

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2014 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

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

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/13/2015	THOMAS W. SCHILLING
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number) (optional)			Preparer's telephone number (optional)

3a Plan administrator's name and address ☒ Same as Plan Sponsor	3b Administrator's EIN 3c Administrator's telephone number
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 1393
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 471
a(2) Total number of active participants at the end of the plan year	6a(2) 468
b Retired or separated participants receiving benefits	6b 458
c Other retired or separated participants entitled to future benefits.....	6c 427
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1353
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 32
f Total. Add lines 6d and 6e	6f 1385
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 1I	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III**Form M-1 Compliance Information (to be completed by welfare benefit plans)**

11a If the plan provides welfare benefits, was the plan subject to the Form M-1 filing requirements during the plan year? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

If "Yes" is checked, complete lines 11b and 11c.

11b Is the plan currently in compliance with the Form M-1 filing requirements? (See instructions and 29 CFR 2520.101-2.) ☐ Yes ☐ No

11c Enter the Receipt Confirmation Code for the 2014 Form M-1 annual report. If the plan was not required to file the 2014 Form M-1 annual report, enter the Receipt Confirmation Code for the most recent Form M-1 that was required to be filed under the Form M-1 filing requirements. (Failure to enter a valid Receipt Confirmation Code will subject the Form 5500 filing to rejection as incomplete.)

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014	
Round off amounts to nearest dollar.	
Caution: A penalty of \$1,000 will be assessed for late filing of this report unless reasonable cause is established.	
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF MERCY MEMORIAL HOSPITAL CORPORATION	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF PROMEDICA	D Employer Identification Number (EIN) 38-1984289
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information			
1 Enter the valuation date: Month 01 Day 01 Year 2014			
2 Assets:			
a Market value	2a	62651667	
b Actuarial value	2b	61103751	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	463	28247377	28247377
b For terminated vested participants	459	11103316	11103316
c For active participants	471	19755981	20422400
d Total	1393	59106674	59773093
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	6.52%	
6 Target normal cost	6	370000	

Statement by Enrolled Actuary

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

SIGN HERE	Signature of actuary JEFFRY P. BLASZKOWSKI FSA, EA, MAAA Type or print name of actuary MERCER Firm name ONE TOWNE SQUARE SUITE 1100 SOUTHFIELD, MI 48076 Address of the firm	Date 14-06646 Most recent enrollment number 248-945-5500 Telephone number (including area code)
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Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of 12.04%	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		617371
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of 6.35%		39203
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		656574
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages		
14 Funding target attainment percentage	14	102.22 %
15 Adjusted funding target attainment percentage	15	102.22 %
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	91.50 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/11/2014	600000	0	07/24/2015	600000	0
07/11/2014	600000	0			
10/06/2014	600000	0			
01/12/2015	600000	0			
04/10/2015	600000	0			
06/26/2015	600000	0			
Totals ▶			18(b)	4200000	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	3948043
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
0	0	0
		(4) 4th
		0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):												
a Target normal cost (line 6).....	31a	370000										
b Excess assets, if applicable, but not greater than line 31a	31b	370000										
32 Amortization installments:	<table border="1"> <thead> <tr> <th></th> <th>Outstanding Balance</th> <th>Installment</th> </tr> </thead> <tbody> <tr> <td>a Net shortfall amortization installment.....</td> <td>0</td> <td>0</td> </tr> <tr> <td>b Waiver amortization installment</td> <td>0</td> <td>0</td> </tr> </tbody> </table>				Outstanding Balance	Installment	a Net shortfall amortization installment.....	0	0	b Waiver amortization installment	0	0
	Outstanding Balance	Installment										
a Net shortfall amortization installment.....	0	0										
b Waiver amortization installment	0	0										
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33											
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	0										
		Carryover balance	Prefunding balance									
35 Balances elected for use to offset funding requirement.....	0	0	0									
36 Additional cash requirement (line 34 minus line 35).....	36	0										
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	3948043										
38 Present value of excess contributions for current year (see instructions)												
a Total (excess, if any, of line 37 over line 36)	38a	3948043										
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
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014		
A Name of plan RETIREMENT PLAN FOR EMPLOYEES OF MERCY MEMORIAL HOSPITAL CORPORATION	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 PROMEDICA	D Employer Identification Number (EIN) 38-1984289	

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)

MERCER

13-2834414

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11	N/A	112087	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

EAGLE CAPITAL MANAGEMENT

22-3361201

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	N/A	77967	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

WELLESLEY INVESTMENT ADVISORS, INC

04-3154394

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	N/A	47490	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

WILLIAM BLAIR & CO. LLC

36-2214610

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	N/A	39969	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

DELAWARE INVESTMENT MANAGEMENT

23-2859590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	N/A	37896	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

AILERON LTD.

38-3104483

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
17	N/A	35000	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

MONROE BANK & TRUST

38-0847680

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
52 64	N/A	29152	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SEGALL BRYANT & HAMILL

41-1788385

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	N/A	26317	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PNC INSTITUTIONAL INVESTMENT

25-1211909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	N/A	26264	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

PLANTE MORAN

38-1357951

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
10	N/A	21900	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JP MORGAN CHASE

13-4994650

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	N/A	19680	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

JOHNSTON ASSET MANAGEMENT CORP

13-3257590

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	N/A	14275	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)

WHV INVESTMENTS

91-1631301

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	N/A	6721	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
JP MORGAN CHASE	21	3379
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
JP MORGAN INVESTMENT MANAGEMENT 245 PARK AVENUE NEW YORK, NY 10167	REVENUE SHARE ON MUTUAL FUNDS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

Part III **Termination Information on Accountants and Enrolled Actuaries (see instructions)**
(complete as many entries as needed)

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>		
A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF MERCY MEMORIAL HOSPITAL CORPORATION</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PROMEDICA</u>		D Employer Identification Number (EIN) <u>38-1984289</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	1547 0
b Receivables (less allowance for doubtful accounts):		
(1) Employer contributions.....	1b(1)	600000 2400000
(2) Participant contributions.....	1b(2)	
(3) Other.....	1b(3)	272082 258984
c General investments:		
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)	1853916 3025000
(2) U.S. Government securities	1c(2)	14466600 16515377
(3) Corporate debt instruments (other than employer securities):		
(A) Preferred	1c(3)(A)	
(B) All other	1c(3)(B)	22403454 23720112
(4) Corporate stocks (other than employer securities):		
(A) Preferred	1c(4)(A)	1104546 1359102
(B) Common.....	1c(4)(B)	21951607 19275807
(5) Partnership/joint venture interests	1c(5)	
(6) Real estate (other than employer real property).....	1c(6)	
(7) Loans (other than to participants)	1c(7)	
(8) Participant loans.....	1c(8)	
(9) Value of interest in common/collective trusts	1c(9)	
(10) Value of interest in pooled separate accounts	1c(10)	
(11) Value of interest in master trust investment accounts	1c(11)	
(12) Value of interest in 103-12 investment entities.....	1c(12)	
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	
(15) Other.....	1c(15)	

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	62653752	66554382

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	62653752	66554382
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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)	4200000	
(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)		4200000
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	298	
(B) U.S. Government securities	2b(1)(B)	345927	
(C) Corporate debt instruments	2b(1)(C)	716065	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)	20617	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		1082907
(2) Dividends: (A) Preferred stock	2b(2)(A)	90645	
(B) Common stock	2b(2)(B)	248859	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		339504
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	70848312	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	66474793	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		4373519
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-2438268	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-2438268

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		7557662

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2960571	
(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)		2960571
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)	133987	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	361637	
(4) Other	2i(4)	200837	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		696461
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3657032

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		3900630
l Transfers of assets:			
(1) To this plan	2l(1)		
(2) From this plan	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☒ Yes ☐ No

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

(1) Name: PLANTE & MORAN, PLLC

(2) EIN: 38-1357951

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
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	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
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	
4f			
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	
4g			
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	
4h			
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		
4i			
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		
4j			
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	
4k			
l Has the plan failed to provide any benefit when due under the plan?.....		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

A Name of plan <u>RETIREMENT PLAN FOR EMPLOYEES OF MERCY MEMORIAL HOSPITAL CORPORATION</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>PROMEDICA</u>	D Employer Identification Number (EIN) <u>38-1984289</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>38-0847680</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>0</u>

Part II	Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)
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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: 40.0% Investment-Grade Debt: 59.0% High-Yield Debt: _____% Real Estate: _____% Other: 1.0%

- b** Provide the average duration of the combined investment-grade and high-yield debt:

☐ 0-3 years ☒ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more

- c** What duration measure was used to calculate line 19(b)?

☐ Effective duration ☐ Macaulay duration ☒ Modified duration ☐ Other (specify): _____

Independent Auditor's Report

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

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of Retirement Plan for Employees of Mercy Memorial Hospital Corporation (the "Plan"), which comprise the statement of net assets available for benefits as of December 31, 2014 and 2013 and the related statement of changes in net assets available for benefits for the years then ended, and the statement of accumulated plan benefits as of January 1, 2014 and the related statement of changes in accumulated plan benefits for the year ended January 1, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditor's Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by JPMorgan Chase Bank N.A. (the "Trustee"), except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the Trustee holds the Plan's investment assets and executes related transactions. The plan administrator has obtained certifications from the Trustee as of and for the years ended December 31, 2014 and 2013 that the information provided to the plan administrator by the Trustee is complete and accurate.

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

Disclaimer of Opinion

Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we have not been able to obtain sufficient appropriate 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 of assets held at end of year and reportable transactions as of and for the year ended December 31, 2014 are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under ERISA and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the *Basis for Disclaimer of Opinion* paragraph, we do not express an opinion on these supplemental schedules.

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

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

Plante & Moran, PLLC

Southfield, Michigan
September 30, 2015

Schedule SB, line 26 — Schedule of Active Participant Data

Attained age	Years of credited service										
	Under 1	1–4	5–9	10–14	15–19	20–24	25–29	30–34	35–39	40 & up	Total
Under 25											
25–29	1	2									3
30–34	1	13	8								22
35–39	2	12	25	4							43
40–44		13	20	24	6						63
45–49		7	20	13	19	5					64
50–54	2	10	17	13	13	19	9				83
55–59	2	12	17	21	16	14	21	11			114
60–64		6	9	13	12	9	5	9	6		69
65–69		1		2	1				1	1	6
70 & up		1	1	2							4
Total	8	77	117	92	67	47	35	20	7	1	471

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

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

Discount rate sponsor elections

• Segment rates or full yield curve	Segment		
• Look-back months	0		
	<u>Stabilized rates</u>	<u>Nonstabilized rates</u>	
• First 5 years	4.99%	1.25%	
• Next 15 years	6.32%	4.06%	
• Over 20 years	6.99%	5.08%	

Mortality sponsor elections

• Healthy participants	Section 430(h)(3) prescribed separate generational annuitant and nonannuitant mortality tables
• Disabled participants	Revenue Ruling 96-7 table for participants who became disabled after 1994

Other economic assumptions

• Salary increases	N/A
• Social Security wage base	N/A
• Inflation	N/A
• Expected investment return	6.00%, net of investment and trading expenses
• Expenses	\$370,000 added to current year normal cost to represent administrative expenses

Demographic assumptions

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

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

- Retirement age

	<u>Percentage</u>	
<u>Attained age</u>	<u>Male</u>	<u>Female</u>
Under 55	0%	0%
55	3.7%	3.7%
56	3.2%	3.2%
57	2.9%	2.9%
58	2.5%	2.5%
59	2.3%	2.3%
60	5.2%	5.2%
61	5.1%	5.1%
62	40%	40%
63	20%	20%
64	20%	20%
65 and above	100%	100%
• Benefit commencement age for		
— Future vested deferred	65	
— Current vested deferred	65	
• Spouse assumptions	<u>Male participants</u>	<u>Female participants</u>
— Percentage married	80%	70%
— Spouse age difference	3 years younger	3 years older
Form of payment	<u>Single life</u>	<u>50% J&S</u>
• Active retirements	85%	15%
• Future vested deferred	85%	15%
• Future disabilities	85%	15%
• Future deaths	0%	100%
• Current vested deferred	85%	15%
Unpredictable contingent event assumptions	Not applicable	

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

Actuarial Methods

Asset Methods

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

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

Participant Methods

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

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

Minimum Funding Methods

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

A detailed description of the calculation follows:

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

**Retirement Plan for Employees of Mercy
Memorial Hospital Corporation**

**Schedule of Reportable Transactions
Form 5500, Schedule H, Line 4j
EIN 38-1984289, Plan No. 001
Year Ended December 31, 2014**

(a) Identity of Party Involved	(b) Description of Asset	(c) Purchase Price	(d) Selling Price	(g) Cost of Asset	(h) Current Value of Asset on Transaction Date		(i) Net Gain (Loss)
JPMorgan Chase Bank N.A.	JPMorgan Prime Money Market Fund:						
	Purchases - 908	\$ 36,175,480	\$ -	\$ 36,175,480	\$ 36,175,480	\$ -	
	Sales - 542	-	35,004,396	35,004,396	35,004,396	-	

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

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014

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

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

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

Part I Basic Information			
1 Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2014</u>			
2 Assets:			
a Market value	2a	62651667	
b Actuarial value	2b	61103751	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	463	28247377	28247377
b For terminated vested participants	459	11103316	11103316
c For active participants	471	19755981	20422400
d Total	1393	59106674	59773093
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	6.52%	
6 Target normal cost	6	370000	

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

SIGN HERE	 Signature of actuary JEFFRY P. BLASZKOWSKI FSA, EA, MAAA Type or print name of actuary	<u>9-29-2015</u> Date 1406646 Most recent enrollment number 248-945-5500 Telephone number (including area code)
MERCER Firm name ONE TOWNE SQUARE SUITE 1100 SOUTHFIELD MI 48076 Address of the firm		

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

Part II Beginning of Year Carryover and Prefunding Balances

	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	0
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	0
10 Interest on line 9 using prior year's actual return of <u>12.04</u> %	0	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		617371
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.35</u> %		39203
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		656574
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	0	0

Part III Funding Percentages

14 Funding target attainment percentage	14	102.22%
15 Adjusted funding target attainment percentage	15	102.22%
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	91.50%
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.	17	%

Part IV Contributions and Liquidity Shortfalls**18** Contributions made to the plan for the plan year by employer(s) and employees:

(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/11/2014	600000	0			
07/11/2014	600000	0			
10/06/2014	600000	0			
01/12/2015	600000	0			
04/10/2015	600000	0			
06/26/2015	600000	0			
07/24/2015	600000	0			
Totals ▶			18(b)	4200000	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	3948043

20 Quarterly contributions and liquidity shortfalls:

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

Liquidity shortfall as of end of quarter of this plan year

(1) 1st	(2) 2nd	(3) 3rd	(4) 4th
0	0	0	0

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99%	2nd segment: 6.32%	3rd segment: 6.99%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 0
22 Weighted average retirement age				22 62
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	370000	
b Excess assets, if applicable, but not greater than line 31a	31b	370000	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ...	34	0	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	0	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	3948043	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	3948043	
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, line 22 — Description of Weighted Average Retirement Age

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

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

Schedule SB, Part V — Summary of Plan Provisions

Summary of Major Plan Provisions

Effective date and plan year	Original plan: January 1, 1973 Restated plan: January 1, 2009 Plan year: Calendar year
Status of the plan	The plan is frozen as of September 30, 2009, so that no future benefits will accrue under the plan.
Significant events that occurred during the year	None

Definitions

• Covered employees	All Employees of Mercy Memorial Hospital Corporation except for Pool, Standby, Temporary or Contract Employees.
• Participation	An Employee becomes a Member of the plan on the anniversary of the date of employment provided that he or she has attained age 21 and has completed 1,000 hours of service during the first 12 months of employment. Otherwise, the Employee becomes a Member upon completion of 1,000 hours of service in a plan year. Employees hired on or after July 1, 2005 are not eligible to participate in the plan.
• Eligibility service	A Member receives one year for each plan year in which he or she is credited with at least 1,000 hours.
• Credited service	Credited Service is determined as follows: • Prior to January 1, 1976 — Credited Service before January 1, 1976 is determined on the basis of full-time service with the Hospital (at least 60 hours in any 2-week pay period) and is computed monthly (to the nearest 1/12 year). It does not include service earned before reaching age 21 and completing one year of full-time service. • After January 1, 1976 — Credited Service after January 1, 1976 (and after becoming a Member of the Plan) is earned on the basis of hours of service during each plan year in accordance with the following schedule.

Hours of Service

Credited Service

At least 1,000 but less than 1,050	6/12
At least 1,050 but less than 1,200	7/12
At least 1,200 but less than 1,350	8/12
At least 1,350 but less than 1,500	9/12
At least 1,500 but less than 1,650	10/12
At least 1,650 but less than 1,800	11/12
1,800 or more	1 year

If a Member has less than 1,000 Hours of Service in the plan year of his retirement, termination or death, the Member will receive Credited Service in accordance with the following schedule:

Schedule SB, Part V — Summary of Plan Provisions

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

Schedule SB, Part V — Summary of Plan Provisions

Early retirement				
• Eligibility	Age 55 and five years of Eligibility Service.			
• Benefit	Accrued retirement benefit as of early retirement date reduced for commencement prior to age 65 to reflect the increased payout period. Benefit is reduced according to the factors provided in the plan.			
	<u>Age</u>	<u>Factor</u>	<u>Age</u>	<u>Factor</u>
	55	.4862	61	.7308
	56	.5292	62	.7692
	57	.5769	63	.8462
	58	.6154	64	.9231
	59	.6538	65	1.000
	60	.6923		
Deferred vested				
• Eligibility	Completion of five years of Eligibility Service.			
• Benefit	Normal Retirement Benefit based on service and compensation at termination. Benefit is payable at age 65. A reduced benefit may begin as early as age 55.			
Disability				
• Eligibility	A Member age 50 determined to be permanently and totally disabled who has 10 or more years of Eligibility Service.			
• Benefit	Benefit is the accrued benefit at the time of disability payable the first day of the month when eligible for disability benefits under the Federal Social Security Act.			
Pre-retirement death				
• Eligibility	All Members eligible for a Vested Retirement Benefit (whether or not actively employed) who are married at date of death automatically receive coverage under this option, unless rejected by the Member and the Member's spouse.			
• Benefit	In the event of a vested Member's death prior to benefit commencement, a 50% survivor annuity will be paid to the Member's spouse. Benefits to the spouse are payable on the first day of the month following the Member's death, or if later, the first day of the month following the Member's 55th birthday. The benefit payable is the Member's accrued benefit at date of death, reduced actuarially for survivor annuity and reduced for early commencement (if applicable) by the early retirement factors provided in the plan. Cost of this protection is fully subsidized by the plan sponsor.			

Schedule SB, Part V — Summary of Plan Provisions

Form of benefits	
• Normal form for unmarried participants	Single life annuity
• Normal form for married participants	50% joint and survivor annuity
• Optional forms	Single life annuity, life annuity with 120-month certain period, 50% joint and survivor annuity, 75% joint and survivor annuity, 100% joint and survivor annuity
• Optional form conversion factors	UP-1984 mortality and 6% interest
Miscellaneous	
• Maximum compensation	Compensation for any 12-month period used to determine accrued benefits may not exceed the limits in IRC Section 401(a) (17) for the calendar year in which the 12-month period begins. The limit was \$245,000 as of the plan accrual freeze on September 30, 2009.
• Maximum benefits	Annual benefits may not exceed the limits in IRC Section 415. The limit was \$195,000 as of the plan accrual freeze on September 30, 2009.

Schedule SB, Part V — Summary of Plan Provisions

Benefits Included or Excluded

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

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

Plan Provision Changes Since Prior Valuation

Maximum benefit amounts under IRS rules were updated from 2013 to 2014.

**RETIREMENT PLAN FOR EMPLOYEES OF
MERCY MEMORIAL HOSPITAL CORPORATION**

**EIN: #38-1984289
Plan: #001**

**FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD
AT END OF YEAR AS OF DECEMBER 31, 2014 (UNAUDITED)**

(a)(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Money market fund - JPMorgan		\$ 3,025,000	\$ 3,025,000
FEDERAL FARM CREDIT BANK	1.59% due 09/19/2019	\$ 48,795	\$ 49,162
FEDERAL FARM CREDIT BANK	1.84% due 07/24/2020	171,500	171,824
FEDERAL FARM CREDIT BANK	2.00% due 01/10/2022	149,250	146,475
FEDERAL FARM CREDIT BANK	2.18% due 09/20/2021	148,257	149,303
FEDERAL HOME LOAN BANK	1.35% due 03/12/2019	49,875	49,427
FEDERAL HOME LOAN BANK	2.00% due 10/29/2027	199,200	193,016
FEDERAL HOME LOAN BANK	2.10% due 09/27/2021	147,459	146,301
FEDERAL HOME LOAN BANK	2.15% due 11/01/2022	46,175	48,347
FEDERAL HOME LOAN BANK	2.24% due 08/22/2022	250,000	244,878
FEDERAL HOME LOAN MTG CORP MTN	1.28% due 09/21/2018	49,950	49,573
FEDERAL HOME LOAN MTG CORP MTN	2.00% due 12/18/2020	149,550	148,370
FEDERAL HOME LOAN MTG CORP POOL #H09117F	6.50% due 11/01/2037	37,501	39,087
FEDERAL HOME LOAN MTG CORP POOL #N31448F	5.50% due 10/01/2037	46,044	47,965
FEDERAL HOME LOAN MTG CORP POOL #N31474F	5.00% due 12/01/2037	70,121	70,674
FEDERAL HOME LOAN MTG CORP POOL #P50531	6.50% due 01/01/2037	61,529	63,891
FEDERAL NATL MTG ASSN MTN	2.00% due 11/14/2022	248,500	241,358
FEDERAL NATL MTG ASSN POOL #745632A	5.00% due 03/01/2036	56,489	57,728
FEDERAL NATL MTG ASSN POOL #888993A	5.00% due 01/01/2036	136,863	139,592
FEDERAL NATL MTG ASSN POOL #889404A	5.00% due 06/01/2037	74,658	76,983
FEDERAL NATL MTG ASSN POOL #899303A	5.50% due 03/01/2037	102,753	104,512
FEDERAL NATL MTG ASSN POOL #928692A	5.50% due 08/01/2037	79,203	82,602
FEDERAL NATL MTG ASSN POOL #945117A	6.00% due 08/01/2037	49,757	51,186
FEDERAL NATL MTG ASSN POOL #946821A	6.00% due 09/01/2037	61,944	64,874
FEDERAL NATL MTG ASSN POOL #MA0127A	5.50% due 06/01/2039	63,868	65,307
GOVT NATIONAL MTG ASSN POOL #004335C	5.00% due 01/20/2039	45,774	46,441
GOVT NATIONAL MTG ASSN POOL #004391M	5.00% due 03/20/2039	165,796	167,138
GOVT NATIONAL MTG ASSN POOL #004462M	5.00% due 06/20/2039	59,355	59,810
GOVT NATIONAL MTG ASSN POOL #004489C	5.00% due 07/20/2039	216,696	214,991
GOVT NATIONAL MTG ASSN POOL #004513M	5.00% due 08/20/2039	183,418	181,976
GOVT NATIONAL MTG ASSN POOL #004554M	5.00% due 10/20/2039	35,167	35,426
GOVT NATIONAL MTG ASSN POOL #004573M	5.00% due 11/20/2039	88,279	86,778
GOVT NATIONAL MTG ASSN POOL #004652M	4.50% due 03/20/2040	270,009	269,993
GOVT NATIONAL MTG ASSN POOL #005014M	4.50% due 04/20/2041	92,001	92,239
GOVT NATIONAL MTG ASSN POOL #005052M	4.50% due 05/20/2041	61,817	61,976
GOVT NATIONAL MTG ASSN POOL #005095M	4.50% due 06/20/2041	51,560	51,693
GOVT NATIONAL MTG ASSN POOL #701705C	5.00% due 02/20/2039	140,381	143,880
FEDERAL HOME LOAN MTG CORP	2.38% due 01/13/2022	47,957	50,515
FEDERAL NATL MTG ASSN	2.63% due 09/06/2024	59,452	60,763
U.S. TREASURY NOTE	0.25% due 01/31/2015	125,000	125,015
U.S. TREASURY NOTE	0.38% due 01/15/2016	404,921	405,255
U.S. TREASURY NOTE	0.38% due 03/15/2015	826,450	825,520
U.S. TREASURY NOTE	0.88% due 12/31/2016	668,153	667,494
U.S. TREASURY NOTE	1.00% due 03/31/2017	345,787	346,456
U.S. TREASURY NOTE	1.25% due 01/31/2019	680,742	683,369
U.S. TREASURY NOTE	1.25% due 08/31/2015	355,768	352,489
U.S. TREASURY NOTE	1.25% due 10/31/2015	753,945	750,997
U.S. TREASURY NOTE	1.50% due 08/31/2018	1,012,437	1,004,840
U.S. TREASURY NOTE	2.25% due 01/31/2015	459,711	445,748
U.S. TREASURY NOTE	2.38% due 08/15/2024	80,097	81,482
U.S. TREASURY NOTE	3.00% due 09/30/2016	836,772	802,248
FEDERAL HOME LOAN MTG CORP	1.00% due 06/29/2017	180,629	180,355
FEDERAL HOME LOAN MTG CORP	2.38% due 01/13/2022	91,038	90,926
FEDERAL HOME LOAN MTG CORP	3.75% due 03/27/2019	153,954	146,927

**RETIREMENT PLAN FOR EMPLOYEES OF
MERCY MEMORIAL HOSPITAL CORPORATION**

EIN: #38-1984289

Plan: #001

**FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD
AT END OF YEAR AS OF DECEMBER 31, 2014 (UNAUDITED)**

(a)(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
FHLMC MULTI 3795-ED	3.00% due 10/15/2039	\$ 86,664	\$ 86,318
FHLMC MULTI 3994-AE	1.63% due 02/15/2022	86,099	85,998
FHLMC POOL #C90698	4.50% due 08/01/2023	53,067	53,151
FHLMC POOL #G12454	5.50% due 11/01/2021	32,266	32,655
FHLMC POOL #G12710	5.50% due 07/01/2022	25,509	25,887
FHLMC POOL #G13997F	4.00% due 12/01/2025	34,940	36,311
FHLMC POOL #G18434F	3.00% due 05/01/2027	58,619	58,197
FEDERAL NATL MTG ASSN	0.88% due 02/08/2018	146,992	148,281
FEDERAL NATL MTG ASSN	1.00% due 09/20/2017	149,979	149,457
FEDERAL NATL MTG ASSN	5.25% due 09/15/2016	229,057	215,542
FEDERAL NATL MTG ASSN POOL #254803A	5.00% due 07/01/2018	35,261	34,956
FEDERAL NATL MTG ASSN POOL #255408A	5.50% due 09/01/2024	49,239	50,975
FEDERAL NATL MTG ASSN POOL #725352A	4.50% due 04/01/2019	25,307	24,923
FEDERAL NATL MTG ASSN POOL #725445A	4.50% due 05/01/2019	18,294	18,308
FEDERAL NATL MTG ASSN POOL #AB9085A	2.50% due 04/01/2023	76,307	76,473
FEDERAL NATL MTG ASSN POOL #AB9198A	2.50% due 05/01/2028	68,434	68,768
FEDERAL NATL MTG ASSN POOL #AH5616A	3.50% due 02/01/2026	46,165	46,260
FEDERAL NATL MTG ASSN POOL #AJ9355A	3.00% due 01/01/2027	113,460	114,017
FEDERAL NATL MTG ASSN POOL #AL2460A	2.50% due 10/01/2027	89,387	91,323
FEDERAL NATL MTG ASSN POOL #AL4082A	3.50% due 10/01/2027	169,172	169,190
FEDERAL NATL MTG ASSN POOL #AT7857A	2.50% due 06/01/2028	95,507	96,267
FEDERAL NATL MTG ASSN POOL #MAI620A	2.50% due 10/01/2023	110,193	110,701
FEDERAL NATL MTG ASSN POOL #MAI660A	3.00% due 10/01/2023	117,944	118,012
FEDERAL NATL MTG ASSN POOL #MAI931A	2.50% due 06/01/2024	75,150	75,252
U.S. TREASURY NOTE	0.75% due 06/30/2017	134,003	134,494
U.S. TREASURY NOTE	0.75% due 12/31/2017	152,382	153,365
U.S. TREASURY NOTE	0.88% due 12/31/2016	180,543	180,675
U.S. TREASURY NOTE	1.00% due 06/30/2019	303,260	302,517
U.S. TREASURY NOTE	1.38% due 11/30/2015	132,783	131,300
U.S. TREASURY NOTE	1.75% due 05/15/2022	212,119	216,271
U.S. TREASURY NOTE	2.00% due 02/15/2023	302,072	303,856
U.S. TREASURY NOTE	2.13% due 08/15/2021	178,030	182,124
U.S. TREASURY NOTE	2.75% due 11/15/2023	242,309	252,655
U.S. TREASURY NOTE	2.75% due 12/31/2017	279,390	277,773
U.S. TREASURY NOTE	3.13% due 05/15/2021	148,805	150,238
U.S. TREASURY NOTE	3.50% due 05/15/2020	197,347	201,824
U.S. TREASURY NOTE	3.63% due 02/15/2020	94,778	98,677
U.S. TREASURY NOTE	4.00% due 08/15/2018	193,073	191,912
U.S. TREASURY NOTE	4.50% due 05/15/2017	195,755	190,026
CATHOLIC HEALTH INIT	1.60% due 11/01/2017	29,991	29,878
DALLAS CNTY TEX HOSP	4.45% due 08/15/2019	34,654	33,322
LOUISIANA LOC GOVT	1.52% due 02/01/2018	23,436	23,420
MICHIGAN ST	2.65% due 04/15/2015	64,927	65,450
MISSOURI ST HEALTH	2.97% due 11/15/2018	70,000	71,264
NEW YORK ST DORM AUT	1.55% due 02/15/2018	75,000	74,564
NORTH CAROLINA TPK	5.00% due 01/01/2019	47,810	50,441
OHIO ST MAJOR NEW ST	4.27% due 06/15/2019	66,773	65,424
PFLUGERVILLE TEX IND	5.00% due 02/15/2017	69,752	65,086
UTAH ST	3.29% due 07/01/2020	49,284	52,608
VIRGINIA COLLEGE BLD	4.50% due 02/01/2019	99,552	93,825
Total debt securities		16,563,143	16,515,377

**RETIREMENT PLAN FOR EMPLOYEES OF
MERCY MEMORIAL HOSPITAL CORPORATION**

EIN: #38-1984289

Plan: #001

**FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD
AT END OF YEAR AS OF DECEMBER 31, 2014 (UNAUDITED)**

(a)(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Corporate bonds and notes:			
ALASKA COMMUNICATION	6.25% due 05/01/2018	\$ 72,563	\$ 84,713
ARVINMERITOR INC	4.00% due 02/15/2027	193,830	221,193
BGC PARTNERS INC	4.50% due 07/15/2016	114,530	129,625
BIOMARIN PHARMACEUTI	1.50% due 10/15/2020	157,380	191,198
BLACKSTONE MTG TR IN	5.25% due 12/01/2018	189,574	194,713
CARDTRONICS INC	1.00% due 12/01/2020	117,107	116,747
CHESAPEAKE ENERGY CO	2.25% due 12/15/2038	48,360	46,703
CHESAPEAKE ENERGY CO	2.50% due 05/15/2037	109,837	118,493
CIENA CORP	4.00% due 12/15/2020	168,314	157,401
DEPOMED INC	2.50% due 09/01/2021	76,172	80,954
FOREST CITY ENTERPRI	3.63% due 08/15/2020	114,746	115,949
GAIN CAP HLDGS INC	4.13% due 12/01/2018	164,942	161,781
GENERAL CABLE CORP	4.50% due 11/15/2029	172,669	110,448
GILEAD SCIENCES INC	1.63% due 05/01/2016	62,121	194,521
HELIUM ENERGY SOLUTIO	3.25% due 03/15/2032	137,772	143,271
HOLOGIC INC	2.00% due 03/01/2042	79,265	89,100
INFINERA CORP	1.75% due 06/01/2018	136,422	172,657
INTEL CORP	3.25% due 08/01/2039	101,064	144,316
J2 GLOBAL INC	3.25% due 06/15/2029	129,312	138,758
JEFFERIES GROUP INC	3.88% due 11/01/2029	156,902	160,135
MGM RESORTS INTL	4.25% due 04/15/2015	98,355	121,540
MYLAN INC	3.75% due 09/15/2015	78,903	181,729
NOVELLUS SYS INC	2.63% due 05/15/2041	171,807	222,373
NUANCE COMMUNICATION	2.75% due 11/01/2031	165,404	154,516
NUVASIVE INC	2.75% due 07/01/2017	196,344	258,064
PEABODY ENERGY CORP	4.75% due 12/15/2041	76,024	33,600
RTI INTL METALS INC	1.63% due 10/15/2019	105,600	106,907
SANDISK CORP	1.50% due 08/15/2017	98,156	167,040
SPIRIT RLTY CAP INC	3.75% due 05/15/2021	162,715	156,875
SYNCHRONOSS TECHNOLO	0.75% due 08/15/2019	86,181	89,516
TITAN MACHY INC	3.75% due 05/01/2019	128,609	94,298
VECTOR GROUP LTD	1.75% due 04/15/2020	126,746	129,244
VECTOR GROUP LTD	2.50% due 01/15/2019	54,482	70,351
VERISIGN INC	3.25% due 08/15/2037	70,838	97,648
3M CO	1.63% due 06/15/2019	124,875	123,509
AMERICAN EXPRESS MTN	2.25% due 08/15/2019	126,794	125,020
ANHEUSER BUSCH INBEV	2.50% due 07/15/2022	147,255	145,782
BERKSHIRE HATHAWAY	3.75% due 08/15/2021	80,550	80,228
BURLINGTON NORTHN SA	3.45% due 09/15/2021	106,500	104,350
CAROLINA PWR & LT CO	3.00% due 09/15/2021	181,563	179,515
COCA COLA CO	2.45% due 11/01/2020	255,200	253,243
DEERE JOHN CAP MTN	1.20% due 10/10/2017	126,600	124,288
EMC CORP	2.65% due 06/01/2020	127,375	124,399
IBM CORP	1.63% due 05/15/2020	196,530	192,772
JOHNSON & JOHNSON	2.95% due 09/01/2020	105,800	104,612
JPMORGAN CHASE & CO MTN	due 08/29/2024	125,000	124,375
LEHMAN BROS ESC REC	6.50% due 07/19/2017	0	0
MICROSOFT CORP	3.00% due 10/01/2020	157,230	156,383
NORTHERN TR CORP	3.45% due 11/04/2020	78,944	79,318
OCCIDENTAL PETE CORP	1.50% due 02/15/2018	100,350	98,933
ORACLE CORP	2.25% due 10/08/2019	126,738	125,893
PEPSICO INC	3.00% due 08/25/2021	102,120	103,023
QUAKER OATS CO MTN	9.34% due 12/13/2019	137,500	121,850
TEVA PHARMACEUTICAL	2.25% due 03/18/2020	96,905	98,228

**RETIREMENT PLAN FOR EMPLOYEES OF
MERCY MEMORIAL HOSPITAL CORPORATION**

EIN: #38-1984289

Plan: #001

**FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD
AT END OF YEAR AS OF DECEMBER 31, 2014 (UNAUDITED)**

(a)(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
TEXAS INSTRS INC	1.65% due 08/03/2019	\$ 123,513	\$ 122,041
WELLPOINT INC	2.25% due 08/15/2019	126,000	123,746
NEWS AMER INC	3.00% due 09/15/2002	13,655	14,899
AETNA INC NEW	1.50% due 11/15/2017	35,236	34,727
AMAZON COM INC	3.30% due 12/05/2021	14,944	15,205
AMERICAN 14-3-A	1.49% due 04/15/2020	99,996	100,091
AMERICAN CAMPUS CMNT	3.75% due 04/15/2023	39,855	39,931
AMERICAN CAMPUS CMNT	4.13% due 07/01/2024	25,364	25,252
AMERICAN EXPRESS CO	1.55% due 05/22/2018	34,634	34,667
AMERICAN EXPRESS CO	3.63% due 12/05/2024	29,963	30,250
AMERICAN EXPRESS CR	Var rate due 07/29/2016	15,095	15,056
AMERICAN INTL GROUP	2.30% due 07/16/2019	40,190	40,041
AMERIPRISE FINL INC	3.70% due 10/15/2024	64,776	66,476
AMGEN INC	3.88% due 11/15/2021	30,703	31,695
APPLE INC	2.40% due 05/03/2023	97,466	97,200
ASSURANT INC	2.50% due 03/15/2018	30,071	30,289
AT&T INC	3.90% due 03/11/2024	9,917	10,277
AT&T INC	5.50% due 02/01/2018	49,801	49,675
BANK AMER CORP	3.30% due 01/11/2023	19,877	20,002
BANK AMER CORP	4.20% due 08/26/2024	14,989	15,281
BANK AMER CORP	5.63% due 07/01/2020	23,095	22,772
BANK AMER CORP MTN	4.00% due 04/01/2024	25,595	26,031
BANK AMER CORP MTN	4.25% due 10/22/2026	14,928	14,966
BB&T CORP SR MTN	2.25% due 02/01/2019	39,839	40,082
BB&T CORP SR MTN	6.85% due 04/30/2019	17,437	17,795
BERKSHIRE HATHAWAY	3.75% due 08/15/2021	79,487	80,228
BMW VEH 13-1-A3	0.54% due 09/21/2015	24,629	24,637
BOARDWALK PIPELINES	3.38% due 02/01/2023	29,954	27,329
BORGWARNER INC	4.63% due 09/15/2020	35,029	38,308
BOSTON PPTYS L P	5.63% due 11/15/2020	28,381	28,524
BURLINGTON NORTHN SA	3.05% due 03/15/2022	14,653	15,156
BURLINGTON NORTHN SA	3.05% due 09/01/2022	53,262	55,349
CAPITAL ONE 14-A5-A	1.48% due 07/15/2020	59,984	60,014
CAPITAL ONE FINL COR	6.15% due 09/01/2016	51,094	48,359
CATERPILLAR FINL MTN	2.75% due 08/20/2021	9,980	10,087
CATERPILLAR INC	3.90% due 05/27/2021	36,173	37,901
CHEVRON CORP NEW	1.10% due 12/05/2017	35,000	34,784
CINTAS CORP NO 2	2.85% due 06/01/2016	24,980	25,632
CISCO SYS INC	2.90% due 03/04/2021	29,945	30,549
CITIGROUP INC	4.88% due 05/07/2015	47,797	45,597
CITIGROUP INC	6.13% due 11/21/2017	62,773	61,329
COCA COLA CO	Var rate due 11/01/2016	35,043	35,012
CONNECTICUT LT & PWR	2.50% due 01/15/2023	19,870	19,411
CONOCOPHILLIPS	6.00% due 01/15/2020	29,866	29,049
CONOCOPHILLIPS CO	2.88% due 11/15/2021	55,209	55,548
CONTINENTAL RES INC	5.00% due 09/15/2022	51,903	48,375

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AT END OF YEAR AS OF DECEMBER 31, 2014 (UNAUDITED)**

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CYTEC INDS INC	3.95% due 05/01/2025	\$ 30,120	\$ 30,364
DEERE JOHN CAP MTN	Var rate due 02/25/2016	55,013	55,017
DEVON ENERGY CORP	Var rate due 12/15/2015	25,000	25,011
DIGITAL RLTY TR LP	5.25% due 03/15/2021	10,910	10,952
DIGITAL RLTY TR LP	5.88% due 02/01/2020	52,164	50,332
DIRECTV HLDGS LLC	4.60% due 02/15/2021	83,385	85,690
DISCOVERY COMMUNICAT	4.38% due 06/15/2021	10,165	10,578
DISNEY WALT CO MTN	5.88% due 12/15/2017	49,146	45,038
EBAY INC	2.60% due 07/15/2022	58,730	56,936
EMC CORP	2.65% due 06/01/2020	29,753	29,856
ENTERPRISE PRODS	2.55% due 10/15/2019	14,997	14,849
EQT CORP	4.88% due 11/15/2021	54,491	54,016
EXELON GENERATION CO	4.00% due 10/01/2020	50,988	57,388
EXXON MOBIL CORP	Var rate due 03/15/2017	75,000	74,947
FREEMPORT-MCMORAN COP	3.55% due 03/01/2022	58,941	56,707
GE CAP CORP MTN	3.15% due 09/07/2022	65,730	66,204
GE CAP CORP MTN	4.65% due 10/17/2021	21,956	22,543
GEORGIA PWR CO	5.40% due 06/01/2018	22,466	22,380
GILEAD SCIENCES INC	3.70% due 04/01/2024	50,025	52,442
GOLDMAN SACHS GROUP	4.00% due 03/03/2024	20,046	20,763
GOLDMAN SACHS MTN	3.85% due 07/08/2024	9,996	10,256
GOLDMAN SACHS MTN	5.38% due 03/15/2020	27,987	28,018
GOOGLE INC	3.63% due 05/19/2021	50,189	48,282
HASBRO INC	6.30% due 09/15/2017	33,355	33,206
HEWLETT PACKARD CO	4.38% due 09/15/2021	50,713	52,424
HOME DEPOT INC	4.40% due 04/01/2021	29,131	27,812
HONDA AUTO 13-3-A3	0.77% due 05/15/2017	14,998	15,013
HONDA AUTO 14-3-A3	0.88% due 07/15/2017	29,994	29,900
HYUNDAI AUTO 13-B-A3	0.71% due 05/16/2016	34,993	35,023
INTEL CORP	2.70% due 12/15/2022	38,287	39,762
JOHN DEERE 14-B-A3	1.07% due 11/15/2017	29,993	29,882
JOHNSON CTLS INC	2.60% due 12/01/2016	25,866	25,622
JPMORGAN CHASE & CO	3.38% due 05/01/2023	48,620	49,466
JPMORGAN CHASE & CO	4.63% due 05/10/2021	22,524	22,012
JPMORGAN CHASE & CO	6.13% due 06/27/2017	22,037	22,069
KINDER MORGAN ENERGY	4.15% due 03/01/2022	31,334	30,232
KINDER MORGAN ENERGY	5.80% due 03/01/2021	56,954	55,369
KLA-TENCOR CORP	4.13% due 11/01/2021	55,372	56,338
KROGER CO	3.40% due 04/15/2022	35,329	35,630
LOCKHEED MARTIN CORP	3.35% due 09/15/2021	30,163	31,076
MASTERCARD INC	3.38% due 04/01/2024	55,760	56,455
MCKESSON CORP NEW	Var rate due 09/10/2015	15,012	15,005
MEDTRONIC INC	1.38% due 04/01/2018	24,963	24,740
METLIFE INC	4.37% due 09/15/2023	57,894	59,971
MONDELEZ INTL INC	2.25% due 02/01/2019	55,315	54,774
MORGAN STANLEY	4.75% due 03/22/2017	29,941	31,956
MORGAN STANLEY	4.88% due 11/01/2022	52,476	53,104
NBCUNIVERSAL MEDIA	4.38% due 04/01/2021	54,586	54,990
NISSAN AUTO 13-A-A3	0.61% due 09/15/2015	30,000	29,989
ORACLE CORP	2.80% due 07/08/2021	39,946	40,498
PACIFICORP	3.85% due 06/15/2021	33,303	32,185
PACKAGING CORP AMER	4.50% due 11/01/2023	41,067	41,900
PEPSICO INC	2.75% due 03/05/2022	49,217	49,922
PPL CAP FDG INC	3.50% due 12/01/2022	25,531	25,321

**RETIREMENT PLAN FOR EMPLOYEES OF
MERCY MEMORIAL HOSPITAL CORPORATION**

EIN: #38-1984289

Plan: #001

**FORM 5500, SCHEDULE H, LINE 4i - SCHEDULE OF ASSETS HELD
AT END OF YEAR AS OF DECEMBER 31, 2014 (UNAUDITED)**

(a)(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
PROCTER & GAMBLE CO	4.85% due 12/15/2015	\$ 91,304	\$ 83,236
PRUDENTIAL FINL MTN	4.50% due 11/16/2021	49,638	49,058
REALTY INCOME CORP	3.25% due 10/15/2022	39,402	39,433
REINSURANCE GROUP AM	6.45% due 11/15/2019	44,322	46,313
RYDER SYS INC MTN	3.15% due 03/02/2015	30,806	30,114
SIMON PPTY GROUP L P	3.38% due 10/01/2024	24,924	25,429
SOUTHERN CALIF EDISON	3.50% due 10/01/2023	40,096	42,048
SYSCO CORP	3.00% due 10/02/2021	25,024	25,379
TIME WARNER INC NEW	3.40% due 06/15/2022	51,638	50,545
TOLEDO EDISON CO	7.25% due 05/01/2020	8,280	8,333
TOYOTA AUTO 13-A-A3	0.55% due 01/17/2017	32,679	32,697
TOYOTA AUTO 13-B-A3	0.89% due 07/17/2017	34,998	35,065
TYSON FOODS INC	3.95% due 08/15/2024	40,520	41,349
U S BANCORP MTN	2.95% due 07/15/2022	53,792	54,217
UNITED PARCEL SVC	5.50% due 01/15/2018	28,283	27,887
UNITEDHEALTH GROUP	1.40% due 10/15/2017	25,077	24,976
VERIZON COMMUNICATIO	5.15% due 09/15/2023	86,784	88,338
VIACOM INC NEW	3.25% due 03/15/2023	44,332	43,458
VIACOM INC NEW	4.25% due 09/01/2023	15,564	15,467
VOLKSWAGEN 13-I-A3	0.56% due 08/21/2017	53,425	53,379
VOLKSWAGEN 13-A-A3	0.84% due 11/20/2015	24,997	25,042
WAL MART STORES INC	3.63% due 07/08/2020	38,706	37,375
WELLS FARGO & CO MTN	4.10% due 06/03/2026	35,366	35,772
WELLS FARGO & CO MTN	4.13% due 08/15/2023	51,721	52,479
WHIRLPOOL CORP	2.40% due 03/01/2019	24,944	24,847
WILLIAMS PARTNERS L	4.13% due 11/15/2020	33,642	35,858
WILLIAMS PARTNERS L	5.25% due 03/15/2020	11,128	10,855
XCEL ENERGY INC	4.70% due 05/15/2020	16,311	16,645
XILINX INC	3.00% due 03/15/2021	29,788	29,942
YUM BRANDS INC	3.75% due 11/01/2021	30,771	30,740
3M CO	1.00% due 06/26/2017	105,449	104,806
AIRGAS INC	1.65% due 02/15/2018	119,591	118,412
AMERICAN EXPRESS MTN	2.25% due 08/15/2019	90,022	90,014
APACHE CORP	5.63% due 01/15/2017	48,932	48,624
APPLE INC	2.40% due 05/03/2023	80,477	82,620
AT & T BROADBAND	9.46% due 11/15/2022	86,454	86,258
AT&T INC	2.50% due 08/15/2015	100,871	99,058
BARD C R INC	1.38% due 01/15/2018	70,095	69,175
BAXTER INTL INC	2.40% due 08/15/2022	115,842	119,159
CAROLINA PWR & LT CO	2.80% due 05/15/2022	104,731	105,180
CATERPILLAR FINL MTN	2.05% due 08/01/2016	62,167	61,151
CBS CORP NEW	3.38% due 03/01/2022	96,375	95,414
CENTERPOINT 05-A-A4	5.17% due 08/01/2019	91,391	86,214

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AT END OF YEAR AS OF DECEMBER 31, 2014 (UNAUDITED)**

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CHEVRON CORP	4.95% due 03/03/2019	\$ 111,770	\$ 106,223
CITIBANK 03-A7	4.15% due 07/07/2017	121,402	117,169
CNH EQUIP TR 13-A-A3	0.69% due 08/15/2016	114,050	113,882
COCA COLA CO	1.15% due 04/01/2018	30,021	29,653
COLGATE-PALMOLIVE MTN	2.95% due 11/01/2020	15,658	15,522
CONAGRA FOODS INC	1.35% due 09/10/2015	115,608	115,463
CONOCOPHILLIPS CO	3.35% due 11/15/2024	105,361	106,087
CONSOLIDATED EDISON	3.30% due 12/01/2024	65,141	66,190
CONTINENTAL 10-1-A	4.75% due 01/12/2021	55,035	57,441
CUMMINS INC	3.65% due 10/01/2023	55,341	57,855
DANAHER CORP	5.63% due 01/15/2018	97,170	94,895
DELTA AIR LINES INC	4.95% due 11/23/2019	39,806	39,917
DISNEY WALT CO MTN	1.85% due 05/30/2019	120,432	119,438
DOMINION GAS HLDGS	2.50% due 12/15/2019	40,112	40,099
DOMINION GAS HLDGS	3.60% due 12/15/2024	75,469	76,294
DOW CHEM CO	3.00% due 11/15/2022	92,633	92,821
DU PONT E I DE NEMOU	3.25% due 01/15/2015	130,051	125,083
EASTMAN CHEM CO	2.70% due 01/15/2020	100,169	100,568
ECOLAB INC	3.00% due 12/08/2016	58,062	56,789
EMERSON ELEC CO	4.88% due 10/15/2019	88,172	88,938
FEDEX CORP	8.00% due 01/15/2019	56,433	54,782
FLORIDA PWR & LT CO	5.55% due 11/01/2017	46,274	44,426
FORD MTR CO DEL	6.50% due 08/01/2018	75,808	74,359
GE CO	5.25% due 12/06/2017	118,591	116,478
HESS CORP	3.50% due 07/15/2024	28,583	28,652
HESS CORP	8.13% due 02/15/2019	75,387	71,387
HEWLETT PACKARD CO	4.65% due 12/09/2021	46,536	48,185
ILLINOIS TOOL WKS IN	6.25% due 04/01/2019	97,786	93,266
JOHN DEERE 12-B-A3	0.53% due 09/15/2015	59,287	59,279
JOHN DEERE 14-A-A3	0.92% due 04/16/2018	10,014	9,995
JOHNSON & JOHNSON	5.55% due 08/15/2017	76,481	72,361
KRAFT FOODS GROUP IN	3.50% due 06/06/2022	115,889	117,842
KROGER CO	3.85% due 08/01/2023	73,823	77,766
MARATHON OIL CORP	2.80% due 11/01/2022	110,138	107,698
MCDONALDS CORP MTN	5.80% due 10/15/2017	121,792	117,344
MICRON SEMICONDUCTOR	1.26% due 01/15/2019	36,009	35,942
MICROSOFT CORP	0.88% due 11/15/2017	89,766	89,103
NBCUNIVERSAL MEDIA	5.15% due 04/30/2020	34,644	34,044
NORFOLK SOUTHN CORP	7.70% due 05/15/2017	54,872	51,416
PEPSICO INC	5.00% due 06/01/2018	117,800	116,100
PORTLAND GEN ELEC CO	6.10% due 04/15/2019	63,944	63,723
PRECISION CASTPARTS	1.25% due 01/15/2018	100,206	98,800
PROCTER & GAMBLE CO	1.45% due 08/15/2016	20,555	20,232
PROCTER & GAMBLE CO	1.90% due 11/01/2019	94,676	95,191
REPUBLIC SVCS INC	3.55% due 06/01/2022	86,042	87,263
REPUBLIC SVCS INC	4.75% due 05/15/2023	32,366	33,342
UNION PAC CORP	4.00% due 02/01/2021	27,948	27,419
UNION PAC RR CO 14-1	3.23% due 05/14/2026	90,161	90,563
UNITED PARCEL SVC IN	1.13% due 10/01/2017	60,306	59,705
WALGREEN CO	3.10% due 09/15/2022	117,862	118,548
WASTE MGMT INC DEL	3.50% due 05/15/2024	115,543	116,446
WASTE MGMT INC DEL	6.38% due 03/11/2015	21,957	20,206

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AT END OF YEAR AS OF DECEMBER 31, 2014 (UNAUDITED)**

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WISCONSIN ELEC PWR	6.25% due 12/01/2015	\$ 93,391	\$ 84,017
EMERGENT BIOSOLUTIONS	2.88% due 01/15/2021	158,031	168,657
ENCORE CAP GROUP INC	2.88% due 03/15/2021	76,012	72,422
PROSPECT CAP CORP 4.7	4.75% due 04/15/2020	136,850	131,075
ACORDA THERAPEUTICS	1.75% due 06/15/2021	56,000	64,435
APOLLO COML REAL	5.50% due 03/15/2019	150,000	148,782
ARES CAP CORP	4.38% due 01/15/2019	106,000	100,250
ARES CAP CORP	4.88% due 03/15/2017	158,064	154,313
BARCLAYS BK PLC	zero coupon due 05/20/2021	150,000	135,795
BARCLAYS BK PLC	zero coupon due 08/18/2021	180,000	177,678
BGC PARTNERS INC	4.50% due 07/15/2016	103,875	106,250
BLACKROCK KELSO CAP	5.50% due 02/15/2018	146,325	141,138
BLACKSTONE MTG TR IN	5.25% due 12/01/2018	138,118	131,563
BROADSOFT INC	1.50% due 07/01/2018	83,800	83,800
COLONY CAP INC	3.88% due 01/15/2021	110,000	111,857
ELECTRONICS FOR IMAG	0.75% due 09/01/2019	152,680	152,157
EURONET WORLDWIDE IN	1.50% due 10/01/2044	161,735	162,701
FINISAR CORP	0.50% due 12/15/2033	137,190	142,125
FORESTAR GROUP INC	3.75% due 03/01/2020	82,434	65,766
GREEN PLAINS INC	3.25% due 10/01/2018	30,675	40,500
GREENBRIER COS INC	3.50% due 04/01/2018	51,989	75,188
HORNBECK OFFSHORE SV	1.50% due 09/01/2019	138,890	124,688
INTEGRA LIFESCIENCES	1.63% due 12/15/2016	155,820	169,038
JARDEN CORP	1.50% due 06/15/2019	40,000	52,700
JDS UNIPHASE CORP	0.63% due 08/15/2033	148,408	158,438
LIGAND PHARMACEUTICA	0.75% due 08/15/2019	143,507	146,438
M/I HOMES INC	3.00% due 03/01/2018	167,435	163,200
MACQUARIE INFRASTRUC	2.88% due 07/15/2019	60,768	68,175
NATIONAL HEALTH INVS	3.25% due 04/01/2021	138,950	145,163
NEW MTN FIN CORP	5.00% due 06/15/2019	140,000	142,713
NVIDIA CORP	1.00% due 12/01/2018	103,027	114,938
PENNYMAC CORP	5.38% due 05/01/2020	149,621	143,250
PORTFOLIO RECOVERY	3.00% due 08/01/2020	100,000	112,063
REDWOOD TR INC	4.63% due 04/15/2018	135,501	127,888
RTI INTL METALS INC	1.63% due 10/15/2019	60,651	58,313
SANDISK CORP	0.50% due 10/15/2020	100,000	120,125
SEACOR HLDGS INC	3.00% due 11/15/2028	140,183	127,575
SOCIETE GENERALE MTN	zero coupon due 11/16/2021	160,000	166,656
SPIRIT RLTY CAP INC	2.88% due 05/15/2019	100,531	97,375
TCP CAP CORP	5.25% due 12/15/2019	100,000	100,188
TICC CAP CORP	7.50% due 11/01/2017	146,825	144,200
TITAN MACHY INC	3.75% due 05/01/2019	157,876	115,015
TTM TECHNOLOGIES INC	1.75% due 12/15/2020	135,304	129,685
UBS AG LONDON BRH	zero coupon due 12/15/2020	125,000	108,925
VERINT SYS INC	1.50% due 06/01/2021	141,466	154,525
WELLS FARGO & CO MTN	zero coupon due 01/24/2020	167,578	218,484
WELLS FARGO & CO MTN	zero coupon due 06/05/2020	158,000	202,761
WELLS FARGO & CO MTN	zero coupon due 06/10/2020	158,000	159,975
ENERGY XXI BERMUDA	3.00% due 12/15/2018	29,400	30,713
TOTAL CAP INTL	2.75% due 06/19/2021	101,490	100,374
CANADIAN PAC RY CO	7.25% due 05/15/2019	66,509	65,757
CARNIVAL CORP	3.95% due 10/15/2020	115,927	115,257
ROGERS WIRELESS INC	7.50% due 03/15/2015	42,175	40,528
ROYAL BK CDA	1.20% due 09/19/2017	85,062	84,515
BARCLAYS BK PLC	0.00% due 07/23/2021	42,000	43,533
Total corporate bonds and notes		23,179,363	23,720,112

**RETIREMENT PLAN FOR EMPLOYEES OF
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AT END OF YEAR AS OF DECEMBER 31, 2014 (UNAUDITED)**

(a)(b) Identity of Issuer, Borrower, Lessor, or Similar Party	(c) Description of Investment, Including Maturity Date, Rate of Interest, Collateral, Par, or Maturity Value	(d) Cost	(e) Current Value
Equity securities:			
Common Stock:			
3M CO	900 shares	\$ 67,353	\$ 147,888
ALTERA CORP	4,400 shares	110,132	162,536
AMAZON.COM INC	550 shares	165,407	170,693
ANADARKO PETE CORP	1,200 shares	94,437	99,000
BERKLEY W R CORP	5,000 shares	121,337	256,300
BERKSHIRE HATHAWAY INC DEL CL B NEW	2,750 shares	223,711	412,913
CITIGROUP INC NEW	7,600 shares	364,435	411,236
COCA-COLA CO	9,800 shares	252,771	413,756
COMCAST CORP NEW CL A SPL	3,000 shares	50,670	172,695
CONSTELLATION BRANDS INC CL A	1,600 shares	69,248	157,072
DISCOVERY COMMUNICATIONS INC NEW C	2,650 shares	88,134	89,358
DISH NETWORK CORP CL A	3,000 shares	129,831	218,670
ECOLAB INC	3,700 shares	131,937	386,724
GOLDMAN SACHS GROUP INC	1,311 shares	165,028	254,111
GOOGLE INC CL A	340 shares	91,573	180,424
GOOGLE INC CL C	340 shares	91,813	178,976
JPMORGAN CHASE & CO	1,400 shares	85,717	87,612
LOEWS CORP	2,000 shares	64,634	84,040
MICROSOFT CORP	8,600 shares	235,341	399,470
MONDELEZ INTL INC	8,500 shares	173,150	308,763
MORGAN STANLEY NEW	9,500 shares	137,208	368,600
NOBLE ENERGY INC	6,000 shares	331,906	284,580
ORACLE CORP	9,100 shares	270,706	409,227
PEPSICO INC	3,600 shares	235,068	340,416
PRAXAIR INC	2,100 shares	131,072	272,076
THERMO FISHER SCIENTIFIC INC	2,300 shares	86,955	288,167
TWENTY-FIRST CENTY FOX INC CL B	11,200 shares	361,180	413,168
UNITEDHEALTH GROUP INC	4,100 shares	225,205	414,469
WAL MART STORES INC	4,900 shares	251,498	420,812
AKAMAI TECHNOLOGIES INC	3,210 shares	142,501	202,102
AMAZON.COM INC	768 shares	177,922	238,349
AMETEK INC NEW	2,420 shares	120,730	127,365
ANALOGIC CORP COM PAR \$0.05	960 shares	79,708	81,226
BIOMARIN PHARMACEUTICAL INC	750 shares	64,694	67,800
BORGWARNER INC	2,430 shares	133,749	133,529
BRISTOL MYERS SQUIBB CO	3,790 shares	203,877	223,724
COGNIZANT TECHNOLOGY SOLUTIONS CL A	2,910 shares	96,236	153,241
COLGATE PALMOLIVE CO	3,040 shares	206,658	210,338
COSTAR GROUP INC	525 shares	88,231	96,406
COSTCO WHSL CORP NEW	1,542 shares	155,750	218,579
ENCORE CAP GROUP INC	2,734 shares	84,091	121,390
EQUIFAX INC	2,350 shares	140,135	190,045
EXACT SCIENCES CORP	1,630 shares	38,622	44,727
FOSSIL GROUP INC	800 shares	89,463	88,592
GILEAD SCIENCES INC	2,540 shares	71,382	239,420
GOOGLE INC CL A	460 shares	134,773	244,104
GOOGLE INC CL C	427 shares	117,231	224,773
GUIDEWIRE SOFTWARE INC	1,600 shares	72,912	81,008
HARLEY DAVIDSON INC	1,224 shares	46,213	80,674
HMS HLDGS CORP	3,073 shares	75,401	64,963
IDEXX LABS INC	670 shares	81,295	99,341
INTERCONTINENTAL EXCHANGE INC	457 shares	51,138	100,216
IPG PHOTONICS CORP	1,240 shares	79,595	92,901
JACOBS ENGR GROUP INC	1,962 shares	91,651	87,682
KEURIG GREEN MTN INC	985 shares	39,916	130,409
LOWES COS INC	4,460 shares	203,455	306,848
LPL FINL HLDGS INC	2,558 shares	96,904	113,959

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LUMBER LIQUIDATORS HLDGS INC	970 shares	\$ 53,088	\$ 64,321
MASTERCARD INC CL A	5,180 shares	251,723	446,309
MEAD JOHNSON NUTRITION CO	1,750 shares	140,711	175,945
MEDIVATION INC	711 shares	56,592	70,823
NEUSTAR INC CL A	2,179 shares	68,527	60,576
NOBLE ENERGY INC	1,330 shares	85,297	63,082
NXSTAGE MED INC	3,732 shares	58,344	66,915
PANDORA MEDIA INC	5,595 shares	86,318	99,759
PIONEER NAT RES CO	420 shares	65,360	62,517
PRECISION CASTPARTS CORP	1,402 shares	291,064	337,714
PRICELINE GRP INC NEW	175 shares	226,714	199,537
QUALCOMM INC	1,915 shares	114,432	142,342
RED HAT INC	2,979 shares	152,316	205,968
RPX CORP	3,360 shares	56,411	46,301
SALLY BEAUTY HLDGS INC	3,220 shares	82,874	98,983
SOLERA HLDGS INC	1,483 shares	48,164	48,621
SPECTRANETICS CORP	1,510 shares	41,510	52,216
STERICYCLE INC	2,170 shares	216,894	284,444
TEXAS CAP BANCSHARES INC	1,350 shares	80,970	73,346
TOWERS WATSON & CO CL A	1,150 shares	121,426	130,146
TRANSDIGM GROUP INC	505 shares	45,232	99,157
TRIMAS CORP NEW	1,967 shares	40,193	61,547
TRIMBLE NAV LTD	3,722 shares	117,601	98,782
V F CORP	1,550 shares	64,137	116,095
VANTIV INC CL A	4,760 shares	148,223	161,459
VERINT SYS INC	1,070 shares	63,063	62,360
VERISK ANALYTICS INC	1,570 shares	101,171	100,559
WAGEWORKS INC	940 shares	51,906	60,696
WILLIAMS SONOMA INC	1,390 shares	82,933	105,195
YUM BRANDS INC	1,230 shares	88,261	89,606
Total common stock		10,893,147	15,552,773
Preferred convertible stock:			
ALCOA INC	1,850 shares	92,500	93,333
AMERICAN TOWER CORP PFD CONV SER A	399 shares	39,900	45,869
BANK AMER CORP NON CUM CONV PFD L	46 shares	49,511	53,556
CROWN CASTLE INTL CORP NEW PFD CONV	1,095 shares	110,659	112,325
DOMINION RES INC VA 6.125%	1,670 shares	93,058	100,217
DYNEGY INC NEW DEL PFD CONV SER A	1,010 shares	97,763	102,040
EXELON CORP CONV UNIT	2,050 shares	103,983	107,625
HALCON RES PERP PFD CONV SER A %	130 shares	122,746	52,000
HEALTHSOUTH CORP PERP PFD CNV A 6.5%	120 shares	130,568	163,200
HUNTINGTON NON CUM PERP CONV PFD A	86 shares	106,290	114,380
LACLEDE GROUP INC CORPORATE UNIT	850 shares	43,164	47,175
MAIDEN HOLDINGS LTD REF CONV SHS	4,009 shares	198,060	190,147
SANDRIDGE ENERGY INC PERP PFD CONV	1,116 shares	130,229	47,542
T MOBILE US INC CONV PFD SER A	530 shares	26,500	28,085
WEYERHAEUSER CO PREF CONV SER A	1,761 shares	92,209	101,610
Total preferred convertible stock		1,437,139	1,359,102

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Foreign equities:			
ARCELORMITTAL MANDATORILY CONV SUB	5,375 shares	\$ 131,583	\$ 92,988
INTELSAT MAND CONV JR NON VTG PFD A	3,500 shares	193,164	164,500
ADECCO SA ADR	3,850 shares	147,030	132,094
AIA GROUP LTD ADR	7,650 shares	154,568	169,448
ASML HLDG N V N Y REG SHS NEW 2012	1,740 shares	150,647	187,624
BAYER A G SPONSORED ADR	1,120 shares	148,611	153,261
BRIDGESTONE CORP ADR	8,610 shares	155,528	149,900
CREDIT SUISSE GROUP SPONS ADR	4,790 shares	144,173	120,133
DAIWA SECS GROUP INC SPONSORED ADR	19,170 shares	175,999	151,826
DANONE SPONSORED ADR	4,710 shares	63,551	61,310
DIAGEO PLC SPONSORED ADR NEW	670 shares	80,160	76,440
EATON CORP PLC	1,140 shares	86,287	77,474
NOMURA HLDGS INC SPONSORED ADR	26,770 shares	177,243	151,786
NXP SEMICONDUCTORS N V	2,507 shares	141,563	191,535
ORIX CORP SPONSORED ADR	1,980 shares	152,039	123,809
QIAGEN N V ORD	5,450 shares	126,299	127,857
ROCHE HLDG LTD SPONS ADR	5,130 shares	178,169	174,369
SABMILLER PLC SPONSORED ADR	2,620 shares	122,115	135,087
SANDS CHINA LTD UNSPONSORED ADR	1,280 shares	87,700	63,034
SHIRE PLC SPONSORED ADR	860 shares	142,117	182,784
SOCIETE GENERALE FRANCE SPONS ADR	13,050 shares	147,448	108,576
TENCENT HLDGS LTD ADR	9,010 shares	127,996	130,735
TOYOTA MTR CORP ADR REPSTG 2 COM	1,200 shares	138,069	150,576
ARM HLDGS PLC SPONSORED ADR	1,920 shares	87,043	88,896
CATAMARAN CORP	2,680 shares	121,047	138,682
PERRIGO CO PLC	1,020 shares	155,040	170,503
SCHLUMBERGER LTD	1,960 shares	164,109	167,404
SUNCOR ENERGY INC NEW	2,530 shares	104,943	80,403
Total foreign equities		<u>3,804,242</u>	<u>3,723,035</u>
Total equity securities		<u>16,134,528</u>	<u>20,634,909</u>
TOTAL INVESTMENTS		<u>\$ 58,902,035</u>	<u>\$ 63,895,398</u>

Schedule SB, line 24 — Change in Actuarial Assumptions

- Expense normal cost increased from \$345,000 to \$370,000 to reflect our expectations for the current plan year.
- The expected investment return on assets was decreased from 6.50% to 6.00% to better reflect the current economic conditions.