

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
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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>UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER EMPLOYEES PENSION PLAN</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>08/01/1962</u></td> </tr> <tr> <td colspan="2">2b Employer Identification Number (EIN) <u>34-0714550</u></td> </tr> <tr> <td colspan="2">2c Sponsor's telephone number <u>440-593-1131</u></td> </tr> <tr> <td colspan="2">2d Business code (see instructions) <u>622000</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>001</u>	1c Effective date of plan <u>08/01/1962</u>		2b Employer Identification Number (EIN) <u>34-0714550</u>		2c Sponsor's telephone number <u>440-593-1131</u>		2d Business code (see instructions) <u>622000</u>	
1b Three-digit plan number (PN) ▶	<u>001</u>										
1c Effective date of plan <u>08/01/1962</u>											
2b Employer Identification Number (EIN) <u>34-0714550</u>											
2c Sponsor's telephone number <u>440-593-1131</u>											
2d Business code (see instructions) <u>622000</u>											
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER</u> <u>P.O. BOX 648</u> <u>CONNEAUT, OH 44030</u>	<u>158 WEST MAIN ROAD</u> <u>CONNEAUT, OH 44030</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.	<u>10/14/2014</u>	<u>TOM SNOWBERGER</u>
	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	243
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	139
b Retired or separated participants receiving benefits		6b	23
c Other retired or separated participants entitled to future benefits		6c	69
d Subtotal. Add lines 6a , 6b , and 6c		6d	231
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits		6e	5
f Total. Add lines 6d and 6e		6f	236
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	4
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)		7	
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3H			
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:			
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor		9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)			
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary		b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)	

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
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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>UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER EMPLOYEES PENSION PLAN</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>UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>34-0714550</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 _____ Day _____ Year _____	
2 Assets:	
a Market value	2a <u>8041795</u>
b Actuarial value	2b <u>7769639</u>
3 Funding target/participant count breakdown:	
a For retired participants and beneficiaries receiving payment.....	3a <u>27</u> <u>1478098</u>
b For terminated vested participants.....	3b <u>69</u> <u>740846</u>
c For active participants:	
(1) Non-vested benefits	3c(1) <u>66292</u>
(2) Vested benefits	3c(2) <u>5418363</u>
(3) Total active.....	3c(3) <u>147</u> <u>5484655</u>
d Total.....	3d <u>243</u> <u>7703599</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>6.65 %</u>
6 Target normal cost.....	6 <u>536943</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>10/01/2014</u>
Signature of actuary		Date
<u>JASON M. BRAVO</u>		<u>14-05569</u>
Type or print name of actuary		Most recent enrollment number
<u>HEWITT ASSOCIATES LLC</u>		<u>216-573-9700</u>
Firm name		Telephone number (including area code)
<u>5005 ROCKSIDE ROAD, SUITE 1000</u> <u>INDEPENDENCE, OH 44131-6828</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	21
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	21
10 Interest on line 9 using prior year's actual return of <u>15.42</u> %		3
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b Interest on (a) using prior year's effective interest rate of <u>7.00</u> % except as otherwise provided (see instructions)		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	24

Part III Funding Percentages		
14 Funding target attainment percentage	14	100.85 %
15 Adjusted funding target attainment percentage	15	100.85 %
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	115.29 %
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
04/14/2014	154847				
07/10/2014	154847				
09/05/2014	687238				
			Totals ►	18(b)	996932
				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	899898
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year?	☐ Yes ☒ No	
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner?	☐ Yes ☐ No	
c If line 20a is "Yes," see instructions and complete the following table as applicable:		

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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.23%	2nd segment: 6.51%	3rd segment: 7.16%	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	536943	
b Excess assets, if applicable, but not greater than line 31a	31b	66016	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	470927	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	470927	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	899898	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	428971	
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>UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>34-0714550</u>

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MANNING AND NAPIER ADVISORS, LLC

45-3328488

(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 50 51 72	NONE	39147	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

HEWITT ASSOCIATES LLC

36-2235791

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 50	NONE	25226	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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
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For calendar plan year 2013 or fiscal plan year beginning <u>01/01/2013</u> and ending <u>12/31/2013</u>		
A Name of plan <u>UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ►	<u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>34-0714550</u>	

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
	Assets	(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)	0	996932
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)	79514	157695
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	275898	353166
(2) U.S. Government securities	1c(2)	672353	535234
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other.....	1c(3)(B)	339670	331828
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)	3628740	4458787
(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)	3114098	3308070
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	5745	6520

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	8116018	10148232

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h	5574	8548
i Acquisition indebtedness	1i	68479	149360
j Other liabilities	1j		
k Total liabilities (add all amounts in lines 1g through 1j)	1k	74053	157908

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	8041965	9990324
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	996932	
(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)		996932
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	489	
(B) U.S. Government securities	2b(1)(B)	31456	
(C) Corporate debt instruments	2b(1)(C)	12004	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	43	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		43992
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	51472	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	217944	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		269416
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	1034426	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		1034426

		(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)		69736
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2414502

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	369387	
(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)		369387
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)	29941	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	39147	
(4) Other	2i(4)	27668	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		96756
j Total expenses. Add all expense amounts in column (b) and enter total	2j		466143

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		1948359
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: **KPMG, LLP**

(2) EIN: **13-5565207**

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		20000000
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.
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For calendar plan year 2013 or fiscal plan year beginning 01/01/2013 and ending 12/31/2013

A Name of plan <u>UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER EMPLOYEES PENSION PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>34-0714550</u>

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>25-1904625</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>3</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)
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4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....	☐ Yes	☒ No	☐ N/A
If the plan is a defined benefit plan, go to line 8.			
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.			
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....	6a		
b Enter the amount contributed by the employer to the plan for this plan year.....	6b		
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)	6c		
If you completed line 6c, skip lines 8 and 9.			
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?.....	☐ Yes	☐ No	☐ N/A
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....	☐ Yes	☐ No	☒ N/A

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

Financial Statements and Supplemental Schedules

December 31, 2013 and 2012

(With Independent Auditors' Report Thereon)

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

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1 Schedule H, Line 4i – Schedule of Assets (Held at End of Year) – December 31, 2013	15
2 Schedule H, Line 4j – Schedule of Reportable Transactions – Year ended December 31, 2013	17

All other schedules required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because there is no information to report.



KPMG LLP
One Cleveland Center
Suite 2600
1375 East Ninth Street
Cleveland, OH 44114-1796

Independent Auditors' Report

The Plan Administrator
University Hospitals Conneaut Medical Center
Employees Pension Plan:

Report on the Financial Statements

We were engaged to audit the accompanying financial statements University Hospitals Conneaut Medical Center Employees Pension Plan (the Plan), which comprise the statements of net assets available for benefits as of December 31, 2013 and 2012, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on conducting the audit in accordance with auditing standards generally accepted in the United States 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, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in notes 3 and 4, which was certified by Key Bank National Association, the trustee of the Plan, 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 investment transactions. The plan administrator has obtained a certification from the trustee as of December 31, 2013 and 2012, and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.

Disclaimer of Opinion

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



Other Matter

The supplemental schedules, Schedule H, Line 4i – Schedule of Assets (Held at End of Year) as of December 31, 2013 and Schedule H, Line 4j – Schedule of Reportable Transactions for the year ended December 31, 2013, are required by the Department of Labor’s Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 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 Department of Labor’s Rules and Regulations

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the 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 the Employee Retirement Income Security Act of 1974.

KPMG LLP

Cleveland, Ohio
October 13, 2014

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

Statements of Net Assets Available for Benefits

December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Assets:		
Investments, at fair value:		
Cash and cash equivalents	\$ 353,166	275,898
Common stock	4,458,787	3,628,740
Corporate debt securities	331,828	339,670
U.S. government securities	535,234	672,353
Mutual funds	3,308,070	3,114,098
Total investments	<u>8,987,085</u>	<u>8,030,759</u>
Receivables:		
Employer contributions receivable	525,535	—
Interest and dividends	157,695	79,514
Total receivables	<u>683,230</u>	<u>79,514</u>
Prepays:		
Prepaid service costs	6,520	5,745
Total prepaids	<u>6,520</u>	<u>5,745</u>
Total assets	<u>9,676,835</u>	<u>8,116,018</u>
Liabilities:		
Due to broker for securities purchased	149,360	68,479
Accrued liabilities	8,548	5,574
Total liabilities	<u>157,908</u>	<u>74,053</u>
Total net assets available for benefits	<u>\$ 9,518,927</u>	<u>8,041,965</u>

See accompanying notes to financial statements.

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

Statements of Changes in Net Assets Available for Benefits

Years ended December 31, 2013 and 2012

	<u>2013</u>	<u>2012</u>
Investment income:		
Interest and dividends	\$ 313,408	205,912
Net appreciation in fair value of investments	<u>1,104,162</u>	<u>892,196</u>
Total investment income	<u>1,417,570</u>	<u>1,098,108</u>
Contributions:		
Employer contributions	<u>525,535</u>	<u>—</u>
Total contributions	<u>525,535</u>	<u>—</u>
Deductions from net assets attributed to:		
Benefit payments to participants	369,387	620,048
Administrative expenses	<u>96,756</u>	<u>82,625</u>
Total deductions	<u>466,143</u>	<u>702,673</u>
Net increase in net assets available for benefits	1,476,962	395,435
Net assets available for benefits:		
Beginning of year	<u>8,041,965</u>	<u>7,646,530</u>
End of year	<u>\$ 9,518,927</u>	<u>8,041,965</u>

See accompanying notes to financial statements.

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

Notes to Financial Statements

December 31, 2013 and 2012

(1) Description of the Plan

The following brief description of the University Hospitals Conneaut Medical Center Employees Pension Plan (the Plan) is provided for general information purposes only. Participants should refer to the plan agreement for more complete information.

(a) General

The Plan is a defined benefit pension plan covering substantially all employees of the Brown Memorial Hospital d/b/a University Hospitals Conneaut Medical Center (Hospital or Plan Sponsor) and provides for retirement and disability retirement benefits. Employees are eligible to participate in the Plan on January 1 or July 1 following attainment of age 21 and completion of 1 year of service.

Effective January 1, 2009, the Plan was frozen and employees of the Hospital hired subsequent to this date participate in the University Hospitals Health System, Inc. Retirement Plan.

(b) Pension Benefits

Participants are eligible to receive monthly benefit payments beginning at normal retirement age of 65 or the fifth anniversary of participation. The amount of a plan participant's benefit is based upon several factors, including years of service, Social Security covered compensation, and age. Participants may elect to receive their benefits as a life annuity payable monthly during retirement or may elect to receive optional forms of payment of actuarially equivalent amounts. The Plan permits early retirement benefits after attaining the age of 55 and having completed at least 10 years of vested service.

(c) Death Benefits

If an active participant dies at age 55 or older, the surviving spouse may be entitled to 50% of the participant's monthly retirement benefit. An unmarried participant may designate a beneficiary entitled to receive 50% of the participant's monthly retirement benefit, which is to be paid out in a lump sum.

(d) Vesting

Vesting is based on years of credited service. A participant is credited for one year of service for each plan year in which the participant completes 1,000 hours of service. Plan participants who have completed five or more years of credited service are entitled to a retirement benefit.

(e) Basis of Accounting

The accompanying financial statements are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America.

(f) Funding Policy

It is the Hospital's policy to make contributions to the Plan based upon actuarial computations which meet the greater of the minimum funding requirements of Employee Retirement Income Security Act of 1974 (ERISA) or 90% of the actuarial present value of accumulated plan benefits. The Hospital

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

Notes to Financial Statements

December 31, 2013 and 2012

met the minimum funding requirements of ERISA for 2013 and 2012, as determined by consulting actuaries.

(g) Valuation of Investments and Income Recognition

Investments are stated at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See note 4 for a discussion of fair value measurements.

Net appreciation in the fair value of investments reported in the statements of changes in net assets available for benefits includes both realized and unrealized gains and losses. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date and interest income on the accrual basis.

(h) 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, liabilities and changes therein, disclosure of contingent assets and liabilities, and the actuarial present value of accumulated plan benefits at the date of the financial statements. Actual results could differ from those estimates.

(i) Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to: (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits payable under all circumstances – retirement, death, disability, and termination of employment – are included to the extent they are deemed attributable to employee service rendered as of the valuation date.

(j) Payments of Benefits

Benefit payments to participants are recorded upon distribution.

(k) Expenses Paid by Plan Sponsor

Certain plan expenses such as ERISA attorney fees, expenses in relation to the actuarial valuation, and audit fees are paid by the Plan Sponsor.

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

Notes to Financial Statements

December 31, 2013 and 2012

(2) Investments

Under the terms of a trust agreement between Key Bank National Association (the trustee) and the Plan, the trustee maintains a trust fund on behalf of the Plan. The plan administrator has elected the method of compliance permitted by 29 CFR 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA. Accordingly, as permitted under such election, the plan administrator has obtained certification from the trustee of the Plan that all of the information provided by them is complete and accurate. Information included in the accompanying financial statements as to investments in the trust fund administered by the trustee, investment income receivable, interest and dividends, information included in this note, and all information in the supplemental schedules is presented in reliance solely upon the certification.

The following table summarizes the investments and cash equivalents certified to be complete and accurate by the trustee. Individual investments that represent 5% or more of the Plan's net assets available for benefits at December 31, 2013 and 2012 are separately identified (*).

	<u>2013</u>		<u>2012</u>
Cash and cash equivalents	\$ 353,166		275,898
Common stock	4,458,787		3,628,740
Corporate debt securities	331,828		339,670
U.S. government securities	535,234		672,353
Mutual funds:			
Manning & Napier Core Plus Bd	1,442,620 *		1,442,864 *
Other mutual funds	1,865,450		1,671,234
Total investments	<u>\$ 8,987,085</u>		<u>8,030,759</u>

Investment income for the years ended December 31, 2013 and 2012, as certified to be complete and accurate by the trustee, is summarized as follows:

	<u>2013</u>		<u>2012</u>
Investment income:			
Interest and dividends	\$ 313,408		205,912
Net appreciation (depreciation) in fair value of investments:			
Common stock	1,116,916		636,882
Corporate debt securities	(7,842)		(4,436)
U.S. government securities	(74,648)		(3,688)
Mutual funds	69,736		263,438
Total investment income	<u>\$ 1,417,570</u>		<u>1,098,108</u>

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

Notes to Financial Statements

December 31, 2013 and 2012

(3) Fair Value Measurements

The Financial Accounting Standards Board established a framework for measuring fair value, and expands disclosures about fair value measurements. The fair value framework requires the categorization of assets and liabilities into three levels based upon the assumptions (inputs) used to price the assets and liabilities. Level 1 provides the most reliable measure of fair value, whereas Level 3 generally requires significant judgment. The three levels are defined as follows:

- Level 1 – Assets and liabilities that are valued on quoted prices in active markets that are accessible at measurement date.
- Level 2 – Assets and liabilities that are valued based upon inputs, other than those included in Level 1; based on quoted prices for similar assets and liabilities in active markets, quoted prices for identical or similar assets and liabilities in inactive markets, or financial instruments for which all significant inputs are observable, either directly or indirectly.
- Level 3 – Assets or liabilities that are based on unobservable inputs, including the reporting entity's own analysis of the underlying economic data that market participants would factor into the pricing of the asset or liability.

The inputs used to fair value Level 1 instruments are unadjusted quoted prices derived from stock exchanges and the Chicago Board of Trade. Level 1 instruments primarily consist of cash equivalents, common stock, certain U.S. government securities, and mutual funds. The Plan invests in a variety of equity securities, government securities, and mutual funds to diversify the portfolio as part of the overall investment strategy.

Investments in Level 2 primarily are comprised of corporate debt securities and certain U.S. government securities. Level 2 inputs primarily consist of quotes from independent pricing vendors based on recent trading activity and other relevant information that may include matrix pricing, market corroborated pricing, yield curves, and other indices that are used when Level 1 inputs are not available.

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

Notes to Financial Statements

December 31, 2013 and 2012

		December 31, 2013			
		Level 1	Level 2	Level 3	Total
Assets:					
Cash and cash equivalents	\$	353,166	—	—	353,166
Common stock:					
U.S. common stock		4,021,264	—	—	4,021,264
International common stock		437,523	—	—	437,523
Total common stock		4,458,787	—	—	4,458,787
Corporate debt securities		—	331,828	—	331,828
U.S. government securities:					
FNMA pool		—	254,063	—	254,063
U.S. government agency		—	281,171	—	281,171
Total U.S. government securities		—	535,234	—	535,234
Mutual funds:					
Equity		1,400,028	—	—	1,400,028
Fixed income		1,678,373	—	—	1,678,373
International		229,669	—	—	229,669
Total mutual funds		3,308,070	—	—	3,308,070
Total assets	\$	<u>8,120,023</u>	<u>867,062</u>	<u>—</u>	<u>8,987,085</u>
Liabilities:					
Due to broker for securities purchased	\$	<u>149,360</u>	<u>—</u>	<u>—</u>	<u>149,360</u>
Total liabilities	\$	<u>149,360</u>	<u>—</u>	<u>—</u>	<u>149,360</u>

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

Notes to Financial Statements

December 31, 2013 and 2012

		December 31, 2012			
		Level 1	Level 2	Level 3	Total
Assets:					
Cash and cash equivalents	\$	275,898	—	—	275,898
Common stock:					
U.S. common stock		3,242,621	—	—	3,242,621
International common stock		386,119	—	—	386,119
Total common stock		3,628,740	—	—	3,628,740
Corporate debt securities		—	339,670	—	339,670
U.S. government securities:					
FNMA pool		—	43,856	—	43,856
U.S. government agency		—	487,827	—	487,827
U.S. Treasury notes		140,670	—	—	140,670
Total U.S. government securities		140,670	531,683	—	672,353
Mutual funds:					
Equity		1,055,115	—	—	1,055,115
Fixed income		1,651,790	—	—	1,651,790
International		407,193	—	—	407,193
Total mutual funds		3,114,098	—	—	3,114,098
Total assets	\$	<u>7,159,406</u>	<u>871,353</u>	<u>—</u>	<u>8,030,759</u>
Liabilities:					
Due to broker for securities purchased	\$	<u>68,479</u>	<u>—</u>	<u>—</u>	<u>68,479</u>
Total liabilities	\$	<u>68,479</u>	<u>—</u>	<u>—</u>	<u>68,479</u>

There have been no transfers in or out of Level 1 or 2 for the years ended December 31, 2013 and 2012.

(4) Accumulated Plan Benefits

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

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

Notes to Financial Statements

December 31, 2013 and 2012

The accumulated plan benefit information as of December 31, 2012 and 2011 is as follows:

	<u>2012</u>	<u>2011</u>
Actuarial present value of accumulated plan benefits:		
Vested benefits:		
Participants currently receiving payments	\$ 1,397,000	1,174,000
Vested benefits for other participants	<u>5,810,000</u>	<u>5,907,000</u>
Total vested benefits	7,207,000	7,081,000
Nonvested benefits	<u>54,000</u>	<u>66,000</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 7,261,000</u>	<u>7,147,000</u>

The changes in the accumulated plan benefits for the years ended December 31, 2012 and 2011 were:

	<u>2012</u>	<u>2011</u>
Actuarial present value of accumulated plan benefits at beginning of year	\$ 7,147,000	6,515,000
Increase (decrease) during the year attributable to:		
Interest on prior liability	459,000	426,000
Benefits accumulated	815,000	713,000
Benefits paid	(620,000)	(306,000)
Changes in actuarial assumptions	<u>(540,000)</u>	<u>(201,000)</u>
Actuarial present value of accumulated plan benefits at end of year	<u>\$ 7,261,000</u>	<u>7,147,000</u>

The significant actuarial assumptions used in the valuations as of December 31, 2012 and 2011 include:

Assumed rate of return on investments	7.25% and 6.75% per annum for 2012 and 2011
Mortality basis	2013 static mortality table for annuitants and nonannuitants per §1.430 (h)(3)-1(e) (2012) 2012 static mortality table for annuitants and nonannuitants per §1.430 (h)(3)-1(e) (2011)
Average retirement age	61 (2012 and 2011)

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

Notes to Financial Statements

December 31, 2013 and 2012

(5) Plan Termination

Although it has not expressed any intention to do so, the Hospital has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to provisions set forth in ERISA.

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

- A. Annuity benefits that former employees, or their surviving spouses, have been receiving for at least three years, or annuity benefits that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under plan provisions in effect at any time during the five years preceding plan termination.
- B. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC), a U.S. government agency, up to the applicable limitations that are discussed more fully below.
- C. All other vested benefits (that is, vested benefits not insured by the PBGC).
- D. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested, normal-age retirement benefits, early retirement benefits, and certain survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination; however, there is a statutory ceiling on the amount of an individual's monthly benefit that the PBGC guarantees. The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination, whichever comes later. For younger annuitants or for those who elect to receive their benefits in some form other than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

(6) Income Tax Status

The Internal Revenue Service (IRS) has determined and informed the Hospital by a letter dated May 21, 2012 that the Plan and related trust are designed in accordance with applicable sections of the Internal Revenue Code (IRC). Although the Plan has been amended since receiving the determination letter, management believes that the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC. The plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of GUST and the Economic Growth Tax Relief Reconciliation Act of 2001. GUST comprises The General Agreement on Tariffs and Trade, as a part of the Uruguay Round Agreement Act, the Uniformed Services Employment and

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

Notes to Financial Statements

December 31, 2013 and 2012

Re-employment Act of 1996, the Taxpayer Relief Act of 1997, and the IRS Restructuring and Reform Act of 1998. The Hospital is required to evaluate tax positions taken by the Plan and recognize a tax liability or asset if the organization has taken an uncertain position that more likely than not would be sustained upon examination by the IRS. The Hospital has concluded that as of December 31, 2013, there are no uncertain tax positions taken or expected to be taken. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Hospital believes the Plan is no longer subject to income tax examinations for years prior to 2010.

(7) Related-Party Transactions

Certain plan investments and shares of mutual funds are managed by Key Bank National Association. As Key Bank National Association is the trustee of the Plan, these transactions qualify as party-in-interest transactions.

(8) Risks and Uncertainties

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

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

(9) Reconciliation of Financial Statements to Form 5500

Contributions of \$996,932 were made by the Hospital during 2014. Since the contributions were made prior to September 15, 2014, the contributions have been designated for the 2013 plan year for tax purposes on the Form 5500. However, the Plan recognized \$525,535 as employer contribution receivable in the 2013 financial statements, as these were the amounts required to meet the Hospital's funding policy.

The following is a reconciliation of net assets available for benefits per the financial statements as of December 31, 2013 to Form 5500:

	December 31, 2013
Net assets available for benefits per the financial statements	\$ 9,518,927
Add contributions received for current plan year	<u>471,397</u>
Net assets available for benefits per Form 5500	<u><u>\$ 9,990,324</u></u>

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

Notes to Financial Statements

December 31, 2013 and 2012

The following is a reconciliation of the Plan's employer contributions per the financial statements for the year ended December 31, 2013 to Form 5500:

	December 31, 2013
Employer contributions per the financial statements	\$ 525,535
Add contributions received for current plan year	<u>471,397</u>
Employer contributions per Form 5500	<u><u>\$ 996,932</u></u>

(10) Subsequent Events

All activity of the Plan has been evaluated through October 13, 2014. There were no reportable events.

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

EIN: 34-0714550

Plan Number: 001

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

December 31, 2013

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including par or maturity value, rate of interest, collateral, or maturity date	(d) Cost	(e) Current value
	Cash and cash equivalents:			
*	E B Money Market Fund	353,166 Shares	\$ 353,166	353,166
		Total cash and cash equivalents	353,166	353,166
	Common stock:			
	Accor SA	1,250 Shares	37,035	59,079
	Alcoa Inc.	15,600 Shares	132,747	165,828
	Alexandria Real Estate Equities	250 Shares	17,085	16,541
	Ambev SA	3,250 Shares	22,068	23,888
	Anheuser-Busch Inbev N V	700 Shares	60,363	74,522
	Apache Corp	270 Shares	25,498	23,204
	Apple Inc	200 Shares	84,180	112,204
	Baker Hughes Inc	1,930 Shares	82,970	106,652
	Becton Dickinson & Co	650 Shares	46,665	71,819
	Biomed Realty Trust Inc	790 Shares	13,793	14,315
	C H Robinson Worldwide Inc	1,450 Shares	79,485	84,608
	Cameron International Corp	1,670 Shares	93,927	99,415
	Caterpillar Inc Del	790 Shares	65,773	71,740
	Cerner Corp	2,360 Shares	59,265	131,546
	Corporate Office Pptys Trust	640 Shares	16,581	15,162
	D R Horton Inc	1,480 Shares	29,845	33,034
	Digital Realty Trust Inc	240 Shares	13,363	11,789
	DirecTV	2,130 Shares	100,752	147,098
	DuPont Fabros Technology Inc	780 Shares	17,192	19,274
	EMC Corp	8,620 Shares	181,210	216,793
	EOG Corp	240 Shares	25,579	40,282
	EBAY Inc	1,570 Shares	79,851	86,138
	Electronic Arts Inc	5,730 Shares	135,350	131,446
	General Elec Co	2,740 Shares	65,720	76,802
	Google Inc	100 Shares	48,561	112,071
	Hess Corp	3,770 Shares	188,531	312,910
	Imperial Tobacco Group Inc	1,960 Shares	69,659	75,898
	Johnson & Johnson	1,020 Shares	70,363	93,422
	Joy Global Inc	780 Shares	42,165	45,622
	Juniper Networks Inc	7,830 Shares	148,468	176,723
	Kraft Foods Inc	733 Shares	22,661	39,516
	Lululemon Athletica Inc	1,070 Shares	69,394	63,162
	McGraw Hill Financial Inc	790 Shares	43,517	61,778
	Monsanto Co	820 Shares	52,356	95,571
	Peabody Energy Corp	2,700 Shares	52,705	52,731
	Qiagen NV	1,800 Shares	30,714	42,858
	Qualcomm Inc	1,920 Shares	108,448	142,560
	Range Resources Corp	620 Shares	36,722	52,272
	Realogy Holdings Corp	1,280 Shares	55,789	63,322
	Schlumberger Ltd	1,030 Shares	69,092	92,813
	Sinclair Broadcast Group Inc	980 Shares	31,442	35,015
	Starz Liberty Capital	2,420 Shares	56,100	70,761
	Syngenta AG	120 Shares	36,179	47,927
	Teleflex Inc	360 Shares	27,802	33,790
	Time Warner Inc	1,690 Shares	51,209	117,827
	Tribune Co	470 Shares	29,129	36,378
	Twenty-First Century Fox Inc	3,670 Shares	76,862	129,074
	Unilever PLC	2,220 Shares	59,206	91,464
	Verifone Systems Inc	1,660 Shares	43,158	44,521
	Viacom Inc	1,810 Shares	102,705	158,085
	Walt Disney Co	800 Shares	23,883	61,120
	Weatherford International Ltd	5,620 Shares	89,959	87,053
	Yum! Brands Inc	640 Shares	43,216	48,390
	Nestle SA	1,920 Shares	128,244	140,974
		Total common stock	3,394,536	4,458,787
	Corporate debt securities:			
	American Express Credit	35,000 Shares at 5.125% due 8/25/14	38,182	36,066
	Caterpillar Financial SVCS Corp	35,000 Shares at 2.05% due 8/1/16	36,441	35,929
	Comcast Corp	30,000 Shares at 6.5% due 1/15/17	36,334	34,368
	Home Depot Inc	35,000 Shares at 5.4% due 3/1/16	40,579	38,391
	Kraft Foods Inc	35,000 Shares at 6.75% due 2/19/14	38,298	35,271

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

EIN: 34-0714550
Plan Number: 001

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

December 31, 2013

(a)	(b) Identity of issuer, borrower, lessor, or similar party	(c) Description of investment, including par or maturity value, rate of interest, collateral, or maturity date	(d) Cost	(e) Current value
	Pepsico Inc	40,000 Shares at .8% due 8/25/14	\$ 40,312	40,102
	Verizon Communications Inc	35,000 Shares at 2.0% due 11/1/16	36,493	35,713
	Wal Mart Stores Inc	35,000 Shares at 3.2% due 5/15/14	36,810	35,378
	Western Union CO	40,000 Shares at 2.875 due 12/10/17	39,802	40,610
		Total corporate debt securities	343,251	331,828
	U.S. government securities:			
	Freddie Mac Gold	138,583.070 Shares at 4.50% due 11/01/39	157,258	146,772
	Freddie Mac Gold	135,298.900 Shares at 3.50% due 06/01/43	140,162	134,399
	Fannie Mae Pool	87,815.590 Shares at 3.00% due 04/01/27	91,855	89,714
	Fannie Mae Pool	21,204.660 Shares at 6% due 08/01/37	30,710	23,471
	Fannie Mae Pool	73,126.120 Shares at 3.00% due 07/01/43	73,405	69,506
	Fannie Mae Pool	78,761.660 Shares at 2.50% due 02/01/43	75,546	71,372
		Total U.S. government securities	568,936	535,234
	Mutual funds:			
	Manning & Napier Core Plus Bd Open-End Fund	135,457.250 Shares	1,416,724	1,442,620
	Manning & Napier Emerging Mkts Open-End Fund	7,793.070 Shares	79,218	88,841
	Manning & Napier Gbl Fxd Income Open-End Fund CL S	25,789.040 Shares	257,581	255,827
	Manning & Napier High Yld Bd Open-End Fund	22,157.200 Shares	226,297	235,753
	Manning & Napier Infl Focus Eqty Open-End Fund	7,777.420 Shares	78,850	93,173
	Manning & Napier Intl Ser Open-End Fund	33,012.430 Shares	316,108	327,153
	Manning & Napier Life Sciences Open-End Fund	14,131.440 Shares	163,606	182,013
	Manning & Napier Real Estate Open-End Fund	13,077.930 Shares	149,599	174,198
	Manning & Napier Small Cap Open-End Fund CL A	15,217.360 Shares	152,033	184,891
	Manning & Napier Technology Ser Open-End Fund	13,102.600 Shares	108,473	187,105
	Manning & Napier World Oppty Open-End Fund CL A	15,082.440 Shares	121,949	136,496
		Total mutual funds	3,070,438	3,308,070
		Total investments	\$ 7,730,327	8,987,085

* Party-in-interest.

Note: This schedule is based on information which has been certified as complete and accurate by Key Bank National Association, the trustee of the Plan.

See accompanying independent auditors' report.

**UNIVERSITY HOSPITALS CONNEAUT MEDICAL CENTER
EMPLOYEES PENSION PLAN**

EIN: 34-0714550
Plan Number: 001

Schedule H, Line 4j – Schedule of Reportable Transactions

Year ended December 31, 2013

Series of transactions involving an amount in excess of 5% of the current value of Plan assets:

(a) Identity of party involved	(b) Description of assets	(c) Purchase price	(d) Sale price	(e) Lease rental	(f) Expense incurred with transaction	(g) Cost of asset	(h) Current value of assets on transaction date	(i) Net gain (loss)
* EB Money Market Fund	Money Market Fund:							
	99 purchases	\$ 3,034,263	—	—	—	3,034,263	3,034,263	—
	53 sales	—	2,956,996	—	—	2,956,996	2,956,996	—
Fannie Mae Pool	Note at 5.375% due 06/12/17							
	1 purchase	383,216	—	—	—	383,216	383,216	—
	2 sales	—	369,792	—	—	383,216	369,792	(13,424)

* Party-in-interest.

Note: This schedule is based on information that has been certified as complete and accurate by Key Bank National Association, the trustee of the Plan.

See accompanying independent auditors' report.

Schedule SB Attachment (Form 5500)—2013 Plan Year
University Hospitals Conneaut Medical Center Employees Pension Plan
EIN: 34-0714550 PN: 001

Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the interest rate assumption from segment rates as of September 2011 to segment rates as of September 2012, each adjusted as applicable to fall within the 25-year average interest rate stabilization corridor.
- A change in the mortality assumption from the 2012 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) to the 2013 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e).
- A change in the retirement rates to better reflect anticipated plan experience.

The interest rate and mortality assumption changes are prescribed, so approval of the Commissioner is not required. The change in the retirement rates assumption for active participants was made to better reflect the anticipated plan experience. This assumption change did not reduce the funding shortfall by more than \$50 million or 5% of the Funding Target; as such, approval of the Commissioner is not required.

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

Pension Benefit Guaranty Corporation

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

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

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

OMB No. 1210-0110

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 UH Conneaut Medical Center Employees Pension Plan	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF UH Conneaut Medical Center	D Employer Identification Number (EIN) 34-0714550
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	8,041,795
b Actuarial value	2b	7,769,639
3 Funding target/participant count breakdown:	(1) Number of participants	(2) Funding Target
a For retired participants and beneficiaries receiving payment.....	3a 27	1,478,098
b For terminated vested participants.....	3b 69	740,846
c For active participants:		
(1) Non-vested benefits	3c(1)	66,292
(2) Vested benefits	3c(2)	5,418,363
(3) Total active.....	3c(3) 147	5,484,655
d Total.....	3d 243	7,703,599
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	6.65 %
6 Target normal cost.....	6	536,943

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	Jason Bravo 	10/01/2014
Signature of actuary		Date
Jason M. Bravo		14-05569
Type or print name of actuary		Most recent enrollment number
Hewitt Associates LLC		(216) 573-9700
Firm name		Telephone number (including area code)
5005 Rockside Road, Suite 1000		
Independence OH 44131-6828		
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	21
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	21
10 Interest on line 9 using prior year's actual return of <u>15.42</u> %		3
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		0
b Interest on (a) using prior year's effective interest rate of <u>7.00</u> % except as otherwise provided (see instructions)		0
c Total available at beginning of current plan year to add to prefunding balance		0
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	24

Part III Funding Percentages		
14 Funding target attainment percentage	14	100.85 %
15 Adjusted funding target attainment percentage	15	100.85 %
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	115.29 %
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
04/14/2014	154,847				
07/10/2014	154,847				
09/05/2014	687,238				
Totals ►			18(b)	996,932	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	899,898
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

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

21 Discount rate:				
a Segment rates:	1st segment: 5.23 %	2nd segment: 6.51 %	3rd segment: 7.16 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

24 Has a change been made in the non-prescribed actuarial assumptions for the current plan year? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
25 Has a method change been made for the current plan year? If "Yes," see instructions regarding required attachment.	☐ Yes ☒ No
26 Is the plan required to provide a Schedule of Active Participants? If "Yes," see instructions regarding required attachment.	☒ Yes ☐ No
27 If the plan is subject to alternative funding rules, enter applicable code and see instructions regarding attachment.	27

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	536,943	
b Excess assets, if applicable, but not greater than line 31a	31b	66,016	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	470,927	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	470,927	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	899,898	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	428,971	
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 Attachment (Form 5500)—2013 Plan Year
 University Hospitals Conneaut Medical Center Employees Pension Plan
 EIN: 34-0714550 PN: 001

Schedule SB, line 19—Discounted Employer Contributions
 Year applied for contributions: 2013

Date	Amount	Days to Discount to 1/1/2013 at 6.65%	Interest Adjusted Contribution
April 14, 2014	\$ 154,847	468	\$ 142,578
July 10, 2014	154,847	555	140,406
September 5, 2014	<u>687,238</u>	612	<u>616,914</u>
Total Contribution	\$ 996,932		\$ 899,898

Schedule SB Attachment (Form 5500)—2013 Plan Year
University Hospitals Conneaut Medical Center Employees Pension Plan
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Schedule SB, line 22—Description of Weighted Average Retirement Age

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a) Age	(b) Rate	(c) Weight	(d) Product (a) × (b) × (c)
55.5	7.00%	1.0000	3.89
56.5	7.00%	0.9300	3.68
57.5	7.00%	0.8649	3.48
58.5	8.00%	0.8044	3.76
59.5	8.00%	0.7400	3.52
60.5	8.00%	0.6808	3.30
61.5	12.00%	0.6263	4.62
62.5	14.00%	0.5512	4.82
63.5	14.00%	0.4740	4.21
64.5	18.00%	0.4077	4.73
65.5	30.00%	0.3343	6.57
66.5	25.00%	0.2340	3.89
67.5	15.00%	0.1755	1.78
68.5	20.00%	0.1492	2.04
69.5	25.00%	0.1193	2.07
70	100.00%	0.0895	6.27
Weighted Average			62.63

Schedule SB Attachment (Form 5500)—2013 Plan Year
University Hospitals Conneaut Medical Center Employees Pension Plan
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Schedule SB, Part V—Statement of Actuarial Assumptions/Methods

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month look-back (as of September 2012), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	5.23%
2nd Segment Rate	6.51%
3rd Segment Rate	7.16%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month look-back (as of September 2012), without regard interest rate stabilization
1st Segment Rate	1.75%
2nd Segment Rate	4.62%
3rd Segment Rate	5.72%
Salary Increases	
Minimum Funding Target Normal Cost	4.50%
Maximum Tax Expected Benefit Increase	4.50%
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.00% per year.
Optional Payment Form Election Percentage	60% of eligible participants elect lump sum. All others elect five-year certain & life annuity.
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums
Optional Payment Form Conversion Mortality	2013 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	Age 61
Mortality Rates	
Healthy and Disabled	2013 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 3
Disability Rates	See Table 4

Schedule SB Attachment (Form 5500)—2013 Plan Year
University Hospitals Conneaut Medical Center Employees Pension Plan
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Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 75% of males and 75% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2012 Pensionable earnings rolled forward one year with the salary increase assumption
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$205,000 and the IRC section 401(a)(17) compensation limit of \$255,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2011 Plan Year	6.75%, limited to 6.57%
2012 Plan Year	6.75%
Trust Expenses Included in Target Normal Cost	\$90,000 based on the prior year's actual plan administrative expenses, rounded to the nearest \$10,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2013

Schedule SB Attachment (Form 5500)—2013 Plan Year
 University Hospitals Conneaut Medical Center Employees Pension Plan
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Table 1

Salary Merit Increase Rates

Age	Rate	Age	Rate
15	4.75%	45	3.75%
16	4.75%	46	3.75%
17	4.75%	47	3.75%
18	4.75%	48	3.75%
19	4.75%	49	3.75%
20	4.75%	50	3.25%
21	4.75%	51	3.25%
22	4.75%	52	3.25%
23	4.75%	53	3.25%
24	4.75%	54	3.25%
25	4.75%	55	2.75%
26	4.75%	56	2.75%
27	4.75%	57	2.75%
28	4.75%	58	2.75%
29	4.75%	59	2.75%
30	4.50%	60	2.75%
31	4.50%	61	2.75%
32	4.50%	62	2.75%
33	4.50%	63	2.75%
34	4.50%	64	2.75%
35	4.25%	65+	2.75%
36	4.25%		
37	4.25%		
38	4.25%		
39	4.25%		
40	4.00%		
41	4.00%		
42	4.00%		
43	4.00%		
44	4.00%		

Schedule SB Attachment (Form 5500)—2013 Plan Year
University Hospitals Conneaut Medical Center Employees Pension Plan
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Table 2

Retirement Rates

Age	Rate
55	7.00%
56	7.00%
57	7.00%
58	8.00%
59	8.00%
60	8.00%
61	12.00%
62	14.00%
63	14.00%
64	18.00%
65	30.00%
66	25.00%
67	15.00%
68	20.00%
69	25.00%
70+	100.00%

Schedule SB Attachment (Form 5500)—2013 Plan Year
University Hospitals Conneaut Medical Center Employees Pension Plan
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Table 3—Page 1 of 2

Withdrawal Rates

Age	Years of Service				
	0–1	2	3	4	5+
15	20.00%	20.00%	20.00%	20.00%	17.97%
16	20.00%	20.00%	20.00%	20.00%	17.97%
17	20.00%	20.00%	20.00%	20.00%	17.97%
18	20.00%	20.00%	20.00%	20.00%	17.97%
19	20.00%	20.00%	20.00%	20.00%	17.97%
20	20.00%	20.00%	20.00%	20.00%	17.97%
21	20.00%	20.00%	20.00%	20.00%	17.50%
22	20.00%	20.00%	20.00%	20.00%	17.05%
23	20.00%	20.00%	20.00%	20.00%	16.61%
24	20.00%	20.00%	20.00%	20.00%	16.18%
25	18.00%	16.00%	15.00%	14.00%	14.18%
26	18.00%	16.00%	15.00%	14.00%	13.82%
27	18.00%	16.00%	15.00%	14.00%	13.46%
28	18.00%	16.00%	15.00%	14.00%	13.11%
29	18.00%	16.00%	15.00%	14.00%	12.49%
30	18.00%	16.00%	15.00%	14.00%	11.76%
31	18.00%	16.00%	15.00%	14.00%	11.45%
32	18.00%	16.00%	15.00%	14.00%	11.15%
33	18.00%	16.00%	15.00%	14.00%	10.86%
34	18.00%	16.00%	15.00%	14.00%	10.58%
35	18.00%	16.00%	13.00%	13.00%	9.70%
36	18.00%	16.00%	13.00%	13.00%	9.46%
37	18.00%	16.00%	13.00%	13.00%	9.21%
38	18.00%	16.00%	13.00%	13.00%	8.97%
39	18.00%	16.00%	13.00%	13.00%	8.74%
40	18.00%	16.00%	13.00%	13.00%	8.30%
41	18.00%	16.00%	13.00%	13.00%	8.09%
42	18.00%	16.00%	13.00%	13.00%	7.88%
43	18.00%	16.00%	13.00%	13.00%	7.68%
44	18.00%	16.00%	13.00%	13.00%	7.47%

Schedule SB Attachment (Form 5500)—2013 Plan Year
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Table 3—Page 2 of 2

Withdrawal Rates

Age	Years of Service				
	0–1	2	3	4	5+
45	15.00%	15.00%	13.00%	13.00%	7.29%
46	15.00%	15.00%	13.00%	13.00%	7.09%
47	15.00%	15.00%	13.00%	13.00%	6.91%
48	15.00%	15.00%	13.00%	13.00%	6.73%
49	15.00%	15.00%	13.00%	13.00%	6.56%
50	15.00%	12.00%	12.00%	12.00%	6.39%
51	15.00%	12.00%	12.00%	12.00%	6.22%
52	15.00%	12.00%	12.00%	12.00%	6.06%
53	15.00%	12.00%	12.00%	12.00%	5.90%
54	15.00%	12.00%	12.00%	12.00%	5.76%
55	15.00%	12.00%	12.00%	12.00%	5.60%
56	15.00%	12.00%	12.00%	12.00%	5.46%
57	15.00%	12.00%	12.00%	12.00%	5.32%
58	15.00%	12.00%	12.00%	12.00%	5.18%
59	15.00%	12.00%	12.00%	12.00%	5.05%
60+	15.00%	12.00%	12.00%	12.00%	0.00%

Schedule SB Attachment (Form 5500)—2013 Plan Year
University Hospitals Conneaut Medical Center Employees Pension Plan
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Table 4
Disability Rates

Age	Rate	Age	Rate
15	0.083%	45	0.263%
16	0.083%	46	0.292%
17	0.083%	47	0.321%
18	0.083%	48	0.372%
19	0.083%	49	0.422%
20	0.083%	50	0.473%
21	0.083%	51	0.523%
22	0.083%	52	0.574%
23	0.083%	53	0.670%
24	0.083%	54	0.766%
25	0.083%	55	0.863%
26	0.083%	56	0.959%
27	0.083%	57	1.055%
28	0.083%	58	1.146%
29	0.083%	59	1.236%
30	0.083%	60	1.327%
31	0.083%	61	1.417%
32	0.083%	62	1.508%
33	0.083%	63	1.508%
34	0.083%	64	1.508%
35	0.083%	65+	0.000%
36	0.083%		
37	0.083%		
38	0.083%		
39	0.083%		
40	0.114%		
41	0.114%		
42	0.175%		
43	0.204%		
44	0.233%		

Schedule SB Attachment (Form 5500)—2013 Plan Year
University Hospitals Conneaut Medical Center Employees Pension Plan
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Schedule SB, Part V—Summary of Plan Provisions

Effective Date	As amended and restated effective January 1, 1989.
Participation Date	January 1 or July 1 following the participant's twenty-first birthday and the completion of one qualifying Year of Service. Hired prior to January 1, 2009.
Normal Retirement Eligibility	First day of the month on or after the later of the participant's sixty-fifth birthday and the fifth anniversary of participation in the plan.
Benefit	The greatest of (a), (b), and (c): (a) 1.10% of Average Monthly Compensation, plus 0.65% of Average Monthly Compensation in excess of Social Security Covered Compensation, the sum multiplied by Years of Service up to a maximum of 30 years. (b) The accrued benefit under the plan provisions in effect as of November 26, 1996. (c) The accrued benefit under the plan provisions in effect as of May 14, 1998.
Early Retirement Eligibility	Age 55 and 10 Years of Service.
Benefit	Accrued Benefit actuarially reduced for commencement at the Early Retirement Date. Minimum early retirement factors apply to the November 26, 1996 Minimum Accrued Benefit. The reduction applied to this minimum benefit is 0.5% for each of the first 60 months and 0.4% for each of the next 60 months.

Schedule SB Attachment (Form 5500)—2013 Plan Year
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Delayed Retirement
Eligibility

The participant continues to work past the Normal Retirement Date.

Benefits shall not commence until the participant actually terminates employment.

Benefit

The greater of (a) and (b):

- (a) The benefit based on compensation and Years of Service at the date of termination.
- (b) The Accrued Benefit on the Normal Retirement Date increased by one-half of one percent for each month by which the actual retirement date is later than the Normal Retirement Date.

Disabled Retirement
Eligibility

Termination due to total and permanent disability.

Benefit

Accrued Benefit as of the date of disability commencing on the Normal Retirement Date. The participant may elect to receive a reduced benefit following six months of disability. The reduced benefit is the actuarial equivalent of the Normal Retirement Benefit.

Deferred Vested Retirement
Eligibility

Five Years of Service.

Benefit

Accrued Benefit as of the date of termination commencing at the Normal Retirement Date.

A participant who has completed 10 Years of Service at termination may elect to commence benefit payments at the Early Retirement Date.

Lump-Sum Benefit
Eligibility

Any participant eligible for a vested retirement benefit.

Benefit

Participant may elect to receive a single lump-sum payment equal to the actuarial present value of the Normal Retirement Benefit.

Schedule SB Attachment (Form 5500)—2013 Plan Year
University Hospitals Conneaut Medical Center Employees Pension Plan
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Survivor Benefit

Eligibility

Any participant eligible for a vested retirement benefit.

Benefit

Fifty percent of the participant's Accrued Benefit reduced for both Joint and 50% Survivor benefit form and early receipt of benefits. The benefit is payable at the participant's earliest retirement age.

Definitions

Average Monthly Compensation

The sum of a participant's compensation during the five highest consecutive calendar years out of the last 10 years prior to the date of termination, divided by 60.

If the participant has been employed for less than 60 months, the Average Monthly Compensation is the sum of the participant's total compensation divided by the number of complete months the participant had worked prior to the date of termination.

Compensation

The participants' wages during the year. Compensation includes deferred compensation under Code sections 125 and 403(b).

Year of Service

For vesting and benefit accrual purposes, a Year of Service is credited for each calendar year in which a participant completes 1,000 hours of service.

Social Security Covered Compensation

The average of the maximum taxable wage bases for the 35 calendar years ending with the last day of the calendar year in which the participant attains Social Security Retirement Age. In calculating an individual's Covered Compensation in any given year, the current year's wage base is assumed to remain level in future years.

Schedule SB Attachment (Form 5500)—2013 Plan Year
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Accrued Benefit

The Accrued Benefit is the greatest of (a), (b) and (c):

- (a) The Normal Retirement Benefit multiplied by the Service Ratio. In determining the Normal Retirement Benefit, Years of Service is computed as the sum of Years of Service at the determination date and the number of years from the determination date to the Normal Retirement Date.
- (b) The accrued benefit based on the provisions in effect as of November 26, 1996.
- (c) The accrued benefit based on the provisions in effect as of May 14, 1998.

Service Ratio

Years of Service at the determination date divided by projected Years of Service at Normal Retirement Date, not to exceed 1.

Normal Form of Benefit

A monthly annuity payable for the lifetime of the participant with 60 months of payments guaranteed. If the participant dies before 60 payments are made, payments will continue to the beneficiary until a total of 60 payments are made.

Optional Forms

Single Life Annuity; 10- and 15-year Certain and Life Annuity; 50%, 75%, and 100% Joint and Survivor Annuity; Lump Sum

Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

- A change in the mortality basis for lump-sum payments from the 2012 plan year IRC section 417(e)(3) mortality table to the 2013 plan year IRC section 417(e)(3) mortality table.
- An increase in the annual pay limit under IRC section 401(a)(17) from \$250,000 in 2012 to \$255,000 in 2013.
- An increase in the annual maximum benefit limit under IRC section 415 from \$200,000 in 2012 to \$205,000 in 2013.

Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2013 Plan Year
University Hospitals Conneaut Medical Center Employees Pension Plan
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Schedule SB, line 24—Change in Actuarial Assumptions

The funding valuation reflects the following assumption changes:

- A change in the interest rate assumption from segment rates as of September 2011 to segment rates as of September 2012, each adjusted as applicable to fall within the 25-year average interest rate stabilization corridor.
- A change in the mortality assumption from the 2012 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e) to the 2013 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e).
- A change in the retirement rates to better reflect anticipated plan experience.

The interest rate and mortality assumption changes are prescribed, so approval of the Commissioner is not required. The change in the retirement rates assumption for active participants was made to better reflect the anticipated plan experience. This assumption change did not reduce the funding shortfall by more than \$50 million or 5% of the Funding Target; as such, approval of the Commissioner is not required.

Schedule SB Attachment (Form 5500)—2013 Plan Year
University Hospitals Conneaut Medical Center Employees Pension Plan
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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2013

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34			6	2						
35-39		1	8	5	2					
40-44		3	6	3	2	1				
45-49		3	5	5	5	5				
50-54		2	5	4	3	5	1	4	2	
55-59			9	7	3	3	3	6	6	1
60-64			3	2	1	3	1		5	1
65-69		2	1					1		
70+						1				

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Schedule SB, line 19—Discounted Employer Contributions

Year applied for contributions: 2013

Date	Amount	Days to Discount to 1/1/2013 at 6.65%	Interest Adjusted Contribution
April 14, 2014	\$ 154,847	468	\$ 142,578
July 10, 2014	154,847	555	140,406
September 5, 2014	<u>687,238</u>	612	<u>616,914</u>
Total Contribution	\$ 996,932		\$ 899,898

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

The average retirement age shown in line 22 has been calculated by assuming the following retirement rates and no decrements other than retirement for this calculation. All retirements are assumed to occur at mid-year, except for the 100% retirement age.

(a)	(b)	(c)	(d)
Age	Rate	Weight	Product (a) × (b) × (c)
55.5	7.00%	1.0000	3.89
56.5	7.00%	0.9300	3.68
57.5	7.00%	0.8649	3.48
58.5	8.00%	0.8044	3.76
59.5	8.00%	0.7400	3.52
60.5	8.00%	0.6808	3.30
61.5	12.00%	0.6263	4.62
62.5	14.00%	0.5512	4.82
63.5	14.00%	0.4740	4.21
64.5	18.00%	0.4077	4.73
65.5	30.00%	0.3343	6.57
66.5	25.00%	0.2340	3.89
67.5	15.00%	0.1755	1.78
68.5	20.00%	0.1492	2.04
69.5	25.00%	0.1193	2.07
70	100.00%	0.0895	6.27
Weighted Average			62.63

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

Interest Rates for Minimum Funding Purposes	Based on segment rates with a four-month look-back (as of September 2012), each adjusted as needed to fall within the 25-year average interest rate corridor under HATFA
1st Segment Rate	5.23%
2nd Segment Rate	6.51%
3rd Segment Rate	7.16%
Interest Rates for Maximum Tax Purposes	Based on segment rates with a four-month look-back (as of September 2012), without regard interest rate stabilization
1st Segment Rate	1.75%
2nd Segment Rate	4.62%
3rd Segment Rate	5.72%
Salary Increases	
Minimum Funding Target Normal Cost	4.50%
Maximum Tax Expected Benefit Increase	4.50%
Social Security Wage Base Increases	Future wage indices are based on a national wage increase of 3.00% per year.
Optional Payment Form Election Percentage	60% of eligible participants elect lump sum. All others elect five-year certain & life annuity.
Optional Payment Form Conversion Interest Rate	Same as funding interest rates above for lump sums
Optional Payment Form Conversion Mortality	2013 417(e) table for lump sums
Retirement Age	
Active Participants	See Table 2
Terminated Vested Participants	Age 61
Mortality Rates	
Healthy and Disabled	2013 static mortality table for annuitants and non-annuitants per §1.430(h)(3)-1(e)
Withdrawal Rates	See Table 3

Schedule SB Attachment (Form 5500)—2013 Plan Year
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Disability Rates	See Table 4
Decrement Timing	Middle of year decrements, with 100% retirement occurring at beginning of year
Surviving Spouse Benefit	It is assumed that 75% of males and 75% of females have an eligible spouse, and that males are three years older than their spouses.
Valuation Compensation	2012 Pensionable earnings rolled forward one year with the salary increase assumption
Benefit and Compensation Limits	Projected benefits and compensation are limited by the current IRC section 415 maximum benefit of \$205,000 and the IRC section 401(a)(17) compensation limit of \$255,000.
Valuation of Plan Assets	Smoothed fair market value of assets over the current and prior two years, adjusted for contributions, benefit payments, administrative expenses, and expected earnings. The average value of assets calculated in this manner is further limited to not less than 90% nor more than 110% of fair market value. A characteristic of this method is that the expected distribution of the value of plan assets is skewed toward understatement relative to the corresponding market values for expected long-term rates of return in excess of the third segment rate under IRC section 430(h)(2)(C)(iii).
Expected Return on Assets	
2011 Plan Year	6.75%, limited to 6.57%
2012 Plan Year	6.75%
Trust Expenses Included in Target Normal Cost	\$90,000 based on the prior year's actual plan administrative expenses, rounded to the nearest \$10,000
Actuarial Method	Standard unit credit cost method
Valuation Date	January 1, 2013

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Table 1

Salary Merit Increase Rates

Age	Rate	Age	Rate
15	4.75%	45	3.75%
16	4.75%	46	3.75%
17	4.75%	47	3.75%
18	4.75%	48	3.75%
19	4.75%	49	3.75%
20	4.75%	50	3.25%
21	4.75%	51	3.25%
22	4.75%	52	3.25%
23	4.75%	53	3.25%
24	4.75%	54	3.25%
25	4.75%	55	2.75%
26	4.75%	56	2.75%
27	4.75%	57	2.75%
28	4.75%	58	2.75%
29	4.75%	59	2.75%
30	4.50%	60	2.75%
31	4.50%	61	2.75%
32	4.50%	62	2.75%
33	4.50%	63	2.75%
34	4.50%	64	2.75%
35	4.25%	65+	2.75%
36	4.25%		
37	4.25%		
38	4.25%		
39	4.25%		
40	4.00%		
41	4.00%		
42	4.00%		
43	4.00%		
44	4.00%		

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Table 2

Retirement Rates	
Age	Rate
55	7.00%
56	7.00%
57	7.00%
58	8.00%
59	8.00%
60	8.00%
61	12.00%
62	14.00%
63	14.00%
64	18.00%
65	30.00%
66	25.00%
67	15.00%
68	20.00%
69	25.00%
70+	100.00%

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Withdrawal Rates

Age	Years of Service				
	0–1	2	3	4	5+
15	20.00%	20.00%	20.00%	20.00%	17.97%
16	20.00%	20.00%	20.00%	20.00%	17.97%
17	20.00%	20.00%	20.00%	20.00%	17.97%
18	20.00%	20.00%	20.00%	20.00%	17.97%
19	20.00%	20.00%	20.00%	20.00%	17.97%
20	20.00%	20.00%	20.00%	20.00%	17.97%
21	20.00%	20.00%	20.00%	20.00%	17.50%
22	20.00%	20.00%	20.00%	20.00%	17.05%
23	20.00%	20.00%	20.00%	20.00%	16.61%
24	20.00%	20.00%	20.00%	20.00%	16.18%
25	18.00%	16.00%	15.00%	14.00%	14.18%
26	18.00%	16.00%	15.00%	14.00%	13.82%
27	18.00%	16.00%	15.00%	14.00%	13.46%
28	18.00%	16.00%	15.00%	14.00%	13.11%
29	18.00%	16.00%	15.00%	14.00%	12.49%
30	18.00%	16.00%	15.00%	14.00%	11.76%
31	18.00%	16.00%	15.00%	14.00%	11.45%
32	18.00%	16.00%	15.00%	14.00%	11.15%
33	18.00%	16.00%	15.00%	14.00%	10.86%
34	18.00%	16.00%	15.00%	14.00%	10.58%
35	18.00%	16.00%	13.00%	13.00%	9.70%
36	18.00%	16.00%	13.00%	13.00%	9.46%
37	18.00%	16.00%	13.00%	13.00%	9.21%
38	18.00%	16.00%	13.00%	13.00%	8.97%
39	18.00%	16.00%	13.00%	13.00%	8.74%
40	18.00%	16.00%	13.00%	13.00%	8.30%
41	18.00%	16.00%	13.00%	13.00%	8.09%
42	18.00%	16.00%	13.00%	13.00%	7.88%
43	18.00%	16.00%	13.00%	13.00%	7.68%
44	18.00%	16.00%	13.00%	13.00%	7.47%

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Withdrawal Rates

Age	Years of Service				
	0–1	2	3	4	5+
45	15.00%	15.00%	13.00%	13.00%	7.29%
46	15.00%	15.00%	13.00%	13.00%	7.09%
47	15.00%	15.00%	13.00%	13.00%	6.91%
48	15.00%	15.00%	13.00%	13.00%	6.73%
49	15.00%	15.00%	13.00%	13.00%	6.56%
50	15.00%	12.00%	12.00%	12.00%	6.39%
51	15.00%	12.00%	12.00%	12.00%	6.22%
52	15.00%	12.00%	12.00%	12.00%	6.06%
53	15.00%	12.00%	12.00%	12.00%	5.90%
54	15.00%	12.00%	12.00%	12.00%	5.76%
55	15.00%	12.00%	12.00%	12.00%	5.60%
56	15.00%	12.00%	12.00%	12.00%	5.46%
57	15.00%	12.00%	12.00%	12.00%	5.32%
58	15.00%	12.00%	12.00%	12.00%	5.18%
59	15.00%	12.00%	12.00%	12.00%	5.05%
60+	15.00%	12.00%	12.00%	12.00%	0.00%

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Table 4

Disability Rates

Age	Rate	Age	Rate
15	0.083%	45	0.263%
16	0.083%	46	0.292%
17	0.083%	47	0.321%
18	0.083%	48	0.372%
19	0.083%	49	0.422%
20	0.083%	50	0.473%
21	0.083%	51	0.523%
22	0.083%	52	0.574%
23	0.083%	53	0.670%
24	0.083%	54	0.766%
25	0.083%	55	0.863%
26	0.083%	56	0.959%
27	0.083%	57	1.055%
28	0.083%	58	1.146%
29	0.083%	59	1.236%
30	0.083%	60	1.327%
31	0.083%	61	1.417%
32	0.083%	62	1.508%
33	0.083%	63	1.508%
34	0.083%	64	1.508%
35	0.083%	65+	0.000%
36	0.083%		
37	0.083%		
38	0.083%		
39	0.083%		
40	0.114%		
41	0.114%		
42	0.175%		
43	0.204%		
44	0.233%		

Schedule SB Attachment (Form 5500)—2013 Plan Year
University Hospitals Conneaut Medical Center Employees Pension Plan
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Schedule SB, Part V—Summary of Plan Provisions

Effective Date	As amended and restated effective January 1, 1989.
Participation Date	January 1 or July 1 following the participant's twenty-first birthday and the completion of one qualifying Year of Service. Hired prior to January 1, 2009.
Normal Retirement Eligibility	First day of the month on or after the later of the participant's sixty-fifth birthday and the fifth anniversary of participation in the plan.
Benefit	The greatest of (a), (b), and (c): (a) 1.10% of Average Monthly Compensation, plus 0.65% of Average Monthly Compensation in excess of Social Security Covered Compensation, the sum multiplied by Years of Service up to a maximum of 30 years. (b) The accrued benefit under the plan provisions in effect as of November 26, 1996. (c) The accrued benefit under the plan provisions in effect as of May 14, 1998.
Early Retirement Eligibility	Age 55 and 10 Years of Service.
Benefit	Accrued Benefit actuarially reduced for commencement at the Early Retirement Date. Minimum early retirement factors apply to the November 26, 1996 Minimum Accrued Benefit. The reduction applied to this minimum benefit is 0.5% for each of the first 60 months and 0.4% for each of the next 60 months.

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Delayed Retirement
Eligibility

The participant continues to work past the Normal Retirement Date.

Benefits shall not commence until the participant actually terminates employment.

Benefit

The greater of (a) and (b):

- (a) The benefit based on compensation and Years of Service at the date of termination.
- (b) The Accrued Benefit on the Normal Retirement Date increased by one-half of one percent for each month by which the actual retirement date is later than the Normal Retirement Date.

Disabled Retirement
Eligibility

Termination due to total and permanent disability.

Benefit

Accrued Benefit as of the date of disability commencing on the Normal Retirement Date. The participant may elect to receive a reduced benefit following six months of disability. The reduced benefit is the actuarial equivalent of the Normal Retirement Benefit.

Deferred Vested Retirement
Eligibility

Five Years of Service.

Benefit

Accrued Benefit as of the date of termination commencing at the Normal Retirement Date.

A participant who has completed 10 Years of Service at termination may elect to commence benefit payments at the Early Retirement Date.

Lump-Sum Benefit
Eligibility

Any participant eligible for a vested retirement benefit.

Benefit

Participant may elect to receive a single lump-sum payment equal to the actuarial present value of the Normal Retirement Benefit.

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Survivor Benefit

Eligibility

Any participant eligible for a vested retirement benefit.

Benefit

Fifty percent of the participant's Accrued Benefit reduced for both Joint and 50% Survivor benefit form and early receipt of benefits. The benefit is payable at the participant's earliest retirement age.

Definitions

Average Monthly Compensation

The sum of a participant's compensation during the five highest consecutive calendar years out of the last 10 years prior to the date of termination, divided by 60.

If the participant has been employed for less than 60 months, the Average Monthly Compensation is the sum of the participant's total compensation divided by the number of complete months the participant had worked prior to the date of termination.

Compensation

The participants' wages during the year. Compensation includes deferred compensation under Code sections 125 and 403(b).

Year of Service

For vesting and benefit accrual purposes, a Year of Service is credited for each calendar year in which a participant completes 1,000 hours of service.

Social Security Covered Compensation

The average of the maximum taxable wage bases for the 35 calendar years ending with the last day of the calendar year in which the participant attains Social Security Retirement Age. In calculating an individual's Covered Compensation in any given year, the current year's wage base is assumed to remain level in future years.

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Accrued Benefit

The Accrued Benefit is the greatest of (a), (b) and (c):

- (a) The Normal Retirement Benefit multiplied by the Service Ratio. In determining the Normal Retirement Benefit, Years of Service is computed as the sum of Years of Service at the determination date and the number of years from the determination date to the Normal Retirement Date.
- (b) The accrued benefit based on the provisions in effect as of November 26, 1996.
- (c) The accrued benefit based on the provisions in effect as of May 14, 1998.

Service Ratio

Years of Service at the determination date divided by projected Years of Service at Normal Retirement Date, not to exceed 1.

Normal Form of Benefit

A monthly annuity payable for the lifetime of the participant with 60 months of payments guaranteed. If the participant dies before 60 payments are made, payments will continue to the beneficiary until a total of 60 payments are made.

Optional Forms

Single Life Annuity; 10- and 15-year Certain and Life Annuity; 50%, 75%, and 100% Joint and Survivor Annuity; Lump Sum

Plan Changes Since the Prior Year

The funding valuation reflects the following plan changes:

- A change in the mortality basis for lump-sum payments from the 2012 plan year IRC section 417(e)(3) mortality table to the 2013 plan year IRC section 417(e)(3) mortality table.
- An increase in the annual pay limit under IRC section 401(a)(17) from \$250,000 in 2012 to \$255,000 in 2013.
- An increase in the annual maximum benefit limit under IRC section 415 from \$200,000 in 2012 to \$205,000 in 2013.

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Other Information to Fully and Fairly Disclose the Actuarial Position of the Plan

Due to software limitations with the electronic filing process, information filed electronically cannot be controlled by the Enrolled Actuary. The values on the signed Schedule SB will govern to the extent there are any differences in the entries filed electronically and the actual data contained on the signed Schedule SB.

Schedule SB Attachment (Form 5500)—2013 Plan Year
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Schedule SB, line 26—Schedule of Active Participant Data as of January 1, 2013

Attained Age	Number of Participants									
	Years of Credited Service									
	<1	1-4	5-9	10-14	15-19	20-24	25-29	30-34	35-39	40+
<25										
25-29										
30-34			6	2						
35-39		1	8	5	2					
40-44		3	6	3	2	1				
45-49		3	5	5	5	5				
50-54		2	5	4	3	5	1	4	2	
55-59			9	7	3	3	3	6	6	1
60-64			3	2	1	3	1		5	1
65-69		2	1					1		
70+						1				

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Plan Name	University Hospitals Conneaut Medical Center Employees' Pension Plan
Plan Sponsor EIN	34-0714550
ERISA Plan No.	001
Plan Year End	December 31, 2013

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4i	Schedule of Assets (Held at End of Year)

Plan Name	University Hospitals Conneaut Medical Center Employees' Pension Plan
Plan Sponsor EIN	34-0714550
ERISA Plan No.	001
Plan Year End	December 31, 2013

The required attachment noted below is included within the Accountant's Opinion attachment to the Form 5500 Schedule H, Part III, which consists of the entire Audit report issued by the Plan's Independent Qualified Public Accountant (IQPA).

Form/Schedule	Line Item	Description
5500 Schedule H	Line 4j	Schedule of Reportable Transactions