

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). <p style="text-align: center;">▶ Complete all entries in accordance with the instructions to the Form 5500.</p>	OMB Nos. 1210-0110 1210-0089 <div style="text-align: center; font-size: 1.5em; font-weight: bold;">2014</div> This Form is Open to Public Inspection
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Part I	Annual Report Identification Information
For calendar plan year 2014 or fiscal plan year beginning <u>01/01/2014</u> and ending <u>12/31/2014</u>	
A This return/report is for:	☐ a multiemployer plan; ☐ a multiple-employer plan (Filers checking this box must attach a list of participating employer information in accordance with the form instructions); or ☒ a single-employer plan; ☐ a DFE (specify) _____
B This return/report is:	☐ the first return/report; ☐ the final return/report; ☐ an amended return/report; ☐ a short plan year return/report (less than 12 months).
C If the plan is a collectively-bargained plan, check here.	☐
D Check box if filing under:	☒ Form 5558; ☐ automatic extension; ☐ the DFVC program; ☐ special extension (enter description)

Part II	Basic Plan Information —enter all requested information				
1a Name of plan <u>WESTERN MARYLAND HEALTH SYSTEM 403(B) SAVINGS PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;"><u>002</u></td> </tr> <tr> <td colspan="2">1c Effective date of plan <u>11/01/1962</u></td> </tr> </table>	1b Three-digit plan number (PN) ▶	<u>002</u>	1c Effective date of plan <u>11/01/1962</u>	
1b Three-digit plan number (PN) ▶	<u>002</u>				
1c Effective date of plan <u>11/01/1962</u>					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) <u>WESTERN MARYLAND HEALTH SYSTEM CORPORATION</u> <u>12500 WILLOWBROOK RD</u> <u>CUMBERLAND, MD 21502-6393</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) <u>52-0591531</u></td> </tr> <tr> <td>2c Plan Sponsor's telephone number <u>240-964-8150</u></td> </tr> <tr> <td>2d Business code (see instructions) <u>622000</u></td> </tr> </table>	2b Employer Identification Number (EIN) <u>52-0591531</u>	2c Plan Sponsor's telephone number <u>240-964-8150</u>	2d Business code (see instructions) <u>622000</u>	
2b Employer Identification Number (EIN) <u>52-0591531</u>					
2c Plan Sponsor's telephone number <u>240-964-8150</u>					
2d Business code (see instructions) <u>622000</u>					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2015	KIMBERLY REPAC
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	10/15/2015	KIMBERLY REPAC
	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 <div style="background-color: #cccccc; height: 40px; width: 100%;"></div>
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 2481
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 a(2) Total number of active participants at the end of the plan year b Retired or separated participants receiving benefits c Other retired or separated participants entitled to future benefits..... d Subtotal. Add lines 6a(2) , 6b , and 6c e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits. f Total. Add lines 6d and 6e g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item) h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6a(1) 2095 6a(2) 1754 6b 1 6c 393 6d 2148 6e 0 6f 2148 6g 1864 6h 107
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: 2F 2H 2L 2M 2S 2T b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☒ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☐ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☒ <u>2</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE A (Form 5500) Department of the Treasury Internal Revenue Service <hr/> Department of Labor Employee Benefits Security Administration <hr/> Pension Benefit Guaranty Corporation	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	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 WESTERN MARYLAND HEALTH SYSTEM 403(B) SAVINGS PLAN	B Three-digit plan number (PN) ► 002
C Plan sponsor's name as shown on line 2a of Form 5500 WESTERN MARYLAND HEALTH SYSTEM CORPORATION	D Employer Identification Number (EIN) 52-0591531

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

PRINCIPAL LIFE INSURANCE COMPANY

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
42-0127290	61271	613953	2148	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
0	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

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

Schedule A (Form 5500) 2014
v. 140124

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

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(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end.....	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	0

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier.....	6b	
c Premiums due but unpaid at the end of the year.....	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ▶ ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☒ other ▶ **CUSTODIAL GUARANTEED INTEREST CONTRACT**

b Balance at the end of the previous year.....	7b	9784776
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c Additions: (1) Contributions deposited during the year.....	7c(1)	817472	
(2) Dividends and credits	7c(2)		
(3) Interest credited during the year	7c(3)	154708	
(4) Transferred from separate account.....	7c(4)		
(5) Other (specify below)	7c(5)	1062037	
▶ LOAN PAYMENT, ROLLOVER, OUTSIDE INVESTMENT TRANSFER			

(6) Total additions.....	7c(6)	2034217
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d Total of balance and additions (add lines 7b and 7c(6))	7d	11818993
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e Deductions:

(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	1693648	
(2) Administration charge made by carrier	7e(2)	8030	
(3) Transferred to separate account.....	7e(3)		
(4) Other (specify below)	7e(4)	2702317	
▶ LOAN WITHDRAWAL, OUTSIDE INVESTMENT TRANSFER			

(5) Total deductions.....	7e(5)	4403995
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f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	7414998
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Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

SCHEDULE A (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <hr/> <small>Department of Labor Employee Benefits Security Administration</small> <hr/> <small>Pension Benefit Guaranty Corporation</small>	Insurance 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. ► Insurance companies are required to provide the information pursuant to ERISA section 103(a)(2).	OMB No. 1210-0110 <hr/> 2014 <hr/> This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning **01/01/2014** and ending **12/31/2014**

A Name of plan WESTERN MARYLAND HEALTH SYSTEM 403(B) SAVINGS PLAN	B Three-digit plan number (PN) ►	002
C Plan sponsor's name as shown on line 2a of Form 5500 WESTERN MARYLAND HEALTH SYSTEM CORPORATION	D Employer Identification Number (EIN) 52-0591531	

Part I	Information Concerning Insurance Contract Coverage, Fees, and Commissions Provide information for each contract on a separate Schedule A. Individual contracts grouped as a unit in Parts II and III can be reported on a single Schedule A.
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1 Coverage Information:

(a) Name of insurance carrier

AIG VALIC

(b) EIN	(c) NAIC code	(d) Contract or identification number	(e) Approximate number of persons covered at end of policy or contract year	Policy or contract year	
				(f) From	(g) To
74-1625348	70238	58853	666	01/01/2014	12/31/2014

2 Insurance fee and commission information. Enter the total fees and total commissions paid. List in line 3 the agents, brokers, and other persons in descending order of the amount paid.

(a) Total amount of commissions paid	(b) Total amount of fees paid
3854	0

3 Persons receiving commissions and fees. (Complete as many entries as needed to report all persons).

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

SCOTT L. HALL
 2929 ALLEN PARKWAY
 HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1216	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

BRIAN N. TOBIN
 2929 ALLEN PARKWAY
 HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
1186	0		3

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

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MICHAEL R. BROWN

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
478	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

STEVEN D. FILO

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
236	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

ANDREW L. JERDAL

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
169	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LUIS M. SAIZ

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
116	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

MICHAEL T. ANDERSON

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
111	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JEFFREY M. HUGHES

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
78	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LAWRENCE PEREZ

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
56	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

LISA I FRIEDMAN

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
39	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CRAIG A. SILCOX

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
31	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

KYLE DIXON

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
31	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

PEARL GRAHAM

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
31	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

JAMES W. GERMAUX

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
27	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

EDWARD B. HARRIS

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
25	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

UNASSIGNED

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
13	0		3

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

CHRIS M. FULTON

2929 ALLEN PARKWAY
HOUSTON, TX 77019

(b) Amount of sales and base commissions paid	Fees and other commissions paid		(e) Organization code
	(c) Amount	(d) Purpose	
11	0		4

Part II Investment and Annuity Contract Information

Where individual contracts are provided, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

4 Current value of plan's interest under this contract in the general account at year end	4	0
5 Current value of plan's interest under this contract in separate accounts at year end	5	13321827

6 Contracts With Allocated Funds:**a** State the basis of premium rates ▶

b Premiums paid to carrier	6b	
c Premiums due but unpaid at the end of the year	6c	
d If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, enter amount. Specify nature of costs ▶	6d	

e Type of contract: (1) ☐ individual policies (2) ☐ group deferred annuity
(3) ☐ other (specify) ▶

f If contract purchased, in whole or in part, to distribute benefits from a terminating plan, check here ☐**7 Contracts With Unallocated Funds (Do not include portions of these contracts maintained in separate accounts)**

a Type of contract: (1) ☐ deposit administration (2) ☐ immediate participation guarantee
(3) ☐ guaranteed investment (4) ☐ other ▶

b Balance at the end of the previous year	7b	
c Additions: (1) Contributions deposited during the year	7c(1)	
(2) Dividends and credits	7c(2)	
(3) Interest credited during the year	7c(3)	
(4) Transferred from separate account	7c(4)	
(5) Other (specify below)	7c(5)	
▶		
(6) Total additions	7c(6)	
d Total of balance and additions (add lines 7b and 7c(6))	7d	
e Deductions:		
(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	
(2) Administration charge made by carrier	7e(2)	
(3) Transferred to separate account	7e(3)	
(4) Other (specify below)	7e(4)	
▶		
(5) Total deductions	7e(5)	
f Balance at the end of the current year (subtract line 7e(5) from line 7d)	7f	0

Part III Welfare Benefit Contract Information

If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organizations(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees, the entire group of such individual contracts with each carrier may be treated as a unit for purposes of this report.

8 Benefit and contract type (check all applicable boxes)

- a** ☐ Health (other than dental or vision)
 b ☐ Dental
 c ☐ Vision
 d ☐ Life insurance
e ☐ Temporary disability (accident and sickness)
 f ☐ Long-term disability
 g ☐ Supplemental unemployment
 h ☐ Prescription drug
i ☐ Stop loss (large deductible)
 j ☐ HMO contract
 k ☐ PPO contract
 l ☐ Indemnity contract
m ☐ Other (specify) ▶

9 Experience-rated contracts:

a Premiums: (1) Amount received.....	9a(1)		
(2) Increase (decrease) in amount due but unpaid.....	9a(2)		
(3) Increase (decrease) in unearned premium reserve	9a(3)		
(4) Earned ((1) + (2) - (3)).....		9a(4)	
b Benefit charges (1) Claims paid.....	9b(1)		
(2) Increase (decrease) in claim reserves.....	9b(2)		
(3) Incurred claims (add (1) and (2))		9b(3)	
(4) Claims charged		9b(4)	
c Remainder of premium: (1) Retention charges (on an accrual basis) --			
(A) Commissions	9c(1)(A)		
(B) Administrative service or other fees.....	9c(1)(B)		
(C) Other specific acquisition costs	9c(1)(C)		
(D) Other expenses.....	9c(1)(D)		
(E) Taxes	9c(1)(E)		
(F) Charges for risks or other contingencies.....	9c(1)(F)		
(G) Other retention charges	9c(1)(G)		
(H) Total retention		9c(1)(H)	
(2) Dividends or retroactive rate refunds. (These amounts were ☐ paid in cash, or ☐ credited.).....		9c(2)	
d Status of policyholder reserves at end of year: (1) Amount held to provide benefits after retirement		9d(1)	
(2) Claim reserves		9d(2)	
(3) Other reserves.....		9d(3)	
e Dividends or retroactive rate refunds due. (Do not include amount entered in line 9c(2).)		9e	

10 Nonexperience-rated contracts:

a Total premiums or subscription charges paid to carrier	10a	
b If the carrier, service, or other organization incurred any specific costs in connection with the acquisition or retention of the contract or policy, other than reported in Part I, line 2 above, report amount.....	10b	

Specify nature of costs ▶

Part IV Provision of Information

11 Did the insurance company fail to provide any information necessary to complete Schedule A? ☐ Yes ☒ No

12 If the answer to line 11 is "Yes," specify the information not provided. ▶

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>WESTERN MARYLAND HEALTH SYSTEM 403(B) SAVINGS PLAN</u>	B Three-digit plan number (PN) ►	<u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WESTERN MARYLAND HEALTH SYSTEM CORPORATION</u>	D Employer Identification Number (EIN) <u>52-0591531</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
<u>PRINCIPAL LIFE INSURANCE COMPANY</u>
<u>42-0127290</u>

(b) Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation
<u>AIG VALIC</u>
<u>74-1625348</u>

(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

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

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

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

PRINCIPAL LIFE INSURANCE COMPANY

42-0127290

(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 37 50 64	CONTRACT ADMINISTRATOR	55859	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

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

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

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

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

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

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

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

Part I Service Provider Information (continued)

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

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

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

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

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

a Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN**a** Plan name**b** Name of
plan sponsor**c** EIN-PN

SCHEDULE H (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small> <small>Pension Benefit Guaranty Corporation</small>	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.	<small>OMB No. 1210-0110</small> 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>WESTERN MARYLAND HEALTH SYSTEM 403(B) SAVINGS PLAN</u>		B Three-digit plan number (PN) ► <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WESTERN MARYLAND HEALTH SYSTEM CORPORATION</u>		D Employer Identification Number (EIN) <u>52-0591531</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)	409821	573643
(2) Participant contributions	1b(2)	7	0
(3) Other.....	1b(3)	0	0
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)		
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)		
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)		
(B) Common.....	1c(4)(B)		
(5) Partnership/joint venture interests	1c(5)		
(6) Real estate (other than employer real property).....	1c(6)		
(7) Loans (other than to participants)	1c(7)		
(8) Participant loans.....	1c(8)	1401713	1337852
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)	14336719	13321827
(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)	41188148	45619559
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)	9784776	7414998
(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	67121184	68267879

Liabilities

g Benefit claims payable	1g	0	
h Operating payables	1h	0	
i Acquisition indebtedness	1i	0	
j Other liabilities	1j	0	
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	67121184	68267879
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Part II Income and Expense Statement

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

Income

		(a) Amount	(b) Total
a Contributions:			
(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	2427263	
(B) Participants	2a(1)(B)	5280251	
(C) Others (including rollovers)	2a(1)(C)	983323	
(2) Noncash contributions	2a(2)	0	
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		8690837
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	0	
(B) U.S. Government securities	2b(1)(B)	0	
(C) Corporate debt instruments	2b(1)(C)	0	
(D) Loans (other than to participants)	2b(1)(D)	0	
(E) Participant loans	2b(1)(E)	39273	
(F) Other	2b(1)(F)	154708	
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		193981
(2) Dividends: (A) Preferred stock	2b(2)(A)	0	
(B) Common stock	2b(2)(B)	0	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	754907	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		754907
(3) Rents	2b(3)		0
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	0	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	0	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)	0	
(B) Other	2b(5)(B)	0	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		0

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts.....	2b(6)		0
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		1125820
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		0
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		0
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		1747317
c Other income.....	2c		39496
d Total income. Add all income amounts in column (b) and enter total.....	2d		12552358

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	11288459	
(2) To insurance carriers for the provision of benefits.....	2e(2)	0	
(3) Other.....	2e(3)	149	
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		11288608
f Corrective distributions (see instructions).....	2f		1452
g Certain deemed distributions of participant loans (see instructions).....	2g		56871
h Interest expense.....	2h		0
i Administrative expenses: (1) Professional fees.....	2i(1)	0	
(2) Contract administrator fees.....	2i(2)	58732	
(3) Investment advisory and management fees.....	2i(3)	0	
(4) Other.....	2i(4)	0	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		58732
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		11405663

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		1146695
l Transfers of assets:			
(1) To this plan.....	2l(1)		0
(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: DIXON HUGHES GOODMAN LLP

(2) EIN: 56-0747981

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		1959
4b		X	0

	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	0
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	0
e Was this plan covered by a fidelity bond?	X		1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?.....		X	
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X		
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
l Has the plan failed to provide any benefit when due under the plan?.....		X	
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)		X	
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust	6b Trust's EIN

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

A Name of plan <u>WESTERN MARYLAND HEALTH SYSTEM 403(B) SAVINGS PLAN</u>	B Three-digit plan number (PN) ▶ <u>002</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>WESTERN MARYLAND HEALTH SYSTEM CORPORATION</u>	D Employer Identification Number (EIN) <u>52-0591531</u>

Part I	Distributions
---------------	----------------------

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

1 Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	<u>0</u>
2 Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits): EIN(s): <u>42-0127290</u> <u>74-1625348</u>		
Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.		
3 Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....	3	<u>446</u>

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

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

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

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Western Maryland Health System Corporation 403(b) Savings Plan

Financial Statements and Supplemental Schedule
As of December 31, 2014 and 2013 and for the
Year Ended December 31, 2014, and
Independent Auditors' Report

Western Maryland Health System Corporation 403(b) Savings Plan

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Independent Auditors' Report

Plan Administrator
Western Maryland Health System Corporation
403(b) Savings Plan

Report on the Financial Statements

We were engaged to audit the financial statements of ***Western Maryland Health System Corporation 403(b) Savings Plan*** (the Plan), which comprise of the statements of net assets available for benefits as of December 31, 2014 and 2013, and the related statement of changes in net assets available for benefits for the year ended December 31, 2014, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 (ERISA), the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to certain information summarized in Note 3, which was certified by Principal Trust Company (Principal) and Variable Annuity Life Insurance Company (VALIC), the custodians of the Plan, except for comparing such information to the related information included in the financial statements. We have been informed by the Plan administrator that the custodians hold the Plan's investment assets and execute investment transactions. The Plan administrator has obtained certifications from the custodians as of December 31, 2014 and 2013, and for the year ended

December 31, 2014, that the information provided to the Plan administrator by the custodians is complete and accurate.



Disclaimer of Opinion

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

Other Matter

The supplemental schedule of assets (held at end of the year) as of December 31, 2014 is required by the Department of Labor's (DOL) Rules and Regulations for Reporting and Disclosure under the ERISA and is presented for the purposes of additional analysis and is 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 schedule.

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 schedule, other than that derived from information certified by the custodians, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under ERISA.

Dixon Hughes Goodman LLP

Tysons, Virginia
October 13, 2015

Western Maryland Health System Corporation 403(b) Savings Plan

Statements of Net Assets Available for Benefits

December 31,	2014	2013
Investments at fair value (see Notes 3, 4 and 5)	\$ 66,356,383	\$ 65,396,394
Receivables		
Notes receivable from participants	1,347,877	1,410,871
Employer contribution receivable	573,643	409,821
Total receivables	1,921,520	1,820,692
Net assets reflecting investments at fair value	68,277,903	67,217,086
Adjustment from fair value to contract value for interest in common collective trust relating to fully benefit-responsive investment contracts	-	(56,751)
Net assets available for benefits	\$ 68,277,903	\$ 67,160,335

The accompanying notes are an integral part of these financial statements.

Western Maryland Health System Corporation 403(b) Savings Plan

Statement of Changes in Net Assets Available for Benefits

Year Ended December 31, 2014

Additions to net assets attributed to

Investment income

Net appreciation in fair value of investments	\$ 2,750,401
Interest and dividends	1,128,227
	<u>3,878,628</u>

Interest income on notes receivable from participants	<u>39,637</u>
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Contributions

Employer	2,427,263
Participant	5,280,258
Rollovers	983,323
	<u>8,690,844</u>

Total additions	<u>12,609,109</u>
------------------------	-------------------

Deductions from net assets attributed to

Benefits paid to participants	11,432,809
Administrative expenses	58,732

Total deductions	<u>11,491,541</u>
-------------------------	-------------------

Net change	1,117,568
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Net assets available for benefits

Beginning of year	<u>67,160,335</u>
End of year	<u>\$ 68,277,903</u>

The accompanying notes are an integral part of these financial statements.

**Western Maryland Health System Corporation
403(b) Savings Plan**

Notes to Financial Statements

December 31, 2014 and 2013

1. Description of Plan

The following description of **Western Maryland Health System Corporation 403(b) Savings Plan** (the Plan) provides only general information. Participants should refer to the Plan document for a more complete description of the Plan's provisions.

The Plan was established on November 1, 1962, and was restated effective October 15, 2008 to reflect the final regulations under Internal Revenue Code (IRC) section 403(b). The Plan covers substantially all permissible employees of the Western Maryland Health System Corporation (Plan Sponsor) as defined in accordance with the universal availability standards as described in the IRC, except for certain employees covered by a collective bargaining agreement and nonresident aliens. The Plan provides for disability, death, and pension benefits upon separation from service, and offers hardship withdrawals for those in need who qualify. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). Participants should refer to the Plan document for a more complete description of the Plan's provisions.

Eligible employees can elect to contribute a percentage of their compensation to the Plan, not to exceed the current federal maximum annual limit. Contributions are subject to certain IRC limitations. Effective September 1, 2009, eligible employees hired on or after the effective date are automatically enrolled for 3% withholding of their salary unless they choose to opt-out.

The Plan Sponsor may make a matching contribution to the accounts of eligible employees equal to 50% of elective deferral contributions that do not exceed 6% of pay for the particular payroll period. Elective deferrals that exceed 6% of pay for the particular payroll period are not matched. Matching contributions are made for all persons who were active participants at any time during that payroll period.

To be eligible for the match, employees are required to (1) be classified as "part time" or "full time" regularly scheduled to work 16 or more hours a week, or (2) work at least 1,000 hours in the twelve months after hired or in the Plan year.

Participants who have attained age 50 by the end of the Plan year are eligible to make catch-up contributions. Catch-up contributions are in excess of any limit on elective deferrals under the Plan. For 2014, the maximum catch-up contribution that can be made during the calendar year is \$5,500.

Each participant's account is credited with the participant's contribution and allocations of the Plan Sponsor's contribution and plan earnings, and charged with benefit payments, transaction fees related to notes receivable from participants and distributions, and an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. Effective January 1, 2011, vesting in employer matching contributions and related earnings is based on years of vesting service, as follows:

<u>Vesting Service</u>	<u>Vested Percentage</u>
Less than 2 years	0%
2 years but less than 3 years	20%
3 years but less than 4 years	40%
4 years but less than 5 years	60%
5 years but less than 6 years	80%
6 or more years	100%

When termination occurs before the matching contribution is 100% vested, the forfeited amount is used to reduce future employer contributions. The forfeited nonvested amount was \$34 and \$0 as of December 31, 2014 and 2013, respectively. During 2014, \$35,743 was used to reduce employer contributions.

Participants may direct the investment of their accounts among a variety of investment fund options available under the Plan. If participants do not direct the investment of their accounts, their elective deferrals and matching contributions will be automatically invested in the applicable investment fund based upon their current age and the definition of normal retirement under the retirement plan, which is age 65. Participants may redirect the funds in their respective accounts at any point throughout the year.

Participants may borrow from their accounts a minimum of \$1,000, not to exceed the lesser of (1) \$50,000 reduced by the highest outstanding loan balance incurred by each participant during the prior twelve-month period, or (2) 50% of their vested account balance. In general, all loans must be repaid over a five-year period. However, if the loan is for the purchase of a principal residence, the loan may be repaid over a ten-year period. Participant loans are measured at their unpaid principal balance plus any accrued but unpaid interest. Delinquent notes receivable from participants are reclassified as distributions based upon the terms of the Plan document. Interest rates ranged from 3% to 8% at December 31, 2014.

Participants or their beneficiaries are eligible for distributions from their accounts upon retirement, termination, hardship or death, and may elect to receive an immediate lump-sum distribution or installments, or may let the balances remain in the Plan.

2. Summary of Significant Accounting Policies

Basis of Accounting

The accompanying financial statements of the Plan are prepared using the accrual method of accounting.

Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.

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 5 for discussion of fair value measurement.

Purchases and sales of securities are recorded on a trade-date basis. Interest income from notes receivable from participants is recorded when received. Other 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.

Administration Expenses

Certain administrative expenses of the Plan are paid by the Plan Sponsor.

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Tax Status

Generally, a determination letter issued by the Internal Revenue Service (IRS) for a qualified plan states whether the Plan meets the requirements of the Internal Revenue Code (IRC). The determination letter process does not currently apply to 403(b) plans. The Plan administrator believes that the Plan is designed and is currently being operated in compliance with the applicable provisions of the IRC.

Plan Termination

Although it has not expressed any intent to do so, the Plan Sponsor has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA. However, no such action may deprive any participant or beneficiary under the Plan of any vested right.

Subsequent Events

In preparing these financial statements, the Plan has evaluated events and transactions for potential recognition or disclosure through October 13, 2015, the date the financial statements were available to be issued.

3. Unaudited Information Certified by Custodians

The accompanying financial statements include the following unaudited information as of December 31, 2014 and 2013 and for the year ended December 31, 2014 that was obtained from data prepared and certified to be complete and accurate by the Plan's custodians:

	2014	2013
Investments at fair value	\$ 66,356,383	\$ 65,396,394
Notes receivable from participants	\$ 1,347,877	\$ 1,410,871
Adjustment from fair value to contract value for interest in common collective trust relating to fully benefit-responsive investment contracts	\$ -	\$ (56,751)
Net appreciation in fair value of investments	\$ 2,750,401	
Interest and dividends	\$ 1,128,227	
Interest income on notes receivable from participants	\$ 39,637	

4. Investments

The following table presents investments that represent 5% or more of the Plan's net assets at December 31:

		2014	2013
Manning & Napier Advisors Pro-Blend Cons. Term Series Fund	\$	23,393,711	\$ 19,691,919
VALIC Fixed Account Plus		7,724,078	8,619,231
Principal Fixed Income Guaranteed Option Fund		7,414,998	9,784,776
Manning & Napier Advisors Pro-Blend Mod. Term Series Fund		7,017,610	6,179,397
Manning & Napier Advisors Pro-Blend Ext. Term Series Fund		6,033,644	5,938,271

A summary of additional financial information reported by the custodians follows as of and for the years ended December 31, 2014:

	Interest and Dividends	Net Change in Fair Value	Total Investment Income
Mutual funds	\$ 863,225	\$ 1,747,332	\$ 2,610,557
Guaranteed investment contracts	234,739	154,709	389,448
Pooled Separate Accounts	30,263	848,360	878,623
	\$ 1,128,227	\$ 2,750,401	\$ 3,878,628

5. Fair Value Measurements

Current accounting standards define fair value as 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, and establish a three-level hierarchy for fair value measurements based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date. The three levels of inputs that may be used to measure fair value are:

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

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

Level 3: Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets or liabilities. Level 3 assets and liabilities include financial instruments whose value is determined using pricing models, discounted cash flow methodologies, or similar techniques, as well as instruments for which the determination of fair value requires significant management judgment or estimation.

The following discussion describes the valuation methodologies used for the Plan's financial assets measured at fair value. The techniques utilized in estimating the fair values are affected by the assumptions used. Care should be exercised in deriving conclusions about the Plan, its net assets available for benefits, or the changes in its net assets available for benefits based on the fair value information of financial assets presented below.

Fair value estimates are made at a specific point in time, based on available market information and judgments about the financial asset, including estimates of the timing, amount of expected future cash flows, and the credit standing of the issuer. In some cases, the fair value estimates may not be substantiated by comparison to independent markets. In addition, the disclosed fair values may not be realized in the immediate settlement of the financial assets. Furthermore, the disclosed fair values do not reflect any premium or discount that could result from offering for sale at one time an entire holding of a particular financial asset. Potential taxes and other expenses that would be incurred in an actual sale or settlement are not reflected in the amounts disclosed.

When quoted prices are available in active markets for identical instruments, investment securities are classified within Level 1 of the fair value hierarchy. Level 1 investments include 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.

Level 2 investment securities included pooled separate accounts for which quoted prices were not available in active markets for identical instruments. The NAV, as provided by VALIC, the custodian, was used as a practical expedient to estimate fair value. The NAV was based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient was not used when it was determined to be probable that the fund will sell the investment for an amount different than the reported NAV. Participant transactions (purchased and sales) could occur daily.

Fair value of guaranteed investment contracts represents the amount the Plan Sponsor would receive if the contract was terminated at the reporting date, which is book value less an early withdrawal charge.

The following tables, set forth by level within the fair value, hierarchy the Plan's assets accounted for at fair value on a recurring basis as of December 31, 2014 and 2013.

	Fair Value as of December 31, 2014		
	Level 1	Level 2	Total
Mutual funds:			
Blend	\$ 3,631,196	\$ -	\$ 3,631,196
Bond	985,611	-	985,611
Growth	38,961,684	-	38,961,684
Value	2,041,067	-	2,041,067
Guaranteed investment contracts	-	15,139,076	15,139,076
Pooled separate accounts			
Blend (a)	-	2,350,579	2,350,579
Bond (b)	-	64,789	64,789
Government (c)	-	16,403	16,403
Growth (d)	-	1,898,377	1,898,377
Money Market (e)	-	41,026	41,026
Value (f)	-	1,226,575	1,226,575
	\$ 45,619,558	\$ 20,736,825	\$ 66,356,383

	Fair Value as of December 31, 2013		
	Level 1	Level 2	Total
Mutual funds:			
Large cap	\$ 2,464,823	\$ -	\$ 2,464,823
Mid cap	1,006,020	-	1,006,020
Small cap	891,399	-	891,399
Global and international equity	1,622,652	-	1,622,652
Balanced/asset allocation	33,889,731	-	33,889,731
Intermediate-term bond	1,157,293	-	1,157,293
Other	156,227	-	156,227
Guaranteed investment contracts	-	18,737,565	18,737,565
Pooled separate accounts			
Blend (a)	-	2,524,408	2,524,408
Bond (b)	-	97,814	97,814
Growth (d)	-	1,523,832	1,523,832
Money Market (e)	-	16,612	16,612
Value (f)	-	1,308,018	1,308,018
	<u>\$ 41,188,145</u>	<u>\$ 24,208,249</u>	<u>\$ 65,396,394</u>

- (a) Blend funds invest in securities that are balanced between securities whose primary objective is to appreciate and securities whose primary objective is to pay dividends.
- (b) Bond funds invest in a diversified portfolio of long duration fixed income securities.
- (c) Government funds invest in U.S. Government and government-sponsored securities.
- (d) Growth funds invest in corporate securities with capital appreciation as the primary objective
- (e) Money market funds provide stable returns that are relatively risk free.
- (f) Value funds invest in corporate securities that are deemed to be undervalued in price and are likely to pay dividends.

The investments with a reported estimated fair value using NAV did not have unfunded commitments, redemption restrictions or redemption notice periods. The redemption frequency was immediate.

No significant transfers were made between the fair value level hierarchies described above during 2014 and 2013.

6. Investment Contracts with Insurance Companies

The Plan entered into contracts with Principal Trust Company (Principal) and Variable Annuity Life Insurance Company (VALIC). Under the Plan's investment contracts with Principal, contributions may be made to a general asset fund or other pooled separate investment accounts. The Plan no longer accepts contributions into the VALIC contract. The general asset funds are held in a guaranteed investment fund until withdrawn according to the contract. The funds are credited with earnings on the underlying investments and charged for participant withdrawals. Contract value represents contributions made under the contracts plus earnings less participant withdrawals. Participants may ordinarily direct the withdrawal of all or a portion of their investments at contract value.

Contribution received in any quarter will earn interest at the declared rate for that quarter and in the next three quarters. The average yield and portfolio rates for Principal were 2.00% for 2014 and 2013. The average yield and portfolio rates for VALIC were 2.78% for 2014 and 2.28% and 1.64% for 2013, respectively. The crediting interest rate will be at an effective rate of at least 2.00% and reset on a semi-annual basis for Principal, and at least 3.00% for VALIC. There are no reserves against contract value for credit risk of the contract issuer or otherwise.

Certain events limit the ability of the Plan to transact at contract value with the issuer. Such events include the following: (1) amendments to the Plan documents (including complete or partial Plan termination or merger with another plan), (2) changes to the Plan's prohibition on competing investment options or deletion of equity wash provisions, (3) bankruptcy of the Plan Sponsor or other Plan Sponsor events (for example, divestitures or spin-off of a subsidiary) that cause a significant withdrawal from the Plan, or (4) the failure of the trust to qualify for exemption from federal income taxes or any required prohibited transaction exemption under ERISA. In the opinion of the Plan administrator, the occurrence of such event that would limit the Plan's ability to transact at contract value is improbable.

7. 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 participants' account balances and the amounts reported in the statement of net assets available for benefits.

8. Parties-in-Interest Transactions

The Plan Sponsor provides certain accounting and administrative services to the Plan for which no fees are charged. Certain Plan assets held in trust by VALIC and Principal, the Plan custodians, are invested in funds owned by VALIC and Principal. Transactions related to these assets qualify as party-in-interest transactions for which a statutory exemption exists. Fees paid by the Plan for investment management services were included as a reduction of the return earned on each fund. Fees paid to the custodians by the Plan for participant-initiated transactions and administrative services were \$58,732 for the year ended December 31, 2014.

9. Non-Exempt Party-in-Interest Transactions

During the 2014 Plan year, there were unintentional delays by the Company in submitting participant contributions in the amount of \$1,959. These delinquent contributions constitute prohibited transactions and the Company has made contributions to the affected participants' accounts to compensate those participants for potential lost income due to the delays.

10. Reconciliation of Financial Statements to Form 5500

The following is a reconciliation of net assets available for benefits per the accompanying 2014 and 2013 financial statements to Schedule H of Form 5500:

	December 31,	
	2014	2013
Net assets available for benefits per the financial statements	\$ 68,277,903	\$ 67,160,335
Deemed distributions of participant loans not reflected on financial statements	(10,024)	(95,902)
Adjustment from contract value to fair value for interest in common collective trust relating to fully benefit-responsive investment contracts	-	56,751
Net assets available for benefits per the Form 5500	\$ 68,267,879	\$ 67,121,184

The following is a reconciliation of net change in net assets available for benefits per the financial statements for the year ended December 31, 2014 to Schedule H of Form 5500:

Net change in net assets available for benefits per the financial statements	\$ 1,117,568
Add prior year deemed distributed participant loans	95,902
Deduct current year deemed distributed participant loans	(10,024)
Change in adjustment from contract value to fair value for common collective trust relating to fully-benefit responsive investment contracts	<u>(56,751)</u>
Net income per Form 5500	<u>\$ 1,146,695</u>

* * * * *

Western Maryland Health System Corporation 403(b) Savings Plan

**Schedule of Delinquent Participant Contributions
Schedule H, Line 4a**

EIN 52-0591531 Plan 002

Year Ended December 31, 2014

Pay-period ending	Participant contributions transferred late to the Plan	Total that constitutes nonexempt prohibited transactions			Total fully corrected under Voluntary Fiduciary Correction Program (VFCP) and Prohibited Transaction Exemption 2002-51
	Participant loan repayments are included	Contributions not corrected	Contributions corrected outside VFCP	Contributions pending correction in VFCP	
July 25, 2014	\$ 1,959	\$ 1,959	\$ -	\$ -	\$ -

The late contributions were remitted within the Plan year.

Lost earnings related to July 2014 contributions will be deposited to the Plan in 2015.

Western Maryland Health System Corporation 403(b) Savings Plan

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

EIN 52-0591531 Plan 002

December 31, 2014

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost**	(e) Current value
*	Variable Annuity Life Insurance Company	Aggressive Growth Life Style Fund	\$	\$ 1,617
*	Variable Annuity Life Insurance Company	Ariel Appreciation Fund		38,773
*	Variable Annuity Life Insurance Company	Ariel Fund		62,020
*	Variable Annuity Life Insurance Company	Blue Chip Growth Fund		8,834
*	Variable Annuity Life Insurance Company	Capital Appreciation Fund		32,248
*	Variable Annuity Life Insurance Company	Capital Conservation Fund		24,435
*	Variable Annuity Life Insurance Company	Conservative Growth Lifestyle Fund		14,057
*	Variable Annuity Life Insurance Company	Core Bond Fund		26,915
*	Variable Annuity Life Insurance Company	Core Equity Fund		5,948
*	Variable Annuity Life Insurance Company	Dividend Value Fund		49,396
*	Variable Annuity Life Insurance Company	Emerging Economies Fund		60,957
*	Variable Annuity Life Insurance Company	Fixed Account Plus		7,724,078
*	Variable Annuity Life Insurance Company	Foreign Value Fund		25,429
*	Variable Annuity Life Insurance Company	Global Real Estate Fund		10,138
*	Variable Annuity Life Insurance Company	Global Strategy Fund		17,214
*	Variable Annuity Life Insurance Company	Government Securities Fund		4,516
*	Variable Annuity Life Insurance Company	Growth Fund		309,232
*	Variable Annuity Life Insurance Company	Health Science Fund		580,770
*	Variable Annuity Life Insurance Company	High Yield Bond Fund		834
*	Variable Annuity Life Insurance Company	International Equities Fund		8,628
*	Variable Annuity Life Insurance Company	International Government Bond		1,689
*	Variable Annuity Life Insurance Company	International Growth Fund		133,554
*	Variable Annuity Life Insurance Company	Intl Opportunities Fund		23,484
*	Variable Annuity Life Insurance Company	Large Cap Core Fund		1,407
*	Variable Annuity Life Insurance Company	Large Cap Value Fund		3,692
*	Variable Annuity Life Insurance Company	Large Capital Growth Fund		169,419
*	Variable Annuity Life Insurance Company	Mid Cap Growth Fund		8,421
*	Variable Annuity Life Insurance Company	Mid Cap Index Fund		199,565
*	Variable Annuity Life Insurance Company	Mid Cap Strategic Growth Fund		60,324
*	Variable Annuity Life Insurance Company	Mid Cap Value Fund		53,825
*	Variable Annuity Life Insurance Company	Money Market I Fund		32,828
*	Variable Annuity Life Insurance Company	Money Market II Fund		8,198
*	Variable Annuity Life Insurance Company	NASDAQ-100® Index Fund		126,460
*	Variable Annuity Life Insurance Company	Science & Technology Fund		129,460
*	Variable Annuity Life Insurance Company	Short Term Fixed Account		274,217
*	Variable Annuity Life Insurance Company	Small Cap Fund		337,824
*	Variable Annuity Life Insurance Company	Small Cap Growth Fund		49,558
*	Variable Annuity Life Insurance Company	Small Cap Index Fund		36,281
*	Variable Annuity Life Insurance Company	Small Cap Special Value Fund		81,042

Western Maryland Health System Corporation 403(b) Savings Plan

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

EIN 52-0591531 Plan 002

December 31, 2014

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment, including maturity date, rate of interest, collateral, par or maturity value	(d) Cost**	(e) Current value
*	Variable Annuity Life Insurance Company	Small Cap Value Fund		4,689
*	Variable Annuity Life Insurance Company	Small Mid Growth Fund		14,473
*	Variable Annuity Life Insurance Company	Socially Responsible Fund		2,842
*	Variable Annuity Life Insurance Company	Stock Index Fund		1,116,314
*	Variable Annuity Life Insurance Company	Strategic Bond Fund		9,473
*	Variable Annuity Life Insurance Company	Value Fund		17,926
*	Variable Annuity Life Insurance Company	Vanguard Lifestrategy Growth Fund		13,282
*	Variable Annuity Life Insurance Company	Vanguard Lifestrategy Moderate Fund		403
*	Variable Annuity Life Insurance Company	Vanguard Long-Term Treasury Fund		11,887
*	Variable Annuity Life Insurance Company	Vanguard LT Inv-Grade Fund		1,443
*	Variable Annuity Life Insurance Company	Vanguard Wellington Fund, Inc.		923,671
*	Variable Annuity Life Insurance Company	Vanguard Windsor II Fund		468,137
	Allianz	Allianz NFJ SmCap Value A Fund		330,939
	American Century Investments	Am Cent Strategic All Mod A Fund		659,918
	The American Funds	Am Fnd Cap Inc Builder R3 Fund		912,913
	The American Funds	Fundamental Investors Fund		1,177,945
	The American Funds	Growth & Income Fund		760,650
	Eaton Vance	Large Cap Value Fund		407,873
	Manning & Napier Advisors, Inc	Pro-Blend Cons. Term Series Fund		23,393,711
	Manning & Napier Advisors, Inc	Pro-Blend Ext. Term Series Fund		6,033,644
	Manning & Napier Advisors, Inc	Pro-Blend Max Term Series Fund		1,426,601
	Manning & Napier Advisors, Inc	Pro-Blend Mod. Term Series Fund		7,017,610
*	Principal Life Insurance Company	Fixed Income Guaranteed Option Fund		7,414,998
*	Principal Funds Inc	Large Cap Growth R4 Fund		199,204
*	Principal Funds Inc	Large Cap S&P 500 Idx R4 Fund		761,401
*	Principal Funds Inc	Mid Cap Growth III R4 Fund		155,330
*	Principal Funds Inc	Mid Cap S&P 400 Idx R4 Fund		644,691
*	Principal Funds Inc	Mid Cap Value I R4 Fund		271,959
*	Principal Funds Inc	Small Cap Growth I R4 Fund		75,666
*	Principal Funds Inc	Small Cap S&P 600 Idx R4 Fund		286,509
	PIMCO Funds	PIMCO Total Return R Fund		985,611
	T. Rowe Price Funds	Growth & Income R Fund		117,383
*	Participant loans***	Interest rates range from 3.00% to 8.00%, maturing through 2025, collateralized by participant accounts		1,347,877
				<u>\$ 67,704,260</u>

* Party-in-interest

** Cost information omitted for participant-directed investments.

*** The accompanying financial statements classify participant loans as notes receivable from participants.

SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

WESTERN MARYLAND HEALTH SYSTEM 403(B) SAVINGS

EIN 52 0591531

PLAN NUMBER 002

PLAN YEAR 01/01/2014 to 12/31/2014

DESCRIPTION OF ASSET	(A) Total Number of Purchases	(B) Total Number of Sales	(C) Total Value of Purchases	(D) Total Value of Sales	(E) Net Gain/(Loss)
Insurance Co General Prin Fixed Inc Guar Option	137		\$1,945,236.73		\$0.00
Insurance Co General Prin Fixed Inc Guar Option		231		\$4,442,992.64	\$54,205.04
Registered Investment Comp Manning & Npr PB Cns Trm S	155		\$9,293,013.32		\$0.00
Registered Investment Comp Manning & Npr PB Cns Trm S		432		\$5,220,906.62	\$105,122.36
Registered Investment Comp Manning & Npr PB Ext Trm S	104		\$1,877,130.17		\$0.00
Registered Investment Comp Manning & Npr PB Ext Trm S		109		\$1,586,189.12	\$67,651.37

SCHEDULE H, Line 4j - SCHEDULE OF REPORTABLE TRANSACTIONS

* Schedule is prepared using the alternative way of reporting (iii) series transactions under DOL Regulation 2520.103-6(d)(2).

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

WESTERN MARYLAND HEALTH SYSTEM 403(B) SAVINGS

EIN 52 0591531
 PLAN NUMBER 002
 PLAN YEAR 01/01/2014 TO 12/31/2014

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
	Allianz	Registered Investment Company AllianzGI NFJ SmCap Value A Fd	\$ 401,122.67	\$ 330,938.86
	American Century Investments	Registered Investment Company Am Cent Strategic All Mod A Fd	\$ 683,290.60	\$ 659,918.40
	The American Funds	Registered Investment Company Am Fnd Cap Inc Builder R3 Fund	\$ 869,711.97	\$ 912,912.92
	The American Funds	Registered Investment Company Am Funds Fdmntl Inv R3 Fund	\$ 1,080,949.31	\$ 1,177,944.99
	The American Funds	Registered Investment Company Am Fnds Cap Wld Gr & In R3 Fd	\$ 692,038.74	\$ 760,650.34
	Western Maryland Health System	Pooled Separate Accounts AIG Valic	\$ 0.00	\$ 13,321,827.00
	Eaton Vance	Registered Investment Company Eaton Vance Lg-Cap Value A Fd	\$ 463,640.14	\$ 407,872.75
	Manning & Napier Advisors, Inc	Registered Investment Company Manning & Npr PB Cns Trm S Fd	\$ 24,175,407.25	\$ 23,393,711.46
	Manning & Napier Advisors, Inc	Registered Investment Company Manning & Npr PB Ext Trm S Fd	\$ 6,195,229.81	\$ 6,033,644.37
	Manning & Napier Advisors, Inc	Registered Investment Company Manning & Npr PB Max Trm S Fd	\$ 1,475,917.67	\$ 1,426,601.13
	Manning & Napier Advisors, Inc	Registered Investment Company Manning & Npr PB Mod Trm S Fd	\$ 7,283,997.30	\$ 7,017,610.08
*	Principal Life Insurance Company	Insurance Company General Prin Fixed Inc Guar Option	\$ 7,265,304.36	\$ 7,414,998.16
*	Principal Funds Inc	Registered Investment Company Prin LargeCap Growth R4 Fund	\$ 198,635.14	\$ 199,204.36
*	Principal Funds Inc	Registered Investment Company Prin LgCap S&P 500 Idx R4 Fund	\$ 643,965.66	\$ 761,400.64
*	Principal Funds Inc	Registered Investment Company Prin MidCap Growth III R4 Fund	\$ 181,134.43	\$ 155,330.19

SCHEDULE H, line 4i - SCHEDULE OF ASSETS (HELD AT END OF YEAR)

WESTERN MARYLAND HEALTH SYSTEM 403(B) SAVINGS

EIN 52 0591531
PLAN NUMBER 002
PLAN YEAR 01/01/2014 TO 12/31/2014

(A)	(B) Identity of issuer, borrower, lessor or similar party.	(C) Description of investment including maturity date, rate of interest, collateral, par or maturity value.	(D) Cost	(E) Current Value
*	Principal Funds Inc	Registered Investment Company Prin MidCap S&P 400 Idx R4 Fd	\$ 587,158.20	\$ 644,690.75
*	Principal Funds Inc	Registered Investment Company Prin MidCap Value I R4 Fund	\$ 297,639.53	\$ 271,958.58
*	Principal Funds Inc	Registered Investment Company Prin SmallCap Growth I R4 Fund	\$ 85,714.90	\$ 75,665.55
*	Principal Funds Inc	Registered Investment Company Prin SmCap S&P 600 Idx R4 Fund	\$ 264,414.66	\$ 286,509.27
	PIMCO Funds	Registered Investment Company PIMCO Total Return R Fund	\$ 1,013,119.77	\$ 985,611.10
	T. Rowe Price Funds	Registered Investment Company T. R Price Intl Grth&Inc R Fd	\$ 122,537.39	\$ 117,382.92
	Participant Loans	Range of Interest Rates Rates Range From 3.00% To 8.00%	\$ 0.00	\$ 1,337,852.00