

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
---	---	--

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 SALEM COMMUNITY HOSPITAL RETIREMENT PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 09/01/1970</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 09/01/1970	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 09/01/1970					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) SALEM COMMUNITY HOSPITAL SALEM REGIONAL MEDICAL CENTER 1995 EAST STATE STREET SALEM, OH 44460	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">2b Employer Identification Number (EIN) 34-1041385</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 330-332-7214</td> </tr> <tr> <td>2d Business code (see instructions) 622000</td> </tr> </table>	2b Employer Identification Number (EIN) 34-1041385	2c Plan Sponsor's telephone number 330-332-7214	2d Business code (see instructions) 622000	
2b Employer Identification Number (EIN) 34-1041385					
2c Plan Sponsor's telephone number 330-332-7214					
2d Business code (see instructions) 622000					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2015	BARBARA HIRST
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/14/2015	MICHAEL GIANGARDELLA
	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 1284
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) 767
a(2) Total number of active participants at the end of the plan year	6a(2) 743
b Retired or separated participants receiving benefits	6b 395
c Other retired or separated participants entitled to future benefits.....	6c 128
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 1266
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 13
f Total. Add lines 6d and 6e	6f 1279
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g 0
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 21
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	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☐ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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
--	--	---

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 SALEM COMMUNITY HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶ 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SALEM COMMUNITY HOSPITAL	D Employer Identification Number (EIN) 34-1041385
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 66640567
b Actuarial value	2b 66640567
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants 403 (2) Vested Funding Target 24239152 (3) Total Funding Target 24239152
b For terminated vested participants.....	114 3103769 3103769
c For active participants.....	772 27556009 27710347
d Total.....	1289 54898930 55053268
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 6.55%
6 Target normal cost	6 1680581

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		10/06/2015
	Signature of actuary	Date
CHAD M GREENWALT	Type or print name of actuary	14-07020
TOWERS WATSON DELAWARE INC.	Firm name	Most recent enrollment number
1001 LAKESIDE AVENUE, SUITE 1900 CLEVELAND, OH 44114-1172	Address of the firm	216-937-4000
		Telephone number (including area code)

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

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

Schedule SB (Form 5500) 2014
v. 140124

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)	3399579	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)	3399579	0
10 Interest on line 9 using prior year's actual return of <u>16.72</u> %	568410	0
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		1853707
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>6.37</u> %		118081
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		1971788
d Portion of (c) to be added to prefunding balance		1971788
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)	3967989	1971788

Part III Funding Percentages		
14 Funding target attainment percentage	14	110.25 %
15 Adjusted funding target attainment percentage	15	121.04 %
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	109.29 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/07/2014	166667		04/07/2015	166667	
11/12/2014	166667		05/12/2015	166667	
12/09/2014	166667		06/09/2015	166667	
01/13/2015	166667		07/09/2015	166667	
02/10/2015	166667		08/11/2015	166667	
03/10/2015	166667		09/09/2015	166667	
Totals ▶			18(b)	2000004	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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1849837
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☐ Yes ☒ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☐ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a).....	29	
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	1680581	
b Excess assets, if applicable, but not greater than line 31a	31b	1680581	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment.....	0		0
b Waiver amortization installment			
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	0	
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	1849837	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1849837	
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	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

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 <u>SALEM COMMUNITY HOSPITAL RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SALEM COMMUNITY HOSPITAL</u>	D Employer Identification Number (EIN) <u>34-1041385</u>

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

LORD ABBETT SHORT DURATIION INCOME

13-3731507

(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?
72	INVESTMENT PROVIDER		Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

CAPITAL WORLD BOND FUND

95-6864454

(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?
72	INVESTMENT PROVIDER		Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

NEW WORLD FUND

95-4727424

(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?
72	INVESTMENT PROVIDER		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)

NATIXIX OAKMARK INTL

27-3598377

(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?
72	INVESTMENT PROVIDER		Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

EMERALD INSIGHTS FUND

46-5683345

(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?
72	INVESTMENT PROVIDER		Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

LINDE HANSON CONTRARIAN VALUE

45-4289243

(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?
72	INVESTMENT PROVIDER		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)

API EFFICIENT FRONTIER

54-1473607

(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?
72	INVESTMENT PROVIDER		Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

THRNBRG INC BLDR FD A

37-1448048

(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?
72	INVESTMENT PROVIDER		Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

SHORT TERM BFA

20-5302406

(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?
72	INVESTMENT PROVIDER		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)

SELIGMAN COMMNCTNS CL A

13-3154449

(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?
72	INVESTMENT PROVIDER		Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

NEW PERSPECTIVE FD CL A

95-2817150

(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?
72	INVESTMENT PROVIDER		Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

LORD ABBETT CALIBRATED DIV

22-3842531

(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?
72	INVESTMENT PROVIDER		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)

LORD ABBETT VAL OPPTYS A

20-3767040

(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?
72	INVESTMENT PROVIDER		Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

LORD ABBETT FNDMNTL EQ A

13-3731505

(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?
72	INVESTMENT PROVIDER		Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

LORD ABBETT BD DEB FD

13-2669319

(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?
72	INVESTMENT PROVIDER		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)

LMS SYLS STRTGC ALPHA FUND

27-3598296

(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?
72	INVESTMENT PROVIDER		Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

LMS SYLS STRTGC INC FD A

04-3268670

(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?
72	INVESTMENT PROVIDER		Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

INTL GRWTH AND INCM FD CL A

26-2949731

(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?
72	INVESTMENT PROVIDER		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)

INTER BD FD AMER CL A

95-6873999

(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?
72	INVESTMENT PROVIDER		Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

GATEWAY INDEX PLUS FD A

31-0921083

(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?
72	INVESTMENT PROVIDER		Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

FUNDAMENTAL INVRS AMER A

22-1557722

(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?
72	INVESTMENT PROVIDER		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)

EMERALD FRWD BKG AND FIN A

23-2882135

(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?
72	INVESTMENT PROVIDER		Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

ETN VNCE LG CAP VAL A

04-6006714

(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?
72	INVESTMENT PROVIDER		Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

EATON VANCE ATLANTA SMID CAP A

01-0553859

(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?
72	INVESTMENT PROVIDER		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)

HACK, STEER AND COMPANY, LLC.

314 EAST SECOND STREET
SALEM, OH 44460

20-5607042

(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	ACCOUNTING	6139	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

TOWERS WATSON

SUITE 1900
LAKESIDE AVENUE
CLEVELAND, OH 44114

53-0181241

(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	ACTUARIAL	42890	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☒

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

FARMERS TRUST COMPANY

34-1853512

(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?
13	CONTRACT ADMINISTRATOR	33493	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)

HUNTER AND ASSOCIATES

25-1681448

(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?
71	SECURITIES BROKERAGE	34610	Yes ☒ No ☐	Yes ☒ No ☐		Yes ☒ No ☐

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LORD ABBETT SHORT DURATION INC FD	72	
(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.	
SALEM COMMUNITY HOSPITAL RETIREMENT 34-1041385	59 BASIS POINTS*PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HUNTER AND ASSOC	63	
(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.	
LORD ABBETT SHORT DURATION INC FD 13-3731507	20 BASIS POINTS*PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
CAPITAL WORLD BOND FUND	72	
(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.	
SALEM COMMUNITY HOSPITAL RETIREMENT 34-1041385	90 BASIS POINTS*PLAN ASSETS	

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
HUNTER AND ASSOC	63	
(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.	
CAPITAL WORLD BOND FUND 95-6864454	24 BASIS POINTS*PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NEW WORLD FUND	72	
(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.	
SALEM COMMUNITY HOSPITAL RETIREMENT 34-1041385	103 BASIS POINTS*PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HUNTER AND ASSOC	63	
(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.	
NEW WORLD FUND 95-4727424	23 BASIS POINTS*PLAN ASSETS	

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
NATIXIX OAKMARK INTL	72	
(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.	
SALEM COMMUNITY HOSPITAL RETIREMENT 34-1041385	131 BASIS POINTS*PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HUNTER AND ASSOC	63	
(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.	
NATIXIX OAKMARK INTL 27-3598377	25 BASIS POINTS*PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
EMERALD INSIGHTS FUND	72	
(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.	
SALEM COMMUNITY HOSPITAL RETIREMENT 34-1041385	135 BASIS POINTS*PLAN ASSETS	

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
HUNTER AND ASSOC	63	
(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.	
EMERALD INSIGHTS FUND 46-5683345	35 BASIS POINTS*PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LINDE HANSON CONTRARIAN VALUE	72	
(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.	
SALEM COMMUNITY HOSPITAL RETIREMENT 34-1041385	140 BASIS POINTS*PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HUNTER AND ASSOC	63	
(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.	
LINDE HANSON CONTRARIAN VALUE 45-4289243	25 BASIS POINTS*PLAN ASSETS	

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
API EFFICIENT FRONTIER	72	
(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.	
SALEM COMMUNITY HOSPITAL RETIREMENT 34-1041385	111 BASIS POINTS*PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HUNTER AND ASSOC	63	
(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.	
API EFFICIENT FRONTIER 54-1473607	50 BASIS POINTS*PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
THRNBRG INC BLDR FD A	72	
(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.	
SALEM COMMUNITY HOSPITAL RETIREMENT 34-1041385	118 BASIS POINTS*PLAN ASSETS	

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
HUNTER AND ASSOC	63	
(d) Enter name and EIN (address) of source of indirect compensation		
THRNBRG INC BLDR FD A 37-1448048	25 BASIS POINTS*PLAN ASSETS	
(a) Enter service provider name as it appears on line 2		
SHORT TERM BOND FD AM	72	
(d) Enter name and EIN (address) of source of indirect compensation		
SALEM COMMUNITY HOSPITAL RETIREMENT 34-1041385	59 BASIS POINTS*PLAN ASSETS	
(a) Enter service provider name as it appears on line 2		
HUNTER AND ASSOC	63	
(d) Enter name and EIN (address) of source of indirect compensation		
SHORT TERM BOND FD AM	18 BASIS POINTS*PLAN ASSETS	
20-5302406		

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
SELIGMAN COMMNCTNS CL A	72	
(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.	
SALEM COMMUNITY HOSPITAL RETIREMENT 34-1041385	141 BASIS POINTS*PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HUNTER AND ASSOC	63	
(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.	
SELIGMAN COMMNCTNS CL A 13-3154449	25 BASIS POINTS*PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
NEW PERSPECTIVE FD CL A	72	
(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.	
SALEM COMMUNITY HOSPITAL RETIREMENT 34-1041385	76 BASIS POINTS*PLAN ASSETS	

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
HUNTER AND ASSOC	63	
(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.	
NEW PERSPECTIVE FD CL A 95-2817150	23 BASIS POINTS*PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LORD ABBETT CALIBRATED DIV	72	
(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.	
SALEM COMMUNITY HOSPITAL RETIREMENT 34-1041385	85 BASIS POINTS*PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HUNTER AND ASSOC	63	
(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.	
LORD ABBETT CALIBRATED DIV 22-3842531	25 BASIS POINTS*PLAN ASSETS	

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
LORD ABBETT VAL OPPTYS A	72	
(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.	
SALEM COMMUNITY HOSPITAL RETIREMENT 34-1041385	126 BASIS POINTS*PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HUNTER AND ASSOC	63	
(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.	
LORD ABBETT VAL OPPTYS A 20-3767040	25 BASIS POINTS*PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LORD ABBETT FNDMNTL EQ A	72	
(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.	
SALEM COMMUNITY HOSPITAL RETIREMENT 34-1041385	105 BASIS POINTS*PLAN ASSETS	

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
HUNTER AND ASSOC	63	
(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.	
LORD ABBETT FNDMNTL EQ A 13-3731505	25 BASIS POINTS*PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LORD ABBETT BD DEB FD	72	
(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.	
SALEM COMMUNITY HOSPITAL RETIREMENT 34-1041385	86 BASIS POINTS*PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HUNTER AND ASSOC	63	
(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.	
LORD ABBETT BD DEB FD 13-2669319	20 BASIS POINTS*PLAN ASSETS	

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
LMS SYLS STRTGC ALPHA FUND	72	
(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.	
SALEM COMMUNITY HOSPITAL RETIREMENT 34-1041385	110 BASIS POINTS*PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HUNTER AND ASSOC	63	
(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.	
LMS SYLS STRTGC ALPHA FUND 27-3598296	25 BASIS POINTS*PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
LMS SYLS STRTGC INC FD A	72	
(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.	
SALEM COMMUNITY HOSPITAL RETIREMENT 34-1041385	94 BASIS POINTS*PLAN ASSETS	

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
HUNTER AND ASSOC	63	
(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.	
LMS SYLS STRTGC INC FD A 04-3268670	25 BASIS POINTS*PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
INTL GRWTH AND INCM FD CL A	72	
(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.	
SALEM COMMUNITY HOSPITAL RETIREMENT 34-1041385	91 BASIS POINTS*PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HUNTER AND ASSOC	63	
(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.	
INTL GRWTH AND INCM FD CL A 26-2949731	24 BASIS POINTS*PLAN ASSETS	

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
INTER BD FD AMER CL A	72	
(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.	
SALEM COMMUNITY HOSPITAL RETIREMENT 34-1041385	61 BASIS POINTS*PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HUNTER AND ASSOC	63	
(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.	
INTER BD FD AMER CL A 95-6873999	24 BASIS POINTS*PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
GATEWAY INDEX PLUS FD A	72	
(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.	
SALEM COMMUNITY HOSPITAL RETIREMENT 34-1041385	94 BASIS POINTS*PLAN ASSETS	

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
HUNTER AND ASSOC	63	
(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.	
GATEWAY INDEX PLUS FD A 31-0921083	25 BASIS POINTS*PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
FUNDAMENTAL INVRS AMER A	72	
(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.	
SALEM COMMUNITY HOSPITAL RETIREMENT 34-1041385	61 BASIS POINTS*PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HUNTER AND ASSOC	63	
(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.	
FUNDAMENTAL INVRS AMER A 22-1557722	24 BASIS POINTS*PLAN ASSETS	

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
EMERALD FRWD BKG AND FIN A	72	
(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.	
SALEM COMMUNITY HOSPITAL RETIREMENT 34-1041385	172 BASIS POINTS*PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HUNTER AND ASSOC	63	
(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.	
EMERALD FRWD BKG AND FIN A 23-2882135	35 BASIS POINTS*PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
ETN VNCE LG CAP VAL A	72	
(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.	
SALEM COMMUNITY HOSPITAL RETIREMENT 34-1041385	101 BASIS POINTS*PLAN ASSETS	

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
HUNTER AND ASSOC	63	
(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.	
ETN VNCE LG CAP VAL A 04-6006714	25 BASIS POINTS*PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
EATON VANCE ATLANTA SMID CAP A	72	
(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.	
SALEM COMMUNITY HOSPITAL RETIREMENT 34-1041385	123 BASIS POINTS*PLAN ASSETS	
(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
HUNTER AND ASSOC	63	
(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.	
EATON VANCE ATLANTA SMID CAP A 01-0553859	25 BASIS POINTS*PLAN ASSETS	

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE H (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 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>SALEM COMMUNITY HOSPITAL RETIREMENT PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>SALEM COMMUNITY HOSPITAL</u>		D Employer Identification Number (EIN) <u>34-1041385</u>

Part I	Asset and Liability Statement		
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash		1a	
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....		1b(1)	
(2) Participant contributions		1b(2)	
(3) Other.....		1b(3)	3259742998
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....		1c(1)	327560503685
(2) U.S. Government securities		1c(2)	
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred		1c(3)(A)	
(B) All other		1c(3)(B)	680593802410
(4) Corporate stocks (other than employer securities):			
(A) Preferred		1c(4)(A)	
(B) Common.....		1c(4)(B)	1691256816799075
(5) Partnership/joint venture interests		1c(5)	477920239400
(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)	4674185348516875
(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	65173091	66904443

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	65173091	66904443
---	-----------	----------	----------

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)	2000004	
(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)		2000004
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	7875	
(B) U.S. Government securities	2b(1)(B)	60	
(C) Corporate debt instruments	2b(1)(C)	22113	
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		30048
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	420863	
(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)		420863
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	11604861	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	8353572	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		3251289
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-1299281	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-1299281

		(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)		1150537
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		5553460

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	3666521	
(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)		3666521
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)	49028	
(2) Contract administrator fees.....	2i(2)	33493	
(3) Investment advisory and management fees.....	2i(3)		
(4) Other.....	2i(4)	73066	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		155587
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		3822108

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1731352
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: HACK, STEER & COMPANY, LLC

(2) EIN: 20-5607042

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.)		X	
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.		X	
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.	
For calendar plan year 2014 or fiscal plan year beginning 01/01/2014 and ending 12/31/2014					
A Name of plan SALEM COMMUNITY HOSPITAL RETIREMENT PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 SALEM COMMUNITY HOSPITAL				D Employer Identification Number (EIN) 34-1041385	
Part I Distributions					
All references to distributions relate only to payments of benefits during the plan year.					
1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....				1	
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): _____ 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	29
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☒ No ☐ N/A If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2014 v. 140124	

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: 63.7% Investment-Grade Debt: 35.6% High-Yield Debt: _____% Real Estate: _____% Other: 0.7%

- 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): _____

FINANCIAL STATEMENTS
AND SUPPLEMENTAL SCHEDULES

**THE SALEM COMMUNITY HOSPITAL
RETIREMENT PLAN**

December 31, 2014 and 2013

--- o o O o o ---

C O N T E N T S

	<u>P A G E</u>
Independent Auditors' Report -----	1-2
Statements of Net Assets Available for Benefits -----	3
Statements of Changes in Net Assets Available for Benefits -----	4
Notes to Financial Statements -----	5-14
Supplemental Schedules:	
Schedule H, Part IV, Item 4i - Schedule of Assets Held for Investment Purposes -----	15-17
Schedule H, Part IV, Item 4j - Schedule of Reportable Transactions -----	18

--- o o O o o ---



HACK, STEER & COMPANY, LLC

314 E. 2nd Street
Salem, Ohio 44460
(330) 337-8713
Fax (330) 337-3127

INDEPENDENT AUDITOR'S REPORT

Retirement Plan Trustees
The Salem Community Hospital Retirement Plan
Salem, Ohio

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Salem Community Hospital Retirement Plan, which comprise the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Plan 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 audit in accordance with auditing standards generally accepted in the United States of America. Because of the matter described in the Basis for Disclaimer of Opinion paragraph, however, we were not able to obtain sufficient appropriate audit evidence to provide a basis for an audit opinion.

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note E, which was certified by Farmers Trust Company, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of 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.

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.

INDEPENDENT AUDITOR'S REPORT (CONTINUED)

Other Matter

The supplemental schedules of schedule H, Part IV, Item 4i-schedule of assets held for investment purposes and schedule H, Part IV, Item 4j-schedule of reportable transactions for the year ended December 31, 2014, are required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on the supplemental schedules referred to above.

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 the Employee Retirement Income Security Act of 1974.

Hack, Steer & Company, LLC

Certified Public Accountants

Salem, Ohio

October 13, 2015

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS

**THE SALEM COMMUNITY HOSPITAL
RETIREMENT PLAN**

December 31, 2014 and 2013

	<u>2014</u>	<u>2013</u>
<u>ASSETS</u>		
Cash	\$ 503,685	\$ 327,560
Investments, at fair value (notes E and F):		
U.S. Government securities		0
Mutual funds:		
Bond	22,970,001	21,304,836
Stock	25,546,874	25,437,017
Common stocks	16,799,075	16,912,568
Corporate bonds	802,410	680,593
Limited Partnership	239,400	477,920
TOTAL INVESTMENTS	<u>66,357,760</u>	<u>64,812,934</u>
Accrued interest receivable	42,998	32,597
TOTAL ASSETS	<u>66,904,443</u>	<u>65,173,091</u>
<u>LIABILITIES</u>		
None	0	0
NET ASSETS AVAILABLE FOR BENEFITS	<u><u>\$ 66,904,443</u></u>	<u><u>\$ 65,173,091</u></u>

See accompanying notes to financial statements

STATEMENTS OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS

**THE SALEM COMMUNITY HOSPITAL
RETIREMENT PLAN**

December 31, 2014 and 2013

<u>ADDITIONS TO NET ASSETS</u>	<u>2014</u>	<u>2013</u>
Investment income:		
Net appreciation (depreciation) in fair value of investments	\$ (1,299,281)	\$ 5,820,337
Interest and dividends	4,852,737	3,651,937
Contributions:		
Employer	2,000,004	2,000,004
TOTAL ADDITIONS TO NET ASSETS	5,553,460	11,472,278
<u>DEDUCTIONS FROM NET ASSETS</u>		
Benefits paid to participants	3,666,521	3,624,833
Administrative expenses	155,587	213,725
TOTAL DEDUCTIONS FROM NET ASSETS	3,822,108	3,838,558
NET INCREASE	1,731,352	7,633,720
<u>NET ASSETS AVAILABLE FOR BENEFITS</u>		
Beginning of year	65,173,091	57,539,371
End of year	<u>\$ 66,904,443</u>	<u>\$ 65,173,091</u>

See accompanying notes to financial statements

NOTES TO FINANCIAL STATEMENTS

THE SALEM COMMUNITY HOSPITAL RETIREMENT PLAN

December 31, 2014 and 2013

NOTE A - DESCRIPTION OF PLAN

The following description of The Salem Community Hospital ("Company") Retirement Plan ("Plan") provides only general information. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General:

The Plan is a defined benefit pension plan covering all permissible employees of The Salem Community Hospital. It is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).

Effective January 1, 2014 newly hired employees are no longer eligible for the Defined Benefit Retirement Plan offered by the hospital due to a "soft freeze". As a result of the freeze The Salem Community Hospital 403(b) Plan has been amended and will be offered as a retirement plan option to all new hires. Noteworthy changes as a result of the amendment include:

- Adding employer match of 50% up to 5% of eligible employee compensation, as well as an employer non-elective deferral of 1.6% of eligible employee compensation.
- Updating eligibility requirements for matching and non-elective deferral compensation. In summary, current employees eligible for a match or deferral under another retirement plan offered by the hospital are not eligible for the matching or deferral contributions under the amended Plan.

Pension Benefits:

Participants with five or more years of vesting service are eligible to receive monthly benefit payments beginning at normal retirement age of 65. Participants may elect to receive their benefits as a life annuity payable monthly from retirement or may elect to receive optional forms of payment of actuarial equivalent amounts. The Plan permits early retirement beginning at age 55.

Death Benefits:

Benefits are payable upon the death of (a) a nonretired participant who has completed five years of vesting service or (b) a terminated vested participant, prior to the commencement of benefits, provided that the participant had elected surviving spouse coverage.

NOTE B - SUMMARY OF ACCOUNTING POLICIES

The following are the significant accounting policies followed by the Plan:

Basis of Accounting:

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

Use of Estimates:

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

THE SALEM COMMUNITY HOSPITAL RETIREMENT PLAN

December 31, 2014 and 2013

NOTE B - SUMMARY OF ACCOUNTING POLICIES (CONTINUED)

Investment Valuation and Income Recognition:

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

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

Actuarial present value of accumulated plan benefits:

Accumulated Plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated Plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are accumulated based on employees' compensation during each year of credited service. The accumulated Plan benefits for active employees will equal the accumulation, with interest, of the annual benefit accruals as of the benefit information date. Benefits payable under all circumstances - retirement, death, disability, and termination of employment - are included, to the extent they are deemed attributable to employee service rendered to the valuation date. Benefits to be provided via annuity contracts excluded from Plan assets are excluded from accumulated Plan benefits. The actuarial present value of accumulated Plan benefits is determined by an independent actuary and is that amount that results from applying assumptions to adjust the accumulated Plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions used in the valuations as of December 31, 2014 and 2013 are presented in note G. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated Plan benefits. The computations of the actuarial present value of accumulated Plan benefits were made as of January 1, 2014 and 2013. Had the valuations been performed as of December 31, there would be no material differences.

Payment of Benefits:

Benefit payments to participants are recorded upon distribution.

Date of Management's Review:

The Plan has evaluated subsequent events through October 13, 2015, the date the financial statements were available to be issued.

NOTE C - FUNDING POLICY

The Company has agreed to contribute monthly such amounts as are necessary to provide assets sufficient to meet the benefits to be paid to Plan members. For the years ended December 31, 2014, and 2013 the Company paid \$2,000,004. The Company's contributions for 2014 and 2013 exceeded the minimum funding requirements of ERISA.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**THE SALEM COMMUNITY HOSPITAL
RETIREMENT PLAN**

December 31, 2014 and 2013

NOTE D - PLAN TERMINATION

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

1. Benefits attributable to employee contributions, taking into account those paid out before termination.
2. Annuity benefits that former employees or their beneficiaries have been receiving for at least three years, or that employees eligible to retire for that three-year period would have been receiving if they had retired with benefits in the normal form of annuity under the Plan. The priority amount is limited to the lowest benefit that was payable (or would have been payable) during those three years. The amount is further limited to the lowest benefit that would be payable under Plan provisions in effect at any time during the five years preceding Plan termination.
3. Other vested benefits insured by the Pension Benefit Guaranty Corporation (PBGC) (a U.S. government agency) up to the applicable limitations (discussed subsequently).
4. All other vested benefits (that is, vested benefits not insured by the PBGC).
5. All nonvested benefits.

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, a statutory ceiling exists, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2014 that ceiling is \$4,943 per month. That ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of the retirement of Plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings are actuarially adjusted downward.

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

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**THE SALEM COMMUNITY HOSPITAL
RETIREMENT PLAN**

December 31, 2014 and 2013

NOTE E - INVESTMENTS

Investments that represent 5 percent or more of the Plan's net assets as of December 31, 2014 and 2013 are as follows:

	<u>2014</u>	<u>2013</u>
Intermediate Bond Fund of America (439,213 and 434,113 units respectively)	5,933,768	5,825,800
Loomis Sayles Strategic Income (273,476 and 263,082 units respectively)	4,454,923	4,304,019
Lord Abbott Bond Debenture Fund (534,001 and 497,526 units respectively)	4,234,627	4,054,837
Short Term Bond Fund of America (373,279 and 371,829 units respectively)	3,725,327	3,710,853
Thornburg Investment Income Builder Fund A (161,702 and 154,487 units respectively)	3,373,099	3,228,768
Fundamental Investors A (62,980 and 60,472 units respectively)	3,278,755	3,142,742

During 2014 and 2013, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year appreciated (depreciated) in value by \$(1,299,281) and \$5,820,337 respectively as follows:

	<u>2014</u>	<u>2013</u>
Corporate bonds	\$ 257	\$ (2,082)
Mutual funds	(1,151,747)	2,902,849
Common stocks	(148,450)	2,888,050
Limited Partnerships	<u>659</u>	<u>31,520</u>
NET APPRECIATION (DEPRECIATION) IN FAIR VALUE	<u><u>\$(1,299,281)</u></u>	<u><u>\$ 5,820,337</u></u>

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**THE SALEM COMMUNITY HOSPITAL
RETIREMENT PLAN**

December 31, 2014 and 2013

NOTE F - FAIR VALUE MEASUREMENTS

The fair value measurement accounting literature establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, Level 2 inputs consist of observable inputs other than quoted prices for identical assets, and Level 3 inputs are unobservable and have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of its investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. Level 3 inputs were only used when Level 1 or Level 2 inputs were not available.

Level 1 Fair Value Measurements

The fair value of investments are based on the closing price reported in the active market where the individual securities are traded, when available.

Level 2 Fair Value Measurements

The fair value of investments for which quoted market price are not available are valued using a market approach on yields currently available on comparable securities of issuers with similar credit ratings.

Level 3 Fair Value Measurements

For those assets with fair value measured using Level 3 inputs, the Board of Trustees determines the fair value measurement policies and procedures in consultation with the Plan's investment advisors, custodians and insurance company. Those policies and procedures are reassessed at least annually to determine if the current valuation techniques are still appropriate. At that time, the unobservable inputs used in the fair value measurements are evaluated and adjusted, as necessary, based on current market conditions and other third-party information.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques used need to maximize the use of observable inputs and minimize the use of unobservable inputs.

The following is a description of the valuation methodology used for assets measured at fair value. There have been no changes in the methodologies used at December 31, 2014 and 2013.

Common stocks: Valued at the closing price reported on the New York Stock Exchange.

Mutual funds: Mutual funds are valued at the daily closing price as reported by the fund. Mutual funds held by the Plan are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Plan are deemed to be actively traded.

U.S. government securities: Valued at the closing price reported in the active market in which the individual security is traded.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**THE SALEM COMMUNITY HOSPITAL
RETIREMENT PLAN**

December 31, 2014 and 2013

NOTE F - FAIR VALUE MEASUREMENTS (CONTINUED)

Corporate bonds: Certain corporate bonds are valued at the closing price reported in the active market in which the bond is traded. Other corporate bonds are valued based on yields currently available on comparable securities of issuers with similar credit ratings. When quoted prices are not available for identical or similar bonds, the bond is valued under a discounted cash flows approach that maximizes observable inputs, such as current yields of similar instruments, but includes adjustments for certain risks that may be observable, such as credit and liquidity risks.

Limited partnerships: Valued at the closing price reported in the active market in which the individual security is traded.

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

The Plan administrator determines the fair value measurement policies and procedures, subject to oversight by the Organization's employee benefit committee. Those policies and procedures are reassessed at least annually to determine if the current valuation techniques are still appropriate.

The following tables set forth by level, within the fair value hierarchy, the Plan's fair value measurements at December 31, 2014, and 2013.

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**THE SALEM COMMUNITY HOSPITAL
RETIREMENT PLAN**

December 31, 2014 and 2013

NOTE F - FAIR VALUE MEASUREMENTS (CONTINUED)

Fair Value Measurements at December 31, 2014

	<i>Quoted Prices in Active Markets for Identical Assets (Level 1)</i>	<i>Significant Other Observable Inputs (Level 2)</i>	<i>Significant Unobservable Inputs (Level 3)</i>	<i>Total</i>
Common stocks:				
Industrials	\$ 1,600,550	-	-	\$ 1,600,550
Consumer staples	1,655,764	-	-	1,655,764
Consumer discretionary	1,296,700	-	-	1,296,700
Material	1,290,900	-	-	1,290,900
Health care	2,556,060	-	-	2,556,060
Information technologies	1,654,058	-	-	1,654,058
Energy	2,236,318	-	-	2,236,318
Utilities	1,152,635	-	-	1,152,635
Financial	2,539,430	-	-	2,539,430
Telecommunication services	816,660	-	-	816,660
Total common stocks	16,799,075	-	-	16,799,075
Mutual funds:				
Index funds	926,058	-	-	926,058
Balanced funds	9,944,191	-	-	9,944,191
Growth funds	6,479,197	-	-	6,479,197
Fixed income funds	22,970,001	-	-	22,970,001
Value funds	8,197,428	-	-	8,197,428
Total mutual funds	48,516,875	-	-	48,516,875
Corporate bonds	-	802,410	-	802,410
Limited partnerships	239,400	-	-	239,400
Total assets at fair value	\$65,555,350	\$ 802,410	-	\$ 66,357,760

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**THE SALEM COMMUNITY HOSPITAL
RETIREMENT PLAN**

December 31, 2014 and 2013

NOTE F - FAIR VALUE MEASUREMENTS (CONTINUED)

Fair Value Measurements at December 31, 2013

	<i>Quoted Prices in Active Markets for Identical Assets (Level 1)</i>	<i>Significant Other Observable Inputs (Level 2)</i>	<i>Significant Unobservable Inputs (Level 3)</i>	<i>Total</i>
Common stocks:				
Industrials	\$ 1,595,240	-	-	\$ 1,595,240
Consumer staples	1,846,480	-	-	1,846,480
Consumer discretionary	1,189,770	-	-	1,189,770
Material	569,500	-	-	569,500
Health care	2,534,530	-	-	2,534,530
Information technologies	1,803,106	-	-	1,803,106
Energy	2,741,632	-	-	2,741,632
Utilities	1,299,420	-	-	1,299,420
Financial	2,599,090	-	-	2,599,090
Telecommunication services	733,800	-	-	733,800
Total common stocks	16,912,568	-	-	16,912,568
Mutual funds:				
Index funds	896,065	-	-	896,065
Balanced funds	11,498,691	-	-	11,498,691
Growth funds	6,290,909	-	-	6,290,909
Fixed income funds	21,304,836	-	-	21,304,836
Value funds	6,751,352	-	-	6,751,352
Total mutual funds	46,741,853	-	-	46,741,853
Corporate bonds	-	680,593	-	680,593
Limited partnerships	477,920	-	-	477,920
Total assets at fair value	\$64,132,341	\$ 680,593	-	\$ 64,812,934

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**THE SALEM COMMUNITY HOSPITAL
RETIREMENT PLAN**

December 31, 2014 and 2013

NOTE G - ACTUARIAL PRESENT VALUE OF ACCUMULATED PLAN BENEFITS

The actuarial present value of accumulated Plan benefits as of the beginning of the year are as follows:

	<u>As of January, 1</u>	
	<u>2014</u>	<u>2013</u>
Actuarial present value of		
accumulated Plan benefits:		
Vested benefits:		
Participants currently receiving		
payments	\$22,991,358	\$21,999,514
Other participants	<u>31,957,345</u>	<u>30,429,981</u>
	54,948,703	52,429,495
Nonvested benefits	<u>176,155</u>	<u>260,319</u>
TOTAL ACTUARIAL PRESENT VALUE		
OF ACCUMULATED PLAN BENEFITS		
AT JANUARY 1, 2014 AND 2013	<u>\$55,124,858</u>	<u>\$52,689,814</u>

The change in the actuarial present value of the accumulated Plan benefits during 2014 consisted of the following:

Accumulated Plan benefits - January 1, 2013	\$52,689,814
Benefits accumulated	1,451,496
Actuarial gains and (losses)	788,006
Increase for interest due to the decrease	
in the discount period	3,663,048
Benefits paid	(3,624,115)
Change of assumptions	<u>156,609</u>
Accumulated Plan benefits - January 1, 2014	<u>\$ 55,124,858</u>

The significant actuarial assumptions used in the valuations as of January 1, 2014 and 2013 include:

	<u>2014</u>	<u>2013</u>
Interest discount rate	7.00% per annum	7.00% per annum
Current year PPA effective interest rate	6.55% per annum	6.37% per annum
Actuarial cost method	Projected Unit Credit	Projected Unit Credit
Mortality basis	The RP-2000 Mortality Tables for Males and Females projected to 2020 by Scale AA	The RP-2000 Mortality Tables for Males and Females projected to 2020 by Scale AA
Retirement	Age 65, decrementing to age 55	Age 65, decrementing to age 55
Salary scale	3.00% per annum	3.00% per annum

NOTES TO FINANCIAL STATEMENTS (CONTINUED)

**THE SALEM COMMUNITY HOSPITAL
RETIREMENT PLAN**

December 31, 2014 and 2013

NOTE H - TAX STATUS

The Plan obtained a determination letter dated March 27, 2013, in which the Internal Revenue Service stated that the Plan, as then designed, was in compliance with the applicable requirements of the Internal Revenue Code. Continued qualification of the Plan under its present form will depend on its effect in operation. The Plan administrator and the Plan's tax counsel believe that the Plan is designed and is currently being operated in compliance with the applicable requirements of the Internal Revenue Code and therefore believe that the Plan is qualified and the related trust is tax-exempt.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the organization has taken an uncertain position that more likely than not would not be sustained upon examination by the Internal Revenue Service. The Plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of December 31, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The Internal Revenue Service examined the December 31, 2011 Plan filing which resulted in no changes or issues. The Plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

NOTE I - RISKS AND UNCERTAINTIES

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

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

SCHEDULE H, PART IV, ITEM 4i - SCHEDULE OF ASSETS
HELD FOR INVESTMENT PURPOSES

THE SALEM COMMUNITY HOSPITAL
RETIREMENT PLAN

EIN: 34-1041385
PLAN NUMBER: 001

December 31, 2014

(a)	(b) IDENTITY OF ISSUE, BORROWER OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, PAR OR MATURITY VALUE, NUMBER OF SHARES	(d) COST	(e) CURRENT VALUE
	Corporate Bonds:			
	ADT Corp	\$120,000, 4.125 % due 4/15/2019	\$ 121,560	\$ 118,800
	Advance Auto Parts Inc	\$250,000, 4.5 % due 1/15/2022	248,125	265,375
	Briggs & Stratton Corp.	\$150,000, 6.875% due 12/15/2020	153,938	161,250
	JPMorgan Chase & Co.	\$250,000, 3.15% due 7/5/2016	251,000	256,985
	Total Corporate Bonds		<u>\$ 774,623</u>	<u>\$ 802,410</u>
	Mutual Funds:			
	Bond:			
	Capital World Bond fund A	66,186 units	\$ 1,401,501	\$ 1,313,795
	Intermediate Bond Fund of America A	439,213 units	5,868,054	5,933,768
	IShares Tips Bond ETF	5,000 units	565,371	560,050
	Loomis Sayles Strategic Alpha Fund A	157,613 units	1,640,856	1,569,823
	Loomis Sayles Strategic Income Fund A	273,476 units	3,898,434	4,454,923
	Lord Abbett Bond Debenture Fund A	534,001 units	4,308,460	4,234,627
	Lord Abbett Short Duration Income Fund A	264,055 units	1,203,946	1,177,688
	Short Term Bond Fund of America A	373,279 units	3,758,834	3,725,327
	Total Mutual Funds - Bond		<u>\$ 22,645,456</u>	<u>\$ 22,970,001</u>
	Stock:			
	API Efficient Frontier Income A	52,043 units	\$ 630,069	\$ 563,629
	Columbia Seligman Comm & Info Fund A	16,515 units	579,716	920,384
	Eaton Vance Atlanta Capital Fund	55,573 units	704,230	1,295,971
	Eaton Vance Large Cap Value Fund A	40,635 units	721,185	761,099
	Emerald Banking & Finance Fund A	46,979 units	992,437	1,325,271
	Emerald Insights Fund A	48,123 units	500,000	491,338
	Fundamental Investors A	62,980 units	2,221,299	3,278,755
	Gateway Trust Index Plus Fund A	31,307 units	805,294	926,058
	Intl Growth and Income Fund A	41,476 units	1,252,242	1,320,166
	Linde Hansen Contrarian Value FD CL A	129,064 units	1,303,113	1,682,992
	Lord Abbett Fundamental Equity Fund A	220,589 units	2,807,248	2,971,332
	Lord Abbett Value Opportunities Fund A	121,305 units	1,396,633	2,373,938
	Natixis Oakmark International Fund A	40,225 units	500,000	500,402
	New Perspective Fund A	12,402 units	1,113,302	1,956,363
	New World Fund A	16,541 units	856,594	1,806,077
	Thornburg Investment Income Builder	161,702 units	2,541,216	3,373,099
	Total Mutual Funds - Stock		<u>\$ 18,924,578</u>	<u>\$ 25,546,874</u>

SCHEDULE H, PART IV, ITEM 4i - SCHEDULE OF ASSETS
HELD FOR INVESTMENT PURPOSES (CONTINUED)

**THE SALEM COMMUNITY HOSPITAL
RETIREMENT PLAN**

EIN: 34-1041385
PLAN NUMBER: 001

December 31, 2014

(a)	(b) IDENTITY OF ISSUE, BORROWER OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, PAR OR MATURITY VALUE, NUMBER OF SHARES	(d) COST	(e) CURRENT VALUE
	Common Stocks:			
	ADT Corp	10,000 shares	\$ 361,909	\$ 362,300
	Alleghany Corp	400 shares	177,892	185,400
	American Waterworks, Inc.	8,000 shares	156,706	426,400
	Apple Computer Inc.	5,600 shares	158,713	618,128
	Baxter International Inc.	6,000 shares	207,705	439,740
	CenturyLink Inc.	12,000 shares	454,050	474,960
	Chevron Corp.	4,000 shares	165,402	448,720
	ConocoPhillips	5,000 shares	209,435	345,300
	Consumers Bancorp	28,000 shares	435,950	488,600
	Corning Inc.	16,000 shares	267,911	366,880
	Davita Healthcare Partners Inc.	4,000 shares	222,613	302,960
	Eaton Vance Corp Non VTG	16,000 shares	41,345	654,880
	EMC Corp	10,000 shares	148,390	297,400
	Fastenal Co.	8,000 shares	243,078	380,480
	FMC Corp	4,000 shares	222,186	228,120
	Gilead Sciences Inc.	5,000 shares	95,829	471,300
	Health Care REIT Inc.	3,000 shares	191,714	227,010
	Honeywell International Inc.	3,000 shares	217,387	299,760
	Keurig Green Mountain Inc.	10,000 shares	22,609	1,059,160
	Marathon Oil Corp	5,400 shares	41,556	152,766
	Marathon Petroleum Corp.	5,000 shares	104,285	451,300
	National Fuel Gas Corp.	4,000 shares	71,944	278,120
	Nestle	4,000 shares	176,600	293,664
	New Jersey Resources	6,000 shares	190,610	367,200
	Nextera Energy Inc.	1,500 shares	80,755	159,435
	Northwest Natural Gas	4,000 shares	141,460	199,600
	Phillips 66	4,000 shares	123,711	286,800
	Qualcomm Inc.	5,000 shares	306,480	371,650
	Rayonier Inc.	2,000 shares	198,915	216,340
	Resmed, Inc.	15,000 shares	305,776	840,900
	RPM International Inc.	9,000 shares	144,975	456,390

SCHEDULE H, PART IV, ITEM 4i - SCHEDULE OF ASSETS
HELD FOR INVESTMENT PURPOSES (CONTINUED)

**THE SALEM COMMUNITY HOSPITAL
RETIREMENT PLAN**

EIN: 34-1041385
PLAN NUMBER: 001

December 31, 2014

(a)	(b) IDENTITY OF ISSUE, BORROWER OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, PAR OR MATURITY VALUE, NUMBER OF SHARES	(d) COST	(e) CURRENT VALUE
	Common Stocks (continued):			
	Schlumberger LTD	3,200 shares	\$ 247,081	\$ 273,312
	Senior Housing Properties Trust	10,000 shares	225,049	221,100
	Smucker JM Co.	3,000 shares	180,404	302,940
	Steel Dynamics Inc.	10,000 shares	219,850	197,400
	Suntrust Banks Inc	10,000 shares	260,874	419,000
	T Rowe Price Group Inc.	4,000 shares	195,140	343,440
	Thermo Fisher Scientific, Inc.	4,000 shares	192,102	501,160
	TJX Companies Inc.	5,000 shares	261,944	342,900
	Trinity Industries Inc.	6,000 shares	121,309	168,060
	Tupperware Corp	2,000 shares	148,710	126,000
	United Technologies Corp	4,000 shares	437,225	460,000
	Vodafone Group PLC	10,000 shares	371,435	341,700
	Weyerhaeuser Co.	10,000 shares	310,985	358,900
	Wiley John & Sons Inc.	7,000 shares	267,274	414,680
	Wolverine World Wide Inc.	6,000 shares	125,549	176,820
	Total Common Stocks		<u>\$ 9,452,822</u>	<u>\$ 16,799,075</u>
	Limited Partnership:			
	Enbridge Energy Partners LP	6,000 units	<u>\$ 137,897</u>	<u>\$ 239,400</u>
	Total Investments		<u><u>\$ 51,935,376</u></u>	<u><u>\$ 66,357,760</u></u>

* Denotes party-in-interest; there are no parties-in-interest

SCHEDULE H, PART IV, ITEM 4j - SCHEDULE OF
REPORTABLE TRANSACTIONS

**THE SALEM COMMUNITY HOSPITAL
RETIREMENT PLAN**

EIN: 34-1041385
PLAN NUMBER: 001

December 31, 2014

<u>(a)</u>	<u>(b)</u> DESCRIPTION OF ASSET	<u>(c)</u> PURCHASES	<u>(d)</u> SALE PROCEEDS	<u>(g)</u> COST OF ASSETS SOLD	<u>(i)</u> NET GAIN/(LOSS)
	Fed Prime Obligations Fund	\$ 4,087,741	\$ 3,911,616	\$ 3,911,616	\$ -

Columns not included are not applicable.

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Salem Community Hospital
EIN/PN	34-1041385/001
Plan Name	Salem Community Hospital Retirement Plan
Valuation Date	January 1, 2014
Enrolled Actuary	Chad Greenwalt
Enrollment Number	14-07020

The actuarial assumptions that are not mandated by IRC § 430 and regulations, represent the enrolled actuary's best estimate of anticipated experience under the plan, subject to the following conditions:

The actuarial valuation, on which the information in this Schedule SB is based, has been prepared in reliance upon the employee and financial data furnished by the plan administrator and the trustee. The enrolled actuary has not made a rigorous check of the accuracy of this information but has accepted it after reviewing it and concluding it is reasonable in relation to similar information furnished in previous years. The amounts of contributions and dates paid shown in Item 18 of Schedule SB were listed in reliance on information provided by the plan administrator and/or trustee.

Plan Name:	Salem Community Hospital Retirement Plan
EIN / PN:	34-1041385 / 001
Plan Sponsor:	Salem Community Hospital
Valuation Date:	January 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 23 Statement of actuarial assumptions and methods

Economic Assumptions

Interest rate basis:

- Applicable month September
- Interest rate basis 3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
● <i>First segment rate</i>	4.99%	1.37%
● <i>Second segment rate</i>	6.32%	4.05%
● <i>Third segment rate</i>	6.99%	5.06%
● Effective interest rate	6.55%	4.47%

Plan-related expenses

The amount included this year for plan-related expenses is \$213,725.

Assumed cost of living adjustments

None.

Inclusion date

The valuation date coincident with or next following the date on which the employee becomes a participant.

Mortality

The prescribed mortality assumption under Section 430(h)(3)(A) of the Internal Revenue Code using static tables with separate mortality rates for annuitants and non-annuitants.

Plan Name: Salem Community Hospital Retirement Plan
EIN / PN: 34-1041385 / 001
Plan Sponsor: Salem Community Hospital
Valuation Date: January 1, 2014

SCHEDULE SB ATTACHMENTS

Retirement

The rates at which participants retire by age are shown below.

Percentage retiring during the year	
Age	Rate
55	2%
56	2
57	2
58	2
59	5
60	5
61	5
62	20
63	10
64	10
65 and older	100

Disability rates

None.

Compensation increases

For purposes of determining the additional Funding Target for maximum deductible contribution purposes, compensation is assumed to increase by 3.00% per annum.

Future increases in social security

Not applicable.

Future increases in maximum benefits and plan compensation limitations

Accrued benefits projected to be paid in future years are limited to the maximum presently allowed under IRC §415. Plan compensation is limited to the maximum presently allowed under IRC §401(a)(17). No provision is made for future increases in the maximum annual benefit or compensation limit.

Plan Name: Salem Community Hospital Retirement Plan
EIN / PN: 34-1041385 / 001
Plan Sponsor: Salem Community Hospital
Valuation Date: January 1, 2014

SCHEDULE SB ATTACHMENTS

Representative termination rates (per 100 employees) not due to disability, retirement or mortality

Percentage leaving during the year		
Attained Age	Non-Union Employees Annual Rate of Withdrawal	Union Employees Annual Rate of Withdrawal
20	18.6	14.0
25	13.6	10.2
30	10.1	7.6
35	7.9	5.9
40	6.5	4.9
45	5.5	4.1
50	4.5	3.4
55 and over	-	-

Form of payment

Union employees and former employees are assumed to elect the straight life form. 80% of non-union employees are assumed to elect a lump sum distribution at termination; the remaining 20% are assumed to elect the straight life annuity. The lump sum is assumed to be valued using the annuity substitution approach and unisex mortality under Revenue Ruling 2013-49 for 2014 distributions.

Marriage

For purposes of valuing the pre-retirement death benefit, 100% of eligible participants are assumed to have a beneficiary and male spouses are assumed to be 3 years older than female spouses.

Employees

It was assumed there will be no new or rehired employees.

Plan compensation

Non-Union Employees

Compensation assumed paid in the current year beginning on the valuation date is the current hourly rate of pay times the expected number of hours to be worked in 2014.

Union Employees

Plan Name:	Salem Community Hospital Retirement Plan
EIN / PN:	34-1041385 / 001
Plan Sponsor:	Salem Community Hospital
Valuation Date:	January 1, 2014

SCHEDULE SB ATTACHMENTS

Accruals are frozen as of December 31, 2008 so no future plan compensation is applicable.

Timing of benefit payments

Annuity payments are payable monthly at the beginning of the month.

Valuation date

First day of plan year.

Funding target

Present value of accrued benefits.

Target normal cost

Present value of benefits expected to accrue during plan year plus plan-related expenses expected to be paid from plan assets during plan year.

Actuarial value of assets

The actuarial value of assets is equal to the market value of assets as of the valuation date plus the discounted present value of contributions made after the valuation date for the 2013 plan year, discounted using the effective interest rate for the 2013 plan year.

Benefits not valued

None.

Participant data

Employee data was supplied electronically as of the valuation date.

Plan Name:	Salem Community Hospital Retirement Plan
EIN / PN:	34-1041385 / 001
Plan Sponsor:	Salem Community Hospital
Valuation Date:	January 1, 2014

SCHEDULE SB ATTACHMENTS

Changes in assumptions and methods since last actuarial valuation

The following changes in assumptions were made as part of this valuation:

- The segment interest rates used to calculate the funding target and target normal cost were updated from an applicable month of September 2012 to September 2013, with application of MAP-21 corridors, as amended by HATFA, as applicable.
- The required mortality table used to calculate the funding target and target normal cost was updated to include one additional year of projected mortality improvements.

Plan Name:	Salem Community Hospital Retirement Plan
EIN / PN:	34-1041385 / 001
Plan Sponsor:	Salem Community Hospital
Valuation Date:	January 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26 Schedule of Active Participant Data as of January 1, 2014

Attained Age	Years of Credited Service																			
	Under 1		1 to 4		5 to 9		10 to 14		15 to 19		20 to 24		25 to 29		30 to 34		35 to 39		40 & Over	
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	12		12		0		0		0		0		0		0		0		0	
25 - 29	15		29		8		0		0		0		0		0		0		0	
30 - 34	8		16		23		13		0		0		0		0		0		0	
35 - 39	10		6		22		24		6		0		0		0		0		0	
40 - 44	7		7		24		25		17		11		0		0		0		0	
45 - 49	6		8		28		26		14		16		8		0		0		0	
50 - 54	4		12		36		16		17		9		18		8		0		0	
55 - 59	7		16		26		23		7		17		8		42		0		0	
60 - 64	3		6		14		9		3		12		4		12		25		0	
65 - 69	0		2		0		1		2		3		1		1		5		0	
70 & Over	0		1		1		0		0		0		0		0		0		0	

Plan Name: Salem Community Hospital Retirement Plan
 EIN / PN: 34-1041385 / 001
 Plan Sponsor: Salem Community Hospital
 Valuation Date: January 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Part V Summary of principal plan provisions

Plan sponsor

Salem Community Hospital

Plan

Salem Community Hospital Retirement Plan

Effective date and most recent amendment

September 1, 1970, as Amended and Restated effective January 1, 2010 and amended effective July 1, 2012 and July 1, 2014.

Plan year

The twelve-month period ending December 31st.

Coverage and participation

Each non-union employee of the Hospital hired prior to January 1, 2014 becomes a participant on the first day of the month following attainment of age 21 and completion of one year of employment in which the employee worked at least 1,000 hours.

Credited service

One year is credited for each year of participation in the Plan in which the employee worked at least 1,000 hours. Credited Service for Union participants was frozen as of December 31, 2008.

Vesting service

One year is credited for each year of employment after age 18 in which the employee worked at least 1,000 hours.

Plan Name:	Salem Community Hospital Retirement Plan
EIN / PN:	34-1041385 / 001
Plan Sponsor:	Salem Community Hospital
Valuation Date:	January 1, 2014

SCHEDULE SB ATTACHMENTS

Normal retirement benefit

Normal Retirement Date: Eligible at age 65

Benefit Formula: For each year of Credited Service, employees accrue an annual benefit equal to 1.0% of pay earned during such year, plus 0.6% of pay above \$4,800 earned during such year. Effective January 1, 2009, Nurses have no future accruals under this formula.

Effective January 1, 2014 compensation used for benefit purposes was limited to \$260,000 per year (indexed).

Late retirement

The monthly benefit is computed the same as normal retirement and recognizing pay and service after normal retirement age.

Early retirement benefit

Employees may retire as early as age 55; the accrued normal retirement benefit is payable, reduced actuarially for commencement prior to age 65.

Excerpt retirement factors are noted below:

Commencement Age	Early Retirement Factor Union	Early Retirement Factor Non-Union
62	.744	.790
60	.619	.650
55	.402	.450

Disability retirement

None.

Plan Name: Salem Community Hospital Retirement Plan
EIN / PN: 34-1041385 / 001
Plan Sponsor: Salem Community Hospital
Valuation Date: January 1, 2014

SCHEDULE SB ATTACHMENTS

Deferred vested benefit

Employees terminating after accruing 5 years of Vesting Service are entitled to the accrued normal retirement benefit commencing at age 65 or commencing as early as age 55 on an actuarially reduced basis.

Pre-retirement death benefit

Benefits are payable upon the death of (a) a nonretired participant who has completed 5 years of Vesting Service or (b) a terminated vested participant, prior to the commencement of benefits.

A benefit is payable to a beneficiary, equal to what would have been payable had the participant retired (or, in the case of a vested terminated participant, had he elected to have his benefit commence) immediately prior to death (or, if later, age 55 for surviving spouse beneficiaries) with a 50% Joint and Survivor option in effect.

Optional forms of retirement income in lieu of normal form

An employee may elect to receive his benefit on a straight-life or a reduced Joint and Survivor basis. Unless otherwise elected, any benefit payable under the Plan shall be paid:

- (1) on an actuarially reduced 50% or 75% Joint and Survivor basis, or
- (2) on a straight life basis otherwise.
- (3) for non-union employees terminating after July 1, 2012, a lump sum option is available for six months after termination.

Window benefits

A window program was offered to Nurses who had at least ten years of benefit service and who were 59 or older on or before October 1, 2008. Nurses who retired under the window program received a monthly supplement of \$350 payable until age 65 (minimum of 12 months). Retirement had to occur no earlier than October 1, 2008 and no later than December 31, 2008.

A window lump sum option was made available for former employees for a few months in 2012 with payments made in December 2012.

Plan Name:	Salem Community Hospital Retirement Plan
EIN / PN:	34-1041385 / 001
Plan Sponsor:	Salem Community Hospital
Valuation Date:	January 1, 2014

SCHEDULE SB ATTACHMENTS

Pension increases

None.

Plan participants' contributions

None.

Changes in plan provisions since last actuarial valuation

Employees hired after January 1, 2014 are not eligible for the Plan.

Plan Name:	Salem Community Hospital Retirement Plan
EIN / PN:	34-1041385 / 001
Plan Sponsor:	Salem Community Hospital
Valuation Date:	January 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 11

Explanation of difference from prior year

The present value of excess contributions (line 38a from prior year) does not reflect the amount shown on line 38a of the prior year due to an updated contribution date for the three contributions listed below:

07/16/2014 – 166,667

08/12/2014 – 166,667

09/09/2014 – 166,667

Plan Name: Salem Community Hospital Retirement Plan
EIN / PN: 34-1041385 / 001
Plan Sponsor: Salem Community Hospital
Valuation Date: January 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 22
Description of Weighted Average Retirement Age
as of January 1, 2014

See Schedule SB, Line 22, Statement of Actuarial Assumptions/Methods for retirement rates. The average retirement age for Line 22 was calculated by creating a hypothetical life table with retirement as the only decrement, and then computing the average retirement age for the table.

Age of Retirement (A)	Rates of Retirement (B)	% Retiring (C)	Weighted Ages (A)*(C)
55	2.00%	2.00%	1.1000
56	2.00%	1.96%	1.0976
57	2.00%	1.92%	1.0949
58	2.00%	1.88%	1.0918
59	5.00%	4.61%	2.7210
60	5.00%	4.38%	2.6287
61	5.00%	4.16%	2.5389
62	20.00%	15.82%	9.8061
63	10.00%	6.33%	3.9857
64	10.00%	5.69%	3.6441
65	100.00%	51.24%	33.3091

Retirement Age====>	63
-------------------------------	-----------

Plan Name:	Salem Community Hospital Retirement Plan
EIN / PN:	34-1041385 / 001
Plan Sponsor:	Salem Community Hospital
Valuation Date:	January 1, 2014

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
---	--	---

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 SALEM COMMUNITY HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN)	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF SALEM COMMUNITY HOSPITAL	D Employer Identification Number (EIN) 34-1041385	

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	66640567
	b Actuarial value	2b	66640567
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	403	24239152
	b For terminated vested participants.....	114	3103769
	c For active participants.....	772	27556009
	d Total.....	1289	54898930
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	6.55%
6	Target normal cost	6	1680581

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	 Date
	CHAD M GREENWALT Type or print name of actuary	14-07020 Most recent enrollment number
	TOWERS WATSON DELAWARE INC. Firm name	216-937-4000 Telephone number (including area code)
	1001 LAKESIDE AVENUE, SUITE 1900 CLEVELAND, OH 44114-1172 Address of the firm	

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

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

Schedule SB (Form 5500) 2014
v. 140124

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)	3399579	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)	3399579	0
10	Interest on line 9 using prior year's actual return of <u>16.72%</u>	568410	0
11	Prior year's excess contributions to be added to prefunding balance:		
a	Present value of excess contributions (line 38a from prior year)		1853707
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>6.37%</u>		118081
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		1971788
d	Portion of (c) to be added to prefunding balance		1971788
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)	3967989	1971788

Part III Funding Percentages			
14	Funding target attainment percentage	14	110.25 %
15	Adjusted funding target attainment percentage	15	121.04 %
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	109.29 %
17	If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/07/2014	166667		04/07/2015	166667	
11/12/2014	166667		05/12/2015	166667	
12/09/2014	166667		06/09/2015	166667	
01/13/2015	166667		07/09/2015	166667	
02/10/2015	166667		08/11/2015	166667	
03/10/2015	166667		09/09/2015	166667	
Totals ▶			18(b)	2000004	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	
b Contributions made to avoid restrictions adjusted to valuation date	19b	
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	1849837

20 Quarterly contributions and liquidity shortfalls:

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

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

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

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.99 %	2nd segment: 6.32 %	3rd segment: 6.99 %	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 63
23 Mortality table(s) (see instructions) ☐ Prescribed - combined ☒ Prescribed - separate ☐ Substitute				

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

28 Unpaid minimum required contributions for all prior years	28	
29 Discounted employer contributions allocated toward unpaid minimum required contributions from prior years (line 19a)	29	
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	1680581	
b Excess assets, if applicable, but not greater than line 31a	31b	1680581	
32 Amortization installments:	Outstanding Balance		Installment
a Net shortfall amortization installment	0		0
b Waiver amortization installment			
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	0	
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	1849837	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1849837	
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	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

SCHEDULE H, PART IV, ITEM 4i - SCHEDULE OF ASSETS
HELD FOR INVESTMENT PURPOSES

THE SALEM COMMUNITY HOSPITAL
RETIREMENT PLAN

EIN: 34-1041385
PLAN NUMBER: 001

December 31, 2014

(a)	(b) IDENTITY OF ISSUE, BORROWER OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, PAR OR MATURITY VALUE, NUMBER OF SHARES	(d) COST	(e) CURRENT VALUE
	Corporate Bonds:			
	ADT Corp	\$120,000, 4.125 % due 4/15/2019	\$ 121,560	\$ 118,800
	Advance Auto Parts Inc	\$250,000, 4.5 % due 1/15/2022	248,125	265,375
	Briggs & Stratton Corp.	\$150,000, 6.875% due 12/15/2020	153,938	161,250
	JPMorgan Chase & Co.	\$250,000, 3.15% due 7/5/2016	251,000	256,985
	Total Corporate Bonds		<u>\$ 774,623</u>	<u>\$ 802,410</u>
	Mutual Funds:			
	Bond:			
	Capital World Bond fund A	66,186 units	\$ 1,401,501	\$ 1,313,795
	Intermediate Bond Fund of America A	439,213 units	5,868,054	5,933,768
	IShares Tips Bond ETF	5,000 units	565,371	560,050
	Loomis Sayles Strategic Alpha Fund A	157,613 units	1,640,856	1,569,823
	Loomis Sayles Strategic Income Fund A	273,476 units	3,898,434	4,454,923
	Lord Abbett Bond Debenture Fund A	534,001 units	4,308,460	4,234,627
	Lord Abbett Short Duration Income Fund A	264,055 units	1,203,946	1,177,688
	Short Term Bond Fund of America A	373,279 units	3,758,834	3,725,327
	Total Mutual Funds - Bond		<u>\$ 22,645,456</u>	<u>\$ 22,970,001</u>
	Stock:			
	API Efficient Frontier Income A	52,043 units	\$ 630,069	\$ 563,629
	Columbia Seligman Comm & Info Fund A	16,515 units	579,716	920,384
	Eaton Vance Atlanta Capital Fund	55,573 units	704,230	1,295,971
	Eaton Vance Large Cap Value Fund A	40,635 units	721,185	761,099
	Emerald Banking & Finance Fund A	46,979 units	992,437	1,325,271
	Emerald Insights Fund A	48,123 units	500,000	491,338
	Fundamental Investors A	62,980 units	2,221,299	3,278,755
	Gateway Trust Index Plus Fund A	31,307 units	805,294	926,058
	Intl Growth and Income Fund A	41,476 units	1,252,242	1,320,166
	Linde Hansen Contrarian Value FD CL A	129,064 units	1,303,113	1,682,992
	Lord Abbett Fundamental Equity Fund A	220,589 units	2,807,248	2,971,332
	Lord Abbett Value Opportunities Fund A	121,305 units	1,396,633	2,373,938
	Natixis Oakmark International Fund A	40,225 units	500,000	500,402
	New Perspective Fund A	12,402 units	1,113,302	1,956,363
	New World Fund A	16,541 units	856,594	1,806,077
	Thornburg Investment Income Builder	161,702 units	2,541,216	3,373,099
	Total Mutual Funds - Stock		<u>\$ 18,924,578</u>	<u>\$ 25,546,874</u>

SCHEDULE H, PART IV, ITEM 4i - SCHEDULE OF ASSETS
HELD FOR INVESTMENT PURPOSES (CONTINUED)

**THE SALEM COMMUNITY HOSPITAL
RETIREMENT PLAN**

EIN: 34-1041385
PLAN NUMBER: 001

December 31, 2014

(a)	(b) IDENTITY OF ISSUE, BORROWER OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, PAR OR MATURITY VALUE, NUMBER OF SHARES	(d) COST	(e) CURRENT VALUE
	Common Stocks:			
	ADT Corp	10,000 shares	\$ 361,909	\$ 362,300
	Alleghany Corp	400 shares	177,892	185,400
	American Waterworks, Inc.	8,000 shares	156,706	426,400
	Apple Computer Inc.	5,600 shares	158,713	618,128
	Baxter International Inc.	6,000 shares	207,705	439,740
	CenturyLink Inc.	12,000 shares	454,050	474,960
	Chevron Corp.	4,000 shares	165,402	448,720
	ConocoPhillips	5,000 shares	209,435	345,300
	Consumers Bancorp	28,000 shares	435,950	488,600
	Corning Inc.	16,000 shares	267,911	366,880
	Davita Healthcare Partners Inc.	4,000 shares	222,613	302,960
	Eaton Vance Corp Non VTG	16,000 shares	41,345	654,880
	EMC Corp	10,000 shares	148,390	297,400
	Fastenal Co.	8,000 shares	243,078	380,480
	FMC Corp	4,000 shares	222,186	228,120
	Gilead Sciences Inc.	5,000 shares	95,829	471,300
	Health Care REIT Inc.	3,000 shares	191,714	227,010
	Honeywell International Inc.	3,000 shares	217,387	299,760
	Keurig Green Mountain Inc.	10,000 shares	22,609	1,059,160
	Marathon Oil Corp	5,400 shares	41,556	152,766
	Marathon Petroleum Corp.	5,000 shares	104,285	451,300
	National Fuel Gas Corp.	4,000 shares	71,944	278,120
	Nestle	4,000 shares	176,600	293,664
	New Jersey Resources	6,000 shares	190,610	367,200
	Nextera Energy Inc.	1,500 shares	80,755	159,435
	Northwest Natural Gas	4,000 shares	141,460	199,600
	Phillips 66	4,000 shares	123,711	286,800
	Qualcomm Inc.	5,000 shares	306,480	371,650
	Rayonier Inc.	2,000 shares	198,915	216,340
	Resmed, Inc.	15,000 shares	305,776	840,900
	RPM International Inc.	9,000 shares	144,975	456,390

SCHEDULE H, PART IV, ITEM 4i - SCHEDULE OF ASSETS
HELD FOR INVESTMENT PURPOSES (CONTINUED)

**THE SALEM COMMUNITY HOSPITAL
RETIREMENT PLAN**

EIN: 34-1041385
PLAN NUMBER: 001

December 31, 2014

(a)	(b) IDENTITY OF ISSUE, BORROWER OR SIMILAR PARTY	(c) DESCRIPTION OF INVESTMENT INCLUDING MATURITY DATE, RATE OF INTEREST, PAR OR MATURITY VALUE, NUMBER OF SHARES	(d) COST	(e) CURRENT VALUE
	Common Stocks (continued):			
	Schlumberger LTD	3,200 shares	\$ 247,081	\$ 273,312
	Senior Housing Properties Trust	10,000 shares	225,049	221,100
	Smucker JM Co.	3,000 shares	180,404	302,940
	Steel Dynamics Inc.	10,000 shares	219,850	197,400
	Suntrust Banks Inc	10,000 shares	260,874	419,000
	T Rowe Price Group Inc.	4,000 shares	195,140	343,440
	Thermo Fisher Scientific, Inc.	4,000 shares	192,102	501,160
	TJX Companies Inc.	5,000 shares	261,944	342,900
	Trinity Industries Inc.	6,000 shares	121,309	168,060
	Tupperware Corp	2,000 shares	148,710	126,000
	United Technologies Corp	4,000 shares	437,225	460,000
	Vodafone Group PLC	10,000 shares	371,435	341,700
	Weyerhaeuser Co.	10,000 shares	310,985	358,900
	Wiley John & Sons Inc.	7,000 shares	267,274	414,680
	Wolverine World Wide Inc.	6,000 shares	125,549	176,820
	Total Common Stocks		<u>\$ 9,452,822</u>	<u>\$ 16,799,075</u>
	Limited Partnership:			
	Enbridge Energy Partners LP	6,000 units	<u>\$ 137,897</u>	<u>\$ 239,400</u>
	Total Investments		<u><u>\$ 51,935,376</u></u>	<u><u>\$ 66,357,760</u></u>

* Denotes party-in-interest; there are no parties-in-interest

SCHEDULE H, PART IV, ITEM 4j - SCHEDULE OF
REPORTABLE TRANSACTIONS

**THE SALEM COMMUNITY HOSPITAL
RETIREMENT PLAN**

EIN: 34-1041385
PLAN NUMBER: 001

December 31, 2014

<u>(a)</u>	<u>(b)</u> DESCRIPTION OF ASSET	<u>(c)</u> PURCHASES	<u>(d)</u> SALE PROCEEDS	<u>(g)</u> COST OF ASSETS SOLD	<u>(i)</u> NET GAIN/(LOSS)
	Fed Prime Obligations Fund	\$ 4,087,741	\$ 3,911,616	\$ 3,911,616	\$ -

Columns not included are not applicable.

SCHEDULE H, PART IV, ITEM 4j - SCHEDULE OF
REPORTABLE TRANSACTIONS

**THE SALEM COMMUNITY HOSPITAL
RETIREMENT PLAN**

EIN: 34-1041385
PLAN NUMBER: 001

December 31, 2014

<u>(a)</u>	<u>(b)</u> DESCRIPTION OF ASSET	<u>(c)</u> PURCHASES	<u>(d)</u> SALE PROCEEDS	<u>(g)</u> COST OF ASSETS SOLD	<u>(i)</u> NET GAIN/(LOSS)
	Fed Prime Obligations Fund	\$ 4,087,741	\$ 3,911,616	\$ 3,911,616	\$ -

Columns not included are not applicable.