYERHAEUSER CO PREF CONV SER A	911 shares	45,786	51,052
Total preferred convertible stock		1,081,123	1,104,546
Foreign equities:			
ALLEGION PUB LTD CO ORD SHS	546 shares	15,551	24,128
AON PLC CL A	6,300 shares	308,999	528,507
ARCELORMITTAL MANDATORILY CONV SUB	3,575 shares	90,281	92,950
AXA SA SPONS ADR	530 shares	20,786	14,782
BASF SE SPONSORED ADR	1,150 shares	80,165	123,959
BHP BILLITON LTD SPONSORED ADR	2,225 shares	128,952	151,745
BRITISH AMERN TOB PLC SPONSORED ADR	895 shares	64,604	96,141
BROOKFIELD ASSET MGMT INC VTG SHS A	550 shares	22,758	21,357
CANADIAN NAT RES LTD	1,450 shares	50,844	49,068
CANADIAN NATL RY CO	2,960 shares	82,970	168,779
CANADIAN PAC RY LTD	1,320 shares	85,094	199,670
CANADIAN PAC RY LTD	1,200 shares	148,216	181,518
CATAMARAN CORP	3,250 shares	146,793	154,384
CORE LABORATORIES NV	115 shares	6,702	21,959
DIAGEO PLC SPONSORED ADR NEW	725 shares	62,408	96,005
EATON CORP PLC	1,296 shares	69,872	98,652
ENSOC PLC CL A	1,200 shares	69,913	68,616
ENSIGN ENERGY SVCS INC	430 shares	8,859	6,777
FIBRIA CELULOSE S A SPONS ADR REPSTG	228 shares	3,455	2,663
FINNING INTL INC NEW	175 shares	4,766	4,474
GENPACT LTD	12,322 shares	196,987	226,355
INGERSOLL-RAND PLC	1,640 shares	61,085	101,024
INTELSAT MAND CONV JR NON VTG PFD A	2,450 shares	139,605	143,325
LIBERTY GLOBAL PLC CL C	6,188 shares	125,730	521,772
MANULIFE FINL CORP	615 shares	20,543	12,134
NABORS INDS LTD	3,060 shares	104,755	51,989
NESTLE S A SPONSORED ADR REPSTG REG	2,175 shares	97,306	160,055
NESTLE S A SPONSORED ADR REPSTG REG	2,900 shares	98,622	213,411
NOBLE CORP PLC SHS USD	3,150 shares	134,497	118,031
NOVARTIS AG SPONS ADR	770 shares	44,681	61,893
PARTNERRE HLDGS LTD	1,015 shares	78,933	107,011
PERRIGO CO PLC	1,610 shares	245,050	247,071
POTASH CORP SASK INC	2,525 shares	78,610	83,224
RIO TINTO PLC SPONSORED ADR	2,780 shares	168,651	156,875
SCHLUMBERGER LTD	1,630 shares	129,468	146,879
SCHLUMBERGER LTD	2,170 shares	156,613	195,539
SUNCOR ENERGY INC NEW	3,260 shares	129,774	114,263
TALISMAN ENERGY INC	1,145 shares	23,037	13,339
TECK RES LTD CL B SUB VTG	945 shares	38,153	24,579
TENARIS S A SPONS ADR	2,410 shares	112,795	105,293
TRICAN WELL SVC LTD	170 shares	4,134	2,078
UBS AG NEW	760 shares	38,380	14,630
UNILEVER N V NEW YORK SHS NEW	2,180 shares	69,845	87,701
VALE S A ADR	4,750 shares	109,842	72,438
WEATHERFORD INTL LTD REG	7,440 shares	161,094	115,246
YARA INTL ASA SPONSORED ADR	155 shares	5,155	6,654
Total foreign equities		4,045,333	5,208,943
Total equity securities		15,647,947	23,056,153
TOTAL INVESTMENTS		\$ 54,348,496	\$ 61,780,123

(Concluded)

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

Each employee is assumed to retire in accordance with the table of retirement rates. The proportion of employees expected to retire at each potential retirement age is shown below. The average retirement age is 62.

(A) Retirement age	(B) Retirement Percent	(C) Lx	(D) Number of employees expected to retire (B) x (C)	(E) (A) x (D)
55	3.70%	10,000	370	20,350
56	3.20%	9,630	308	17,257
57	2.90%	9,322	270	15,409
58	2.50%	9,052	226	13,125
59	2.30%	8,825	203	11,976
60	5.20%	8,622	448	26,901
61	5.10%	8,174	417	25,429
62	40.00%	7,757	3,103	192,374
63	20.00%	4,654	931	58,643
64	20.00%	3,723	745	47,659
65	100.00%	2,979	2,979	193,615
Total			10,000	622,738
Average				62.2738

Schedule SB, Line 32 — Schedule of Amortization Bases

The total shortfall amortization charge is the sum of the individual shortfall amortization installment for each plan year covered under PPA. Although an individual shortfall amortization installment can be negative, the combined shortfall amortization charge cannot be less than \$0.

Shortfall bases				
Year established		Outstanding balance	Years remaining	2013 Installment
2010	\$	5,024,138	4	\$ 1,348,284
2011		1,742,311	5	382,849
2012		(5,982,819)	6	(1,130,348)
2013		4,451,100	7	742,853
Total	\$	5,234,730		\$ 1,343,638

Schedule SB, Line 24 — Change in Actuarial Assumptions

- Expense normal cost increased from \$310,000 to \$345,000 to reflect our expectations for the current plan year
- The expected investment return on assets was decreased from 7.08% to 6.50% to better reflect the current economic conditions.