

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>07/01/2014</u> and ending <u>06/30/2015</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 ASHTABULA COUNTY MEDICAL CENTER - THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">1b Three-digit plan number (PN) ▶</td> <td style="width: 20%; text-align: center;">001</td> </tr> <tr> <td colspan="2">1c Effective date of plan 07/01/1969</td> </tr> </table>	1b Three-digit plan number (PN) ▶	001	1c Effective date of plan 07/01/1969	
1b Three-digit plan number (PN) ▶	001				
1c Effective date of plan 07/01/1969					
2a Plan sponsor's name and address; include room or suite number (employer, if for a single-employer plan) ASHTABULA COUNTY MEDICAL CENTER 2420 LAKE AVENUE ASHTABULA, OH 44004-3817	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>2b Employer Identification Number (EIN) 34-0726081</td> </tr> <tr> <td>2c Plan Sponsor's telephone number 440-997-2262</td> </tr> <tr> <td>2d Business code (see instructions) 622000</td> </tr> </table>	2b Employer Identification Number (EIN) 34-0726081	2c Plan Sponsor's telephone number 440-997-2262	2d Business code (see instructions) 622000	
2b Employer Identification Number (EIN) 34-0726081					
2c Plan Sponsor's telephone number 440-997-2262					
2d Business code (see instructions) 622000					

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	04/15/2016	DONALD KEPNER
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE	Filed with authorized/valid electronic signature.	04/15/2016	DONALD KEPNER
	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 ASHTABULA COUNTY MEDICAL CENTER 2420 LAKE AVENUE ASHTABULA, OH 44004-3817	3b Administrator's EIN 34-0726081
	3c Administrator's telephone number 440-997-2262
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 ASHTABULA COUNTY MEDICAL CENTER	4b EIN 34-0726081
	4c PN 001
5 Total number of participants at the beginning of the plan year	5 1161
6 Number of participants as of the end of the plan year unless otherwise stated (welfare plans complete only lines 6a(1) , 6a(2) , 6b , 6c , and 6d).	
a(1) Total number of active participants at the beginning of the plan year	6a(1) 429
a(2) Total number of active participants at the end of the plan year	6a(2) 394
b Retired or separated participants receiving benefits	6b 365
c Other retired or separated participants entitled to future benefits.....	6c 161
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 920
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.	6e 27
f Total. Add lines 6d and 6e	6f 947
g Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	6g
h Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....	6h 0
7 Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item).....	7
8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristics Codes in the instructions: 1A 3D 3H	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ <u>0</u> A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

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

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

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

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

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

Receipt Confirmation Code _____

SCHEDULE SB (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). ▶ File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2014 This Form is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

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

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

A Name of plan <u>ASHTABULA COUNTY MEDICAL CENTER - THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF <u>ASHTABULA COUNTY MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>34-0726081</u>
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information
1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2014</u>	
2 Assets:	
a Market value	2a <u>41162471</u>
b Actuarial value	2b <u>41162471</u>
3 Funding target/participant count breakdown	
a For retired participants and beneficiaries receiving payment.....	(1) Number of participants <u>379</u> (2) Vested Funding Target <u>18943736</u> (3) Total Funding Target <u>18943736</u>
b For terminated vested participants.....	<u>360</u> <u>7128160</u> <u>7128160</u>
c For active participants.....	<u>422</u> <u>12175766</u> <u>12613416</u>
d Total.....	<u>1161</u> <u>38247662</u> <u>38685312</u>
4 If the plan is in at-risk status, check the box and complete lines (a) and (b)..... ☐	
a Funding target disregarding prescribed at-risk assumptions	4a
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor.....	4b
5 Effective interest rate	5 <u>6.51</u> %
6 Target normal cost	6 <u>502563</u>

Statement by Enrolled Actuary

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

SIGN HERE		<u>04/08/2016</u>
	Signature of actuary	Date
<u>MONTY A. WESOLOSKI</u>	Type or print name of actuary	<u>14-07549</u>
		Most recent enrollment number
<u>TOWERS WATSON DELAWARE INC.</u>	Firm name	<u>216-937-4000</u>
		Telephone number (including area code)
<u>1001 LAKESIDE AVENUE</u> <u>SUITE 1500</u> <u>CLEVELAND, OH 44114-1172</u>	Address of the firm	

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

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

Schedule SB (Form 5500) 2014
v. 140124

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	1272373	706982
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	1272373	706982
10 Interest on line 9 using prior year's actual return of <u>17.41</u> %	221520	123086
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		779885
b(1) Interest on the excess, if any, of line 38a over line 38b from prior year Schedule SB, using prior year's effective interest rate of <u>6.35</u> %		49523
b(2) Interest on line 38b from prior year Schedule SB, using prior year's actual return		0
c Total available at beginning of current plan year to add to prefunding balance		829408
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12)	1493893	830068

Part III Funding Percentages		
14 Funding target attainment percentage	14	100.39 %
15 Adjusted funding target attainment percentage	15	106.40 %
16 Prior year's funding percentage for purposes of determining whether carryover/prefunding balances may be used to reduce current year's funding requirement	16	89.83 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
10/14/2014	347736		03/14/2016	347736	
01/14/2015	347736				
04/14/2015	347736				
07/22/2015	347736				
10/15/2015	347736				
01/14/2016	347736				
Totals ▶			18(b)	2434152	18(c) 0

19 Discounted employer contributions – see instructions for small plan with a valuation date after the beginning of the year:		
a Contributions allocated toward unpaid minimum required contributions from prior years	19a	0
b Contributions made to avoid restrictions adjusted to valuation date	19b	0
c Contributions allocated toward minimum required contribution for current year adjusted to valuation date	19c	2282433
20 Quarterly contributions and liquidity shortfalls:		
a Did the plan have a "funding shortfall" for the prior year? ☒ Yes ☐ No		
b If line 20a is "Yes," were required quarterly installments for the current year made in a timely manner? ☒ Yes ☐ No		
c If line 20a is "Yes," see instructions and complete the following table as applicable:		
Liquidity shortfall as of end of quarter of this plan year		
(1) 1st	(2) 2nd	(3) 3rd
0	0	0
		(4) 4th
		0

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

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

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6).....	31a	502563	
b Excess assets, if applicable, but not greater than line 31a	31b	153198	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment.....	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33) ..	34	349365	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement.....	0	0	0
36 Additional cash requirement (line 34 minus line 35).....	36	349365	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c).....	37	2282433	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1933068	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☒ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☒ 2010 ☒ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2014
		This Form is Open to Public Inspection.

For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

A Name of plan <u>ASHTABULA COUNTY MEDICAL CENTER - THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN</u>	B Three-digit plan number (PN) ▶ <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ASHTABULA COUNTY MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>34-0726081</u>

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

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

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

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

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

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

MORGAN STANLEY DEAN WITTER

94-1671384

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	83484	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CENTRAL HOSPITAL SERVICES

1226 HURON ROAD EAST
CLEVELAND, OH 44115

34-1173007

(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?
15	NONE	80073	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

THE NORTHERN TRUST COMPANY

50 LASALLE STREET
CHICAGO, IL 60675

36-1561860

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21	NONE	36562	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)

COLUMBIA MGMT INVESTMENT ADVISORS

13-3180631

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	22257	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

TUCKER ELLIS LLP

950 MAIN AVENUE
SUITE 1100
CLEVELAND, OH 44113-7213

20-0073899

(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?
29	NONE	22176	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

OAK RIDGE INVESTMENTS

36-4142388

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	21494	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)

SAGE ADVISORY SERVICES

74-2798841

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	20108	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

SHAFFER CULLEN

13-3089070

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	19519	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CONGRESS ASSET MGMT INVESTMENT

04-2848965

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	16921	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)

NGAM ADVISORS LLP

04-3274056

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	14307	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

CALAMOS ADVISORS LLC

20-1647533

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28	NONE	10265	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

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

Part I Service Provider Information (continued)

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

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

Part II Service Providers Who Fail or Refuse to Provide Information

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

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

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

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

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

Explanation:

SCHEDULE D (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration</small>	DFE/Participating Plan 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 <hr/> 2014 <hr/> This Form is Open to Public Inspection.
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For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

A Name of plan <u>ASHTABULA COUNTY MEDICAL CENTER - THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">B Three-digit plan number (PN) ►</td> <td style="width: 20%; text-align: center;"><u>001</u></td> </tr> <tr> <td colspan="2" style="height: 20px;"></td> </tr> </table>	B Three-digit plan number (PN) ►	<u>001</u>		
B Three-digit plan number (PN) ►	<u>001</u>				
C Plan or DFE sponsor's name as shown on line 2a of Form 5500 <u>ASHTABULA COUNTY MEDICAL CENTER</u>	D Employer Identification Number (EIN) <u>34-0726081</u>				

Part I	Information on interests in MTIAs, CCTs, PSAs, and 103-12 IEs (to be completed by plans and DFEs) (Complete as many entries as needed to report all interests in DFEs)
---------------	--

a Name of MTIA, CCT, PSA, or 103-12 IE: HEALTHCOMP, INC. GROUP TRUST

b Name of sponsor of entity listed in (a): HEALTHCOMP, INC.

c EIN-PN <u>34-1607331-004</u>	d Entity code <u>E</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>4134302</u>
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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)
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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)
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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)
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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>07/01/2014</u> and ending <u>06/30/2015</u>		
A Name of plan <u>ASHTABULA COUNTY MEDICAL CENTER - THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN</u>		B Three-digit plan number (PN) ► <u>001</u>
C Plan sponsor's name as shown on line 2a of Form 5500 <u>ASHTABULA COUNTY MEDICAL CENTER</u>		D Employer Identification Number (EIN) <u>34-0726081</u>

Part I Asset and Liability Statement			
1 Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.			
Assets		(a) Beginning of Year	(b) End of Year
a Total noninterest-bearing cash	1a		
b Receivables (less allowance for doubtful accounts):			
(1) Employer contributions.....	1b(1)		
(2) Participant contributions.....	1b(2)		
(3) Other.....	1b(3)		
c General investments:			
(1) Interest-bearing cash (include money market accounts & certificates of deposit).....	1c(1)		
(2) U.S. Government securities	1c(2)	0	235232
(3) Corporate debt instruments (other than employer securities):			
(A) Preferred	1c(3)(A)		
(B) All other	1c(3)(B)	0	6814705
(4) Corporate stocks (other than employer securities):			
(A) Preferred	1c(4)(A)	0	18686483
(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)		
(9) Value of interest in common/collective trusts	1c(9)		
(10) Value of interest in pooled separate accounts	1c(10)		
(11) Value of interest in master trust investment accounts	1c(11)		
(12) Value of interest in 103-12 investment entities.....	1c(12)	39717706	4134302
(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	0	6100297
(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
(15) Other.....	1c(15)	0	38768

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	39717706	36009787

Liabilities

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

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	39717706	36009787
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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)	2524303	
(B) Participants	2a(1)(B)		
(C) Others (including rollovers)	2a(1)(C)		
(2) Noncash contributions	2a(2)		
(3) Total contributions. Add lines 2a(1)(A) , (B) , (C) , and line 2a(2)	2a(3)		2524303
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)		
(B) U.S. Government securities	2b(1)(B)	38768	
(C) Corporate debt instruments	2b(1)(C)		
(D) Loans (other than to participants)	2b(1)(D)		
(E) Participant loans	2b(1)(E)		
(F) Other	2b(1)(F)		
(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		38768
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)		
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		0
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		0
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
(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)		-381541
(7) Net investment gain (loss) from pooled separate accounts.....	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts.....	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities.....	2b(9)		1942804
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds).....	2b(10)		
c Other income.....	2c		
d Total income. Add all income amounts in column (b) and enter total.....	2d		4124334

Expenses

e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers.....	2e(1)	7306901	
(2) To insurance carriers for the provision of benefits.....	2e(2)		
(3) Other.....	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3).....	2e(4)		7306901
f Corrective distributions (see instructions).....	2f		
g Certain deemed distributions of participant loans (see instructions).....	2g		
h Interest expense.....	2h		
i Administrative expenses: (1) Professional fees.....	2i(1)	23493	
(2) Contract administrator fees.....	2i(2)	80073	
(3) Investment advisory and management fees.....	2i(3)	208355	
(4) Other.....	2i(4)	213431	
(5) Total administrative expenses. Add lines 2i(1) through (4).....	2i(5)		525352
j Total expenses. Add all expense amounts in column (b) and enter total.....	2j		7832253

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d.....	2k		-3707919
l Transfers of assets:			
(1) To this plan.....	2l(1)		
(2) From this plan.....	2l(2)		

Part III Accountant's Opinion

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

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

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

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

☐ Yes ☒ No

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

(1) Name: BRUNER COX LLP

(2) EIN: 34-0641962

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

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

Part IV Compliance Questions

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

During the plan year:

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

	Yes	No	Amount
4a		X	
4b		X	

	Yes	No	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X	
4c			
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X	
4d			
e Was this plan covered by a fidelity bond?	X		500000
4e			
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X	
4f			
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4g			
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X	
4h			
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X		
4i			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)		X	
4j			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X	
4k			
l Has the plan failed to provide any benefit when due under the plan?		X	
4l			
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)			
4m			
n If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.			
4n			

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

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

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

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

Part V Trust Information (optional)

6a Name of trust

6b Trust's EIN

<div>SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</div>		<div>Retirement Plan Information</div> <div>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).</div> <div>▶ File as an attachment to Form 5500.</div>		<div>OMB No. 1210-0110</div> <div>2014</div> <div>This Form is Open to Public Inspection.</div>	
For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015					
A Name of plan ASHTABULA COUNTY MEDICAL CENTER - THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN				B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 ASHTABULA COUNTY MEDICAL CENTER				D Employer Identification Number (EIN) 34-0726081	
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	0
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): 36-1561860					
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	200
Part II Funding Information (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part)					
4 Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?..... ☐ Yes ☒ No ☐ N/A					
If the plan is a defined benefit plan, go to line 8.					
5 If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. Date: Month _____ Day _____ Year _____ If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.					
6 a Enter the minimum required contribution for this plan year (include any prior year accumulated funding deficiency not waived).....				6a	
b Enter the amount contributed by the employer to the plan for this plan year.....				6b	
c Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount)				6c	
If you completed line 6c, skip lines 8 and 9.					
7 Will the minimum funding amount reported on line 6c be met by the funding deadline?..... ☐ Yes ☐ No ☐ N/A					
8 If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure or other authority providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?..... ☐ Yes ☐ No ☒ N/A					
Part III Amendments					
9 If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box. If no, check the "No" box..... ☐ Increase ☐ Decrease ☐ Both ☒ No					
Part IV ESOPs (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part.					
10 Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan? ☐ Yes ☐ No					
11 a Does the ESOP hold any preferred stock? ☐ Yes ☐ No					
b If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.)..... ☐ Yes ☐ No					
12 Does the ESOP hold any stock that is not readily tradable on an established securities market?..... ☐ Yes ☐ No					
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.				Schedule R (Form 5500) 2014 v. 140124	

Part V Additional Information for Multiemployer Defined Benefit Pension Plans

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

a Name of contributing employer

b EIN

c Dollar amount contributed by employer

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- a** Enter the percentage of plan assets held as:

Stock: 66.5% Investment-Grade Debt: 27.6% High-Yield Debt: _____% Real Estate: _____% Other: 5.9%

- 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): _____



Board of Trustees
Ashtabula County Medical Center --
The Greater Cleveland Hospital Association Retirement Plan

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial statements of the Plan as of June 30, 2015 and 2014, and the changes in its financial statements for the year ended June 30, 2015, in accordance with accounting principles generally accepted in the United States of America.

Other Matter-Report on Supplementary Information

Our audits were conducted for the purpose of forming an opinion on the financial statements as a whole. The supplemental Schedule H, line 4i Schedule of Assets (Held at End of Year) is presented for the purpose of additional analysis and is not a required part of the financial statements but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. Such information is the responsibility of the Plan's management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audits of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Bruner Cox LLP

Akron, Ohio
April 8, 2016

SCHEDULE SB ATTACHMENTS

Schedule SB, Line 26

Schedule of Active Participant Data as of July 1, 2014

Attained Age	Years of Credited Service															
	Under 1	1 to 4	5 to 9	10 to 14	15 to 19	20 to 24	25 to 29	30 to 34	35 to 39	40 & Over						
	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.	No.	Avg. Comp.
Under 25	0		0		0		0		0		0		0		0	
25 - 29	0		0		0		0		0		0		0		0	
30 - 34	3		11		3		0		0		0		0		0	
35 - 39	3		14		19		0		0		0		0		0	
40 - 44	2		18		25		7		0		0		0		0	
45 - 49	1		21		26		17		11		1		0		0	
50 - 54	0		15		31		14		11		7		0		0	
55 - 59	0		12		17		22		19		13		4		0	
60 - 64	0		8		14		6		10		5		3		0	
65 - 69	1		3		2		1		2		3		0		1	
70 & Over	0		0		0		0		0		0		0		0	

Plan Name:
 EIN / PN:
 Plan Sponsor:
 Valuation Date:

Ashtabula County Medical Center – The Greater Cleveland Hospital Association Retirement Plan
 34-0726081 / 001
 Ashtabula County Medical Center
 July 1, 2014

Schedule SB, Part V
Statement of Actuarial Assumptions/Methods

Economic Assumptions

Interest rate basis:

- Applicable month March 2014
- Interest rate basis 3-Segment Rates

Interest rates:

	Reflecting Corridors	Not Reflecting Corridors
• First segment rate	4.99%	1.20%
• Second segment rate	6.32%	4.06%
• Third segment rate	6.99%	5.10%
• Effective interest rate	6.51%	4.42%

Plan Name: Ashtabula County Medical Center – The Greater Cleveland Hospital Association
 Retirement Plan
 EIN / PN: 34-0726081 / 001
 Plan Sponsor: Ashtabula County Medical Center
 Valuation Date: July 1, 2014

Demographic Assumptions

Mortality

■ Healthy

Separate rates for nonannuitants (based on RP2000 "Employees" table without collar or amount adjustments, projected to 2029 using Scale AA) and annuitants (based on RP2000 "Healthy Annuitants" table without collar or amount adjustments, projected to 2021 using Scale AA.)

■ Disabled

Alternative disabled life mortality tables as defined under Revenue Ruling 96-7.

Termination

Representative rates varying by age:

Percentage leaving during the year	
Attained Age	Rate
25	17.22%
30	16.21%
35	14.86%
40	13.10%
45	10.84%
50	7.92%
55	4.40%
60	1.20%
65	0.00%

Disability

Representative rates varying by age and gender:

Percentage becoming disabled during the year		
Age	Males	Females
25	0.03%	0.03%
30	0.03%	0.04%
35	0.04%	0.07%
40	0.08%	0.13%
45	0.16%	0.24%
50	0.33%	0.40%
55	0.69%	0.64%
60	1.15%	0.90%
65	0.00%	0.00%

Plan Name: Ashtabula County Medical Center -- The Greater Cleveland Hospital Association Retirement Plan
 EIN / PN: 34-0726081 / 001
 Plan Sponsor: Ashtabula County Medical Center
 Valuation Date: July 1, 2014

Retirement

It is assumed that participants will retire upon becoming eligible for retirement based on the following rates (average age 63):

Percentage retiring during the year	
Age	Rates
55	5%
56-61	2%
62-64	25%
65-69	90%
>69	100%

Benefit commencement date:

- Preretirement death benefit The later of the death of the active participant or the date the participant would have attained age 55.
- Deferred vested benefit The later of age 65 or termination of employment.
- Disability benefit Upon disablement.
- Retirement benefit Upon termination of employment.

Form of payment Participants are assumed to elect the normal form, which is a monthly life annuity. Married participants are assumed to elect a 50% joint and survivor annuity.

Percent married 75% of males; 60% of females.

Spouse age Wife three years younger than husband.

Covered pay N/A.

Administrative and investment expenses Return on assets assumption is net of expenses paid by the trust; \$502,563 is included in the target normal cost for plan year 2014.

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

Plan Name: Ashtabula County Medical Center – The Greater Cleveland Hospital Association Retirement Plan
EIN / PN: 34-0726081 / 001
Plan Sponsor: Ashtabula County Medical Center
Valuation Date: July 1, 2014

Methods

Valuation date	July 1.
Funding target	Present value of accrued benefits.
Target normal cost	Present value of benefits expected to accrue during the plan year plus plan-related expenses expected to be paid from plan assets during the plan year.
Actuarial value of assets	Fair value of assets on the valuation date, including contributions receivable.
Benefits not valued	All benefits described in the Plan Provisions section of this report were valued. Willis Towers Watson has reviewed the plan provisions with APMC and, based on that review, is not aware of any significant benefits required to be valued that were not.

Plan Name: Ashtabula County Medical Center – The Greater Cleveland Hospital Association Retirement Plan
EIN / PN: 34-0726081 / 001
Plan Sponsor: Ashtabula County Medical Center
Valuation Date: July 1, 2014

SCHEDULE SB (Form 5500) <small>Department of the Treasury Internal Revenue Service</small> <small>Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation</small>	Single-Employer Defined Benefit Plan Actuarial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6059 of the Internal Revenue Code (the Code). File as an attachment to Form 5500 or 5500-SF.	OMB No. 1210-0110 2014 This Form Is Open to Public Inspection
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For calendar plan year 2014 or fiscal plan year beginning 07/01/2014 and ending 06/30/2015

▶ Round off amounts to nearest dollar.

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

A Name of plan Ashtabula County Medical Center - GCHA Retirement Plan	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:60%;">B Three-digit plan number (PN) ▶</td> <td style="width:40%; text-align: center;">001</td> </tr> <tr> <td colspan="2" style="height: 20px;"> </td> </tr> </table>	B Three-digit plan number (PN) ▶	001		
B Three-digit plan number (PN) ▶	001				
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF Ashtabula County Medical Center	D Employer Identification Number (EIN) 34-0726081				

E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B ☐ F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I Basic Information

1 Enter the valuation date: Month <u>07</u> Day <u>01</u> Year <u>2014</u>			
2 Assets:			
a Market value	2a	41162471	
b Actuarial value	2b	41162471	
3 Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target	(3) Total Funding Target
a For retired participants and beneficiaries receiving payment	379	18943736	18943736
b For terminated vested participants	360	7128160	7128160
c For active participants	422	12175766	12613416
d Total	1161	38247662	38685312
4 If the plan is in at-risk status, check the box and complete lines (a) and (b) ☐			
a Funding target disregarding prescribed at-risk assumptions	4a		
b Funding target reflecting at-risk assumptions, but disregarding transition rule for plans that have been in at-risk status for fewer than five consecutive years and disregarding loading factor	4b		
5 Effective interest rate	5	6.51%	
6 Target normal cost	6	502563	

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

SIGN HERE	Monty A. Wesoloski <div style="text-align: center;"> Signature of actuary </div>	<div style="text-align: center;"> Date 1407549 </div>
Monty A. Wesoloski <div style="text-align: center;">Type or print name of actuary</div>		Most recent enrollment number 216-937-4000
Towers Watson Delaware Inc. <div style="text-align: center;">Firm name</div>		Telephone number (including area code)
1001 Lakeside Avenue, Suite 1500 Cleveland OH 44114-1172 <div style="text-align: center;">Address of the firm</div>		

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

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

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

Part VI Miscellaneous Items

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

Part VII Reconciliation of Unpaid Minimum Required Contributions For Prior Years

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

Part VIII Minimum Required Contribution For Current Year

31 Target normal cost and excess assets (see instructions):			
a Target normal cost (line 6)	31a	502563	
b Excess assets, if applicable, but not greater than line 31a	31b	153198	
32 Amortization installments:			
a Net shortfall amortization installment	Outstanding Balance	Installment	
	0	0	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33	0	
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	349365	
	Carryover balance	Prefunding balance	Total balance
35 Balances elected for use to offset funding requirement	0	0	0
36 Additional cash requirement (line 34 minus line 35)	36	349365	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	2282433	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	1933068	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

41 If an election was made to use PRA 2010 funding relief for this plan:			
a Schedule elected	☒ 2 plus 7 years ☐ 15 years		
b Eligible plan year(s) for which the election in line 41a was made	☐ 2008 ☐ 2009 ☒ 2010 ☒ 2011		
42 Amount of acceleration adjustment	42	0	
43 Excess installment acceleration amount to be carried over to future plan years	43	0	

SCHEDULE SB ATTACHMENTS

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

The average retirement age for Line 22 was calculated by determining the average age at retirement for those current active participants expected to reach retirement, based on all current decrements assumed.

<i>Retirement Age</i>	<i>Assumed Rate</i>	<i>Participants At Beginning</i>	<i>Participants Retiring: (2)x(3)</i>	<i>(1)x(4)</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(5)</i>
55	5%	1000.00	50.00	2,750
56	2%	950.00	19.00	1,064
57	2%	931.00	18.62	1,061
58	2%	912.38	18.25	1,059
59	2%	894.13	17.88	1,055
60	2%	876.25	17.53	1,052
61	2%	858.72	17.17	1,047
62	25%	841.55	210.39	13,044
63	25%	631.16	157.79	9,941
64	25%	473.37	118.34	7,574
65	90%	355.03	319.53	20,769
66	90%	35.50	31.95	2,109
67	90%	3.55	3.20	214
68	90%	0.35	0.32	22
69	90%	0.03	0.03	2
70	100%	0.00	0.00	0
			<u>1,000</u>	<u>62,763</u>
62,763	/	1,000	=	63

Plan Name: Ashtabula County Medical Center – The Greater Cleveland Hospital Association Retirement Plan
 EIN / PN: 34-0726081 / 001
 Plan Sponsor: Ashtabula County Medical Center
 Valuation Date: July 1, 2014

SCHEDULE SB ATTACHMENTS

Schedule SB – Statement by Enrolled Actuary

Plan Sponsor	Ashtabula County Medical Center
EIN/PN	34-0726081/001
Plan Name	Ashtabula County Medical Center - The Greater Cleveland Hospital Association Retirement Plan
Valuation Date	July 1, 2014
Enrolled Actuary	Monty A. Wesoloski
Enrollment Number	14-07549

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

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

NOTES TO FINANCIAL STATEMENTS

ASHTABULA COUNTY MEDICAL CENTER – THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN

Note 1. Description of the Plan

The following brief description of the Ashtabula County Medical Center - The Greater Cleveland Hospital Association Retirement Plan (the Plan) is provided for general information purposes only. Participants should refer to the Plan agreement for a more complete description of the Plan's provisions.

General

The Plan is a defined benefit pension plan, covering essentially all employees of the participating institution, except for certain members of religious organizations, students, interns, and residents. Effective January 1, 2004, the Plan was amended to include Ashtabula Clinic doctors. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA), as amended.

Effective December 31, 2006, the Plan was amended to freeze pension benefits and cease all future benefit accruals for all participants not covered by a collective bargaining agreement, which decreased the minimum required contribution and increased the current liability funded percentage.

On December 21, 2007, The Ashtabula County Medical Center's Board of Trustees voted to freeze pension benefits and cease all future benefit accruals for participants covered by a collective bargaining agreement. Each participant elected whether to have their benefits frozen as of December 31, 2007 or December 31, 2008.

Pension Benefits

Employees with five or more years of service are entitled to retirement benefit payments upon reaching age 65. The amount of individual pensions is based upon several factors including compensation, years of service, age, and the estimated Social Security benefit. Compensation is based upon the average of the highest three consecutive calendar years of employment out of the last 10 years prior to the date of termination.

Death and Disability Benefits

If an active, eligible employee with at least ten years of eligibility service dies, a death benefit equal to the normal retirement benefits the employee had accumulated as described above, reduced for early retirement and joint and survivor benefits (as applicable) is paid to the employee's surviving spouse beginning on the employee's early retirement date and continuing until such spouse's death. Active, eligible employees with at least 10 years of eligibility service who become totally disabled receive annual disability benefits that are equal to the normal retirement benefits they have accumulated as of the time they become disabled. Disability benefits commence five months after the month in which the former employee became disabled and such payments continue until the death of the former employee.

NOTES TO FINANCIAL STATEMENTS

ASHTABULA COUNTY MEDICAL CENTER – THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN

Note 2. Significant Accounting Policies

Basis of Accounting

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

Use of Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of Plan assets available for benefits and the actuarial present value of accumulated plan benefits as the date of the financial statements. Actual results could differ from those estimates. The Plan uses an actuary to determine the actuarial present value of accumulated plan benefits. A change in the actuarial assumptions used could significantly change the amount of the actuarial present value of accumulated plan benefits reported in the accompanying financial statements.

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. The Plan's Investment Committee determines the Plan's valuation policies utilizing information provided by its investment advisers, custodians, and insurance company. See Note 5 for a discussion of fair value measurements.

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

Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable, under the provisions of the Plan, to the services employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees with vested rights or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries.

Benefits under the Plan are based on certain formulas determined by the Plan.

The accumulated plan benefits for active employees are based on the Plan's terms and each participant's service through the date as of which the benefit information is presented (the valuation date). Benefits payable under all circumstances (retirement, death, disability, and termination of employment) are included to the extent they are deemed attributable to employee service rendered to the valuation date.

NOTES TO FINANCIAL STATEMENTS

ASHTABULA COUNTY MEDICAL CENTER – THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN

Note 2. Significant Accounting Policies (Continued)

The actuarial present value of accumulated plan benefits was determined by an independent actuary and is the amount that results from applying actuarial assumptions to adjust the accumulated plan benefits to reflect the time value of money (through discounts for interest) and the probability of payment (by means of decrements such as for death, disability, withdrawal, or retirement) between the valuation date and the expected date of payment. The significant actuarial assumptions underlying the actuarial computations as of June 30, 2015 and 2014, the latest actuarial information available, were (a) life expectancy of participants based upon the RP-2014 Mortality Tables and the IRS 2013 prescribed Mortality Table as of June 30, 2015 and 2014, respectively, (b) retirement age assumptions based on a table of anticipated rates of retirement at each of the ages at which retirement eligibility occurs, and (c) the assumed rate of return on the Plan's investments. The June 30, 2015 and 2014 valuations included an assumed rate of return of 7.50%.

The foregoing actuarial assumptions were based on the presumption that the Plan will continue. Were the Plan to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present value of accumulated plan benefits. The computations of the actuarial present value of accumulated plan benefits were made on July 1, 2015 and 2014. Had the valuations been performed as of June 30, there would be no material differences.

Payment of Benefits

Benefits payments to participants are recorded upon distribution.

Plan Administration

Ashtabula County Medical Center (the Company) is the plan administrator and Morgan Stanley is the custodian.

As provided in the Plan document, costs of administering the Plan are paid by the Plan. Certain administrative and clerical functions are performed by the Company's employees at no charge to the Plan.

Recent Accounting Pronouncement

In July 2015, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) No. 2015-12, (Part I) Fully Benefit-Responsive Investment Contracts, (Part II) Plan Investment Disclosures, (Part III) Measurement Date Practical Expedient – consensuses of the Emerging Issues Task Force. The amendments in this Update (1) requires a pension plan to use contract value as the only measure for fully benefit-responsive investment contracts, (2) simplifies and increases the effectiveness of the investment disclosure requirements for employee benefit plans, and (3) provides benefit plans with a measurement-date practical expedient similar to the practical expedient provided to employers in ASU 2015-04, Practical Expedient for the Measurement Date of an Employer's Defined Benefit Obligation and Plan Assets. The amendments in this Update are effective for fiscal years beginning after December 15, 2015, and may be adopted in whole or in part as applicable. Early adoption is permitted. Upon adoption, the amendments in Part I and Part II shall be applied retrospectively to all periods presented, while the amendments in Part III shall be applied prospectively. The Plan has adopted Part II of this Update for the 2015 plan year.

NOTES TO FINANCIAL STATEMENTS

ASHTABULA COUNTY MEDICAL CENTER – THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN

Note 3. Funding Policy

The Company's funding policy is to make contributions to the Plan on the basis of an annual actuarial determination of the Plan's liabilities. The amounts of such contributions are intended to maintain funding levels in the Plan, which will meet ongoing obligations to participants of the Plan as well as amortizing the past service liability over periods as stipulated by ERISA. During 2015, the Company made contributions of \$2,524,303. The Company's contributions for the year ended June 30, 2015 met or exceeded the minimum funding requirements under ERISA.

Note 4. Plan Termination

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

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

Certain benefits under the Plan are insured by the PBGC if the Plan terminates. Generally, the PBGC guarantees most vested normal age retirement benefits, early retirement benefits, and certain disability and survivor's pensions. However, the PBGC does not guarantee all types of benefits under the Plan, and the amount of benefit protection is subject to certain limitations. Vested benefits under the Plan are guaranteed at the level in effect on the date of the Plan's termination. However, there is a statutory ceiling, which is adjusted periodically, on the amount of an individual's monthly benefit that the PBGC guarantees. For Plan terminations occurring during 2015, the statutory ceiling was approximately \$5,000 per month.

The ceiling applies to those pensioners who elect to receive their benefits in the form of a single-life annuity and are at least 65 years old at the time of retirement or plan termination (whichever comes later). For younger annuitants or for those who elect to receive their benefits in some form more valuable than a single-life annuity, the corresponding ceilings will be actuarially adjusted downward.

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

NOTES TO FINANCIAL STATEMENTS

ASHTABULA COUNTY MEDICAL CENTER – THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN

Note 5. Fair Value Measurements

The FASB topic *Fair Value Measurements and Disclosures* provides the framework for measuring fair value. That framework provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to unobservable inputs (Level 3 measurements). The three levels of fair value hierarchy under this FASB topic are described as follows:

- | | |
|---------|--|
| Level 1 | Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the plan has the ability to access. |
| Level 2 | Inputs to the valuation methodology include <ul style="list-style-type: none">• Quoted prices for similar assets or liabilities in active markets;• Quoted prices for identical or similar assets or liabilities in inactive markets;• Inputs other than quoted prices that are observable for the asset or liability;• Inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability. |
| Level 3 | Inputs to the valuation methodology are unobservable and significant to the fair value measurement. |

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

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2015 and 2014.

Money Market Funds: Valued using amortized cost which approximates fair value.

Common and Preferred Stock: Valued at the closing price reported in the active market in which the individual securities are traded.

Corporate Bonds and Notes: Valued using pricing models maximizing the use of observable inputs for similar securities. This includes basing value on yields currently available on comparable securities of issuers with similar credit ratings.

Government Securities: Valued using pricing models maximizing the use of observable inputs for similar securities.

NOTES TO FINANCIAL STATEMENTS

ASHTABULA COUNTY MEDICAL CENTER – THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN

Note 5. Fair Value Measurements (Continued)

The following table sets forth by level, within the fair value hierarchy, the plan's assets at fair value as of December 31, 2015. The following table does not include the plan's interest in the HealthComp, Inc. GroupTrust because that information is presented in a separate table (see Note 7):

	Assets at fair value as of June 30, 2015			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 6,100,297	\$ -	\$ -	\$ 6,100,297
Common and preferred stock	18,686,483	-	-	18,686,483
Corporate bonds and notes	-	6,814,705	-	6,814,705
Government securities	-	235,232	-	235,232
Total investments excluding plan interest in the HealthComp, Inc. Group Trust, at fair value	\$ 24,786,780	\$ 7,049,937	\$ -	\$ 31,836,717

Gains and losses (realized and unrealized) included in changes in net assets for the period above are reported in net depreciation in fair value of investments in the statement of changes in net assets available for benefits.

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the year ended June 30, 2015, there were no transfers in or out of Levels 1, 2 or 3.

Note 6. Obligation for Pension Benefits

Contributions are designed to fund current service cost on a current basis under the Projected Unit Credit Cost Method and to fund over a period of 15 to 30 years the estimated accrued benefit cost arising from qualifying service prior to establishment of the Plan.

The actuarial present value of accumulated Plan benefits information as of June 30 is summarized as follows:

	2015	2014
Vested benefits		
Participants currently receiving payments	\$ 19,469,642	\$ 17,343,299
Other participants	14,001,683	17,000,931
	33,471,325	34,344,230
No vested benefits	340,815	395,430
	<u>\$ 33,812,140</u>	<u>\$ 34,739,660</u>

NOTES TO FINANCIAL STATEMENTS

ASHTABULA COUNTY MEDICAL CENTER – THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN

Note 6. Obligation for Pension Benefits (Continued)

The changes in the actuarial present value of accumulated Plan benefits as of June 30, 2014 are summarized as follows:

Actuarial present value of accumulated plan benefits, beginning	\$ 34,739,660
Increase (decrease) during the year attributable to	
Actuarial gains	2,143,488
Decrease for interest due to the discount period	2,336,419
Benefits paid	(7,306,901)
Change of assumptions	1,899,474
Net increase	<u>(927,520)</u>
Actuarial present value of accumulated plan benefits, ending	<u><u>\$ 33,812,140</u></u>

Note 7. Investment in Master Trust Fund

A portion of the plan's investments is an interest in The HealthComp, Inc. Group Trust (Master Trust), which was established for the pooled investment of assets of the Plan and The Greater Cleveland Hospital Association. The assets of the Master Trust are held by Northern Trust (Trustee)

The allocation of assets to the individual sponsors participating in the Trust is determined by the trustee according to a defined methodology. The trustee holds the following Trust investment assets and executes transactions therein. Financial information relating to the Plan's share of the pooled investment assets is included in the accompanying financial statements based on information provided by the trustee.

The following tables include information regarding the Master Trust and the Plan as of and for the years ended June 30, 2015 and 2014, that was prepared by or derived from information prepared by The Northern Trust, the trustee of the Plan and furnished to the Plan administrator.

The fair value of the Plan's investment in the Master Trust is equal to the Plan's interest in the Master Trust's combined net assets available for benefits. As of June 30, 2015 and 2014, the Plan's interest in the total Master Trust assets held by the trustee was approximately 70% and 32%, respectively. The following tables include unaudited information regarding the Master Trust and the Plan as of and for the years ended June 30:

	2015	2014
The HealthComp, Inc. Group Trust		
Common stock	\$ 29,130	\$ 82,828,397
Preferred stock	15,289	894,482
Common collective trusts	5,491,409	29,128,171
Interest bearing cash	273,477	6,297,884
Corporate bonds	48,734	4,192,982
Accrued income receivable	32,076	215,502
Due from (to) broker for securities purchased	(19,529)	12,531
	<u>\$ 5,870,586</u>	<u>\$ 123,569,949</u>
Amount allocated to the Plan	<u>\$ 4,134,302</u>	<u>\$ 39,717,706</u>

NOTES TO FINANCIAL STATEMENTS

ASHTABULA COUNTY MEDICAL CENTER – THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN

Note 7. Investment in Master Trust Fund (Continued)

The fair values of investments that represent 5% or more of the Plan's net assets as of June 30 are as follows:

	2015	2014
Colt Short Term Investment Fund *	\$ 273,477	\$ 6,297,884
MFO Harbor Fund International	-	8,971,545
MFB NT Collective S&P 500 Index Fund	-	8,528,904
United States Treasury .75% due 4-15-2018	1,119,112	-
United States Treasury 1.25% due 1-31-2020	498,214	-
United States Treasury .5% due 3-31-2017	299,695	-
United States Treasury 2.75% due 11-15-2023	301,464	-

Investment income for the year ended June 30, 2015 is summarized as follows:

Net investment gain in Master Trust	
Interest and dividend income	\$ 1,404,181
Marketable equity securities appreciation	2,090,998
Corporate bonds depreciation	(80,284)
Common collective trusts depreciation	(53,425)
	<u>\$ 3,361,470</u>

Amount allocated to the Plan for the year ended June 30, 2015 is summarized as follows:

Net investment gain allocated to the Plan	
Interest and dividend income	\$ 634,141
Net appreciation in fair value of investments	1,308,663
	<u>\$ 1,942,804</u>

The following table sets forth by level, within the fair value hierarchy, the Master Trust's assets at fair value as of June 30:

	Assets at fair value as of June 30, 2015			
	Level 1	Level 2	Level 3	Total
Marketable equity securities				
Common stock	\$ 41,677	\$ -	\$ -	\$ 41,677
Preferred stock	15,289	-	-	15,289
Interest bearing cash	273,477	-	-	273,477
Corporate bonds	48,734	-	-	48,734
Common collective trusts	-	5,491,409	-	5,491,409
Total assets at fair value	\$ 379,177	\$ 5,491,409	\$ -	\$ 5,870,586

	Assets at fair value as of June 30, 2014			
	Level 1	Level 2	Level 3	Total
Marketable equity securities				
Common stock	\$ 83,056,430	\$ -	\$ -	\$ 83,056,430
Preferred stock	894,482	-	-	894,482
Interest bearing cash	6,297,884	-	-	6,297,884
Corporate bonds	4,192,982	-	-	4,192,982
Common collective trusts	-	29,128,171	-	29,128,171
Total assets at fair value	\$ 94,441,778	\$ 29,128,171	\$ -	\$ 123,569,949

NOTES TO FINANCIAL STATEMENTS

ASHTABULA COUNTY MEDICAL CENTER – THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN

Note 7. Investment in Master Trust Fund (Continued)

The following table sets forth additional disclosures of the Plan's investments whose fair value is estimated using net asset value per share (or its equivalent) as of June 30:

	2015			
	Fair value	Unfunded commitment	Redemption frequency	Redemption notice period
Common collective trusts (*)	<u>\$ 5,491,409</u>	<u>\$ -</u>	Daily	None
	2014			
	Fair value	Unfunded commitment	Redemption frequency	Redemption notice period
Common collective trusts (*)	<u>\$ 29,128,171</u>	<u>\$ -</u>	Daily	None

- (*) This category includes a common collective trust whose objective is to protect principal while providing a higher rate of return than shorter term investments, such as money market funds. The fund invests at least 80% of its net assets in diversified portfolio bonds, including corporate bonds, U.S. treasuries and other debt guaranteed by the U.S. Government. Its strategy seeks to investment primarily in investment grade debt. These strategies may also include investing up to 20% of its net asset in other non-debt securities which include common stocks. Investments in this category can be redeemed daily at the current net asset value per share based on the fair value of the underlying assets. The fair value of investments in this category has been estimated using the net asset value per share of the underlying investments.

Changes in Fair Value Levels

The availability of observable market data is monitored to assess the appropriate classification of financial instruments within the fair value hierarchy. Changes in economic conditions or model-based valuation techniques may require the transfer of financial instruments from one fair value level to another. In such instances, the transfer is reported at the beginning of the reporting period.

We evaluated the significance of transfers between levels based upon the nature of the financial instrument and size of the transfer relative to total net assets available for benefits. For the years ended June 30, 2015 and 2014, there were no significant transfers in or out of Levels 1, 2 or 3.

Note 8. Plan Amendment

The Plan was amended during 2014 to allow for a limited time period in which terminated vested participants could elect to receive a lump-sum payment.

NOTES TO FINANCIAL STATEMENTS

ASHTABULA COUNTY MEDICAL CENTER – THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN

Note 9. Tax Status

The Internal Revenue Service has determined and informed the Company by letter dated July 28, 2008, that the Plan and the related trust are designed in accordance with applicable sections of the Internal Revenue Service Code (IRC) and, therefore, the related trust is not subject to the tax under present income tax law. The Plan has been amended since receiving the determination letter. However, the plan administrator believes that the Plan is designed and is currently being operated in compliance with applicable requirements of the IRC.

Accounting principles generally accepted in the United States of America require Plan management to evaluate tax positions taken by the Plan and recognize a tax liability (or asset) if the Plan has taken an uncertain position that more likely than not would not be sustained upon examination, including the resolution of appeals or litigation processes, if any. The plan administrator has analyzed the tax positions taken by the Plan, and has concluded that as of June 30, 2015, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Plan is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. The plan administrator believes it is no longer subject to income tax examinations for years prior to 2012.

Note 10. Party-In-Interest Transactions

Certain Plan investments are managed by The Northern Trust Company or Morgan Stanley. These transactions qualify as party-in-interest transactions as The Northern Trust Company is the trustee of the Plan and Morgan Stanley is custodian of the Plan.

Note 11. Risk 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 value of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the statements of net assets available for benefits.

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

Note 12. Subsequent Events

Subsequent to the year ended June 30, 2015, the Plan was amended and restated effective July 1, 2015 to adopt a new individually designed Plan document as well as establishing a new individual Trust agreement to provide for the custody and investment of the assets of the Plan. Effective, July 1, 2015 the Plan's name changed from Ashtabula County Medical Center – The Greater Cleveland Hospital Association Retirement Plan to Ashtabula County Medical Center Retirement Plan.

The Plan has evaluated subsequent events through April 8, 2016, the date the financial statements were available to be issued.

STATEMENTS OF NET ASSETS AVAILABLE FOR BENEFITS
ASHTABULA COUNTY MEDICAL CENTER –
THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN

June 30, 2015 and 2014

	2015	2014
ASSETS		
Investments, at fair value		
Plan interest in The HealthComp, Inc. Group Trust	\$ 4,134,302	\$ 39,717,706
Money market funds	6,100,297	-
Common and preferred stock	18,686,483	-
Corporate bonds and notes	6,814,705	-
Government securities	235,232	-
	<u>35,971,019</u>	<u>39,717,706</u>
Accrued interest	<u>38,768</u>	<u>-</u>
Net assets available for benefits	<u><u>\$ 36,009,787</u></u>	<u><u>\$ 39,717,706</u></u>

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

STATEMENT OF CHANGES IN NET ASSETS AVAILABLE FOR BENEFITS
ASHTABULA COUNTY MEDICAL CENTER –
THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN

For the year ended June 30, 2015

ADDITIONS TO NET ASSETS

Net depreciation in fair value of investments	\$ (336,117)
Interest and dividend income	38,768
	<u>(297,349)</u>

Less allocable share of The HealthComp, Inc. Group Trust expenses	(55,234)
	<u>(352,583)</u>

Plan interest in The HealthComp, Inc. Group Trust investment income	<u>1,942,804</u>
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Total investment income	1,590,221
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Employer contributions	<u>2,524,303</u>
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Total additions to net assets	4,114,524
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DEDUCTIONS FROM NET ASSETS

Benefit payments	7,306,901
Other	45,423
Administrative expenses	<u>470,119</u>

Total deductions from net assets	<u>7,822,443</u>
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Net decrease in net assets available for benefits	(3,707,919)
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NET ASSETS AVAILABLE FOR BENEFITS, BEGINNING OF YEAR	<u>39,717,706</u>
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NET ASSETS AVAILABLE FOR BENEFITS, END OF YEAR	<u><u>\$ 36,009,787</u></u>
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The accompanying notes are an integral part of the financial statements.

Schedule SB, Part V

Summary of Plan Provisions

Plan Provisions

The most recent amendment reflected in the following plan provisions was adopted January 2015, and effective October 1, 2014.

Covered Employees	All bargained APMC employees hired prior to December 31, 2007, and all nonbargained APMC employees hired prior to December 31, 2006.
Participation Date	The first of the month coinciding with or next following the attainment of age 21 and the completion of one year of credited service.

Definitions

Vesting service or "credited service"	One year is credited for each calendar year in which a participant's actual hours (compensated plus noncompensated) are at least 1,000 hours.
Pensionable pay	W-2 pay.
Normal retirement date (NRD)	The first of month coinciding with or next following the attainment of age 65 or the fifth anniversary of participation, if later.
Benefit service	Determined according to the following schedule based on compensated hours of service in a calendar year:

<i>Compensated Hours</i>	<i>Benefit Service</i>
1,800 or more	100%
1,640 – 1,639	90
1,480 – 1,639	80
1,320 – 1,479	70
1,160 – 1,319	60
1,000 – 1,159	50
0 – 999	0

No benefit service for nonbargained participants is earned after December 31, 2006.

No benefit service for bargained participants is earned after December 31, 2008.

Average monthly compensation	The average of the highest three consecutive calendar years of plan-eligible compensation (annualized if a participant's compensated hours in any calendar year are less than 1,800) during the ten-year period ending on the earlier of (1) the participant's termination date or retirement date, or (2) the date after which benefit service is no longer earned.
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Plan Name: Ashtabula County Medical Center – The Greater Cleveland Hospital Association Retirement Plan
 EIN / PN: 34-0726081 / 001
 Plan Sponsor: Ashtabula County Medical Center
 Valuation Date: July 1, 2014

Social Security covered compensation	The average of the maximum Taxable Wage Bases for the 35 calendar years ending with the year an individual attains Social Security retirement age. In determining an individual's covered compensation in any given year, the current year's Wage Base is assumed to remain level in future years.
Normal retirement benefit	<p>The greater of (i), (ii) or (iii):</p> <p>(i) Nonbargained participants – 1.30% of average monthly compensation plus 0.50% of average monthly compensation in excess of Social Security covered compensation for each year of benefit service up to a maximum of 25 years.</p> <p>Bargained participants – 1.30% of average monthly compensation plus 0.65% of average monthly compensation in excess of Social Security covered compensation for each year of Benefit Service up to a maximum of 25 years.</p> <p>(ii) \$15.00 per month for each year of benefit service up to a maximum of 25 years.</p> <p>(iii) The accrued benefit under the plan provisions in effect as of June 30, 1989.</p>
Accrued benefit	<p>The normal retirement benefit multiplied by the credited service ratio. In determining the normal retirement benefit, benefit service is computed as the sum of:</p> <p>(i) Benefit service at determination date, and</p> <p>(ii) The ratio of (i) to elapsed time of date of plan entry to the determination date, multiplied by the number of years from the date of determination to NRD.</p> <p>The numerator of the credited service ratio equals credited service at the date of determination and the denominator equals credited service at the determination date plus the number of years from the date of determination to NRD.</p>
Preretirement death benefit	50% of the participant's accrued benefit reduced for both the 50% joint and survivor form and early receipt and payable at the participant's earliest retirement age.

Plan Name: Ashtabula County Medical Center – The Greater Cleveland Hospital Association Retirement Plan
 EIN / PN: 34-0726081 / 001
 Plan Sponsor: Ashtabula County Medical Center
 Valuation Date: July 1, 2014

Eligibility for Benefits

Normal retirement	The first of the month coinciding with or next following the attainment of age 65 or the fifth anniversary of participation, if later.
Early retirement	The first day of any month following the attainment of age 55 and the completion of five years of credited service.
Postponed retirement	Retirement after NRD.
Deferred vested termination	Any age with five years of credited service.
Disability	Any age with ten years of credited service upon total and permanent disability.
Preretirement death benefit	Death while eligible for normal, early, postponed, or deferred vested retirement benefits, with a surviving spouse.
Survivor benefit	Any participant eligible for a vested retirement benefit who has been married for at least one year.

Benefits Paid Upon the Following Events

Normal retirement	Normal retirement benefit determined as of NRD.																		
Early retirement	The accrued benefit reduced actuarially for commencement prior to age 62 in accordance with the following:																		
	<table> <tr> <th><i>Age</i></th><th><i>Early Retirement Factor</i></th></tr> <tr> <td>62</td><td>1.000</td></tr> <tr> <td>61</td><td>0.800</td></tr> <tr> <td>60</td><td>0.718</td></tr> <tr> <td>59</td><td>0.646</td></tr> <tr> <td>58</td><td>0.582</td></tr> <tr> <td>57</td><td>0.526</td></tr> <tr> <td>56</td><td>0.475</td></tr> <tr> <td>55</td><td>0.430</td></tr> </table>	<i>Age</i>	<i>Early Retirement Factor</i>	62	1.000	61	0.800	60	0.718	59	0.646	58	0.582	57	0.526	56	0.475	55	0.430
<i>Age</i>	<i>Early Retirement Factor</i>																		
62	1.000																		
61	0.800																		
60	0.718																		
59	0.646																		
58	0.582																		
57	0.526																		
56	0.475																		
55	0.430																		
Postponed retirement	Monthly pension benefit determined as of actual retirement date.																		
Vested termination	Same as early retirement benefit described above.																		
Disablement	The accrued benefit determined as of the date of disablement, payable on the first of the month following five months of disability without reduction for early commencement																		
Preretirement death	Preretirement death benefit payable on behalf of an active employee is reduced for each year that payment precedes the date the participant would have been 62 years old.																		

Plan Name: Ashtabula County Medical Center – The Greater Cleveland Hospital Association
 Retirement Plan
 EIN / PN: 34-0726081 / 001
 Plan Sponsor: Ashtabula County Medical Center
 Valuation Date: July 1, 2014

Other Plan Provisions

Forms of payment	The normal form of retirement benefits provides for a life annuity for unmarried participants and, on an actuarially reduced basis, a 50% joint and survivor annuity for married participants. Optional forms are a 66-2/3%, a 75% or 100% joint and survivor annuity, a five- or ten-year certain and life annuity or (for married participants) a life annuity.
	ACMC amended the plan to allow for deferred vested participants to elect to receive a lump sum form of payment for a limited window during Plan Year 2014.
Pension Increases	None.
Plan participants' contributions	None.
Actuarial equivalence for forms of payment	Mortality: 1951 Group Annuity Mortality Table for Males, projected to 1975 by Projection Scale C, with an age setback of 2 years for males and females. Interest rate: 8.0%
Maximum on benefits and pay	All benefits and pay for any calendar year may not exceed the maximum limitations for that year as defined in the Internal Revenue Code. The plan provides for increasing the dollar limits automatically as such changes become effective.
Plan Status for PBGC Reporting Purposes	Frozen.

Future Plan Changes

No future plan changes were recognized.

Changes in Benefits Valued Since Prior Year

There have been no changes in benefits valued since the prior year.

Plan Name: Ashtabula County Medical Center – The Greater Cleveland Hospital Association Retirement Plan
EIN / PN: 34-0726081 / 001
Plan Sponsor: Ashtabula County Medical Center
Valuation Date: July 1, 2014

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR)

**ASHTABULA COUNTY MEDICAL CENTER –
THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN**

**EIN 34-0726081
PN 001**

June 30, 2015

<i>(a)</i> <i>Identity of issue, borrower, lessor or similar party</i>	<i>(b)</i> <i>Description of investment including maturity date, rate of interest, collateral and par or maturity value</i>	<i>(c)</i> <i>Cost</i>	<i>(d)</i> <i>Current value</i>
Money Market Funds			
Morgan Stanley	Morgan Stanley Bank N.A	\$ 6,100,297	\$ 6,100,297
Total Money Market Funds		6,100,297	6,100,297
Common and Preferred Stock			
A G C O CORP	2,825 shares	164,862	160,403
A O SMITH CORP	1,833 shares	38,002	131,939
ABBOTT LABORATORIES	87 shares	4,147	4,270
ACADIA HEALTHCARE COMPANY INC	1,509 shares	78,203	118,200
ACCELERON PHARMA INC	1,430 shares	45,993	45,245
ADOBE SYSTEMS	51 shares	1,905	4,132
AES CORP	8,525 shares	90,488	113,042
AKORN INC	4,916 shares	71,806	214,633
ALERE INC COM	3,613 shares	99,264	190,586
ALIGN TECHNOLOGY	1,013 shares	17,316	63,525
ALTRIA GROUP INC	3,572 shares	108,445	174,707
AMERISOURCEBERGEN CORP	37 shares	2,014	3,935
AMPHENOL CORP NEW CL A	65 shares	3,389	3,768
AMSURG CORP	126 shares	15,863	17,571
ANADARKO PETE	1,785 shares	125,465	139,337
ANALOG DEVICES INC	73 shares	3,537	4,686
ANSYS INC	919 shares	33,651	83,850
ANTHEM INC CORP UNIT	1,378 shares	30,281	70,278
APPLE INC	2,611 shares	320,149	327,484
APPLIED MATERIALS INC	8,206 shares	117,474	157,719
APPROACH RESOURCES INC	11,176 shares	203,926	76,556
ASCENA RETAIL GROUP INC COM	13,604 shares	225,788	226,575
ASSURED GUARANTY LTD	5,547 shares	138,615	133,072
AUTOMATIC DATA PROCESSING INC	47 shares	3,841	3,771
AVNET INC	4,404 shares	154,397	181,048
BABCOCK & WILCOX COMPANY	6,750 shares	194,798	221,400
BANK OF AMERICA CORP	10,929 shares	172,816	186,012
BANK AMERICA 7.25 SERS L	46 shares	54,070	51,152
BANK OF THE OZARKS INC	2,143 shares	44,108	98,042
BANKUNITED INC	2,417 shares	66,182	86,843
BAXTER INTL INC	1,273 shares	63,968	89,021
BEACON ROOFING SUPPLY INC	2,020 shares	60,800	67,104
BERKLEY W R CORP	3,582 shares	159,380	186,013

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

**ASHTABULA COUNTY MEDICAL CENTER –
THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN**

**EIN 34-0726081
PN 001**

June 30, 2015

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral and par or maturity value	(d) Cost	(e) Current value
	Common and Preferred Stock (continued)			
	BERKSHIRE HATHAWAY CL-B NEW	2,540 shares	\$ 367,583	\$ 345,719
	BILL BARRETT CORPORATION	15,158 shares	247,404	130,207
	BIODELIVERY SCIENCES INTL INC	1,639 shares	18,184	13,046
	BIOGEN INC COM	9 shares	3,098	3,635
	BRISTOL MYERS SQUIBB CO	3,287 shares	85,156	218,717
	BROWN FORMAN CORP CL B	47 shares	4,232	4,708
	BURLINGTON STORES INC	1,824 shares	97,164	93,389
	CALAMP CORP	2,299 shares	40,951	41,980
	CANADIAN NATL RAILWAY CO	58 shares	1,245	3,350
	CELGENE CORP	33 shares	2,061	3,819
	CERNER CORP	58 shares	3,469	4,005
	CHARLES SCHWAB NEW	109 shares	1,911	3,559
	CHESAPEAKE ENERGY CO 5.75% PRF	19 shares	16,625	12,920
	CHESAPEAKE ENERGY CORP SER-A	20 shares	23,052	14,400
	CHEVRON CORP	1,113 shares	70,794	107,371
	CHIMERIX INC	772 shares	30,947	35,666
	CIMAREX ENERGY CO	726 shares	68,223	80,085
	CITIGROUP INC NEW	3,413 shares	103,072	188,534
	CLARCOR INC	567 shares	22,804	35,290
	COACH INC	5,810 shares	244,814	201,084
	COGNIZANT TECH SOLUTIONS CL A	4,255 shares	268,212	259,938
	COLGATE PALMOLIVE CO	62 shares	1,935	4,055
	CONOCOPHILLIPS	1,361 shares	57,600	83,579
	COPA HOLDINGS,S.A. CLA A	1,700 shares	163,979	140,403
	CORE LABORATORIES N V	1,645 shares	169,881	187,596
	CORE MARK HOLDING CO INC	702 shares	45,017	41,594
	CORNING INC	5,852 shares	119,834	115,460
	COSTCO WHOLESALE CORP NEW	891 shares	43,876	120,339
	CSX CORP	3,553 shares	43,057	116,005
	CUMMINS INC	1,055 shares	146,703	138,405
	CVB FINCL CP	6,643 shares	73,684	116,983
	DECKER OUTDOOR CORPORATION	584 shares	27,890	42,030
	DEPOMED INC	2,238 shares	43,056	48,027
	DOMINION RES INC SER A CORP	210 shares	11,035	9,807
	DU PONT EI DE NEMOURS & CO	1,840 shares	89,206	117,668
	ECOLAB INC	37 shares	3,928	4,183
	ELLIE MAE INC COM	1,040 shares	38,353	72,582
	EMC CORP MASS	5,655 shares	146,629	149,235

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

ASHTABULA COUNTY MEDICAL CENTER –
THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN

EIN 34-0726081
PN 001

June 30, 2015

(a)	(b) <i>Identity of issue, borrower, lessor or similar party</i>	(c) <i>Description of investment including maturity date, rate of interest, collateral and par or maturity value</i>	(d) <i>Cost</i>	(e) <i>Current value</i>
	Common and Preferred Stock (continued)			
	EMERSON ELECTRIC CO	73 shares	\$ 4,913	\$ 4,046
	EOG RESOURCES INC	47 shares	3,746	4,115
	EPAM SYSTEMS	2,490 shares	69,130	177,363
	ESTEE LAUDER CO INC CL A	51 shares	3,127	4,420
	EXPRESS SCRIPTS HLDG CO COM	4,795 shares	397,156	426,468
	FIDELITY NATIONAL FINANCIAL IN	5,180 shares	144,482	191,608
	FIDELITY NATIONAL FINL INC	5,005 shares	61,247	76,977
	FIREEYE INC	2,282 shares	65,901	111,613
	FORTINET INC	3,158 shares	82,190	130,520
	FOSSIL GROUP INC COM	910 shares	66,358	63,118
	FREEPORT-MCMORAN INC	3,622 shares	119,303	67,442
	FRONTIER COMM CORP SER-A	171 shares	17,271	17,083
	GENL DYNAMICS CORP	831 shares	42,084	117,744
	GLOBUS MEDICAL INC A	3,201 shares	52,293	82,170
	GOOGLE INC-CL A	397 shares	226,424	214,396
	GULFPORT ENERGY CORP NEW	796 shares	25,838	32,039
	HEALTH CARE REIT INCC PFD I	204 shares	14,431	12,126
	HOME DEPOT INC	36 shares	2,820	4,001
	HOMEAWAY INC	1,407 shares	44,106	43,786
	HONEYWELL INTERNATIONAL INC	1,679 shares	63,608	171,208
	HUBBELL INC B	798 shares	76,426	86,407
	HUDBAY MINERALS INC	25,300 shares	204,984	210,749
	HUMANA INC	1,238 shares	54,265	236,805
	IGATE CORP COM	1,184 shares	41,430	56,465
	ILL TOOL WORKS INC	40 shares	3,056	3,672
	INTERCONTINENTALEXCHANGE GROUP	15 shares	2,699	3,354
	ITT CORP NEW	3,116 shares	46,397	130,373
	JB HUNT TRANS SERV	47 shares	3,842	3,858
	JOHNSON & JOHNSON	40 shares	2,665	3,898
	JPMORGAN CHASE & CO	2,847 shares	126,937	192,913
	JUNIPER NETWORKS	4,613 shares	102,405	119,800
	KBR INC	10,455 shares	117,477	203,663
	KERYX BIOPHARMCEUTICALS INC	3,812 shares	57,998	38,044
	KEYW HLDG CORP COM	2,029 shares	30,902	18,910
	LA QUINTA HOLDINGS INC	3,198 shares	76,906	73,074
	LEGACY TEX FINL GROUP INC COM	4,005 shares	79,574	120,951
	LENNAR CORPORATION	430 shares	14,778	21,947
	LIGAND PHARMACEUTICALS INC NEW	561 shares	41,026	56,605

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

ASHTABULA COUNTY MEDICAL CENTER –
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EIN 34-0726081
PN 001

June 30, 2015

(a)	(b) Identity of issue, borrower, lessor or similar party	(c) Description of investment including maturity date, rate of interest, collateral and par or maturity value	(d) Cost	(e) Current value
	Common and Preferred Stock (continued)			
	LKQ CORPORATION	9,371 shares	\$ 193,356	\$ 283,426
	LOWES COMPANIES INC	2,686 shares	70,692	179,881
	LSB INDUSTRIES	4,814 shares	162,013	196,604
	LUXFER ADR	10,086 shares	206,964	131,118
	M&T BANK CORP	2,140 shares	270,140	267,350
	MALLINCKRODT PUBLIC LTD CO	1,028 shares	72,865	121,016
	MARATHON OIL CO	2,297 shares	59,685	60,962
	MARATHON PETROLEUM CORP	1,662 shares	27,414	86,939
	MAXIMUS INC	1,030 shares	37,246	67,702
	MCGRAW HILL FINANCIAL INC COM	36 shares	3,677	3,616
	MEAD JOHNSON NUTRITION COMPANY	1,460 shares	146,617	131,721
	METLIFE INCORPORATED	2,192 shares	76,079	122,730
	MIDDLEBY CORP DEL	1,427 shares	23,547	160,152
	MONRO MUFFLER & BRAKE	1,712 shares	91,340	106,418
*	MORGAN STANLEY	2,139 shares	80,302	82,972
	MYLAN N V	385 shares	22,288	26,126
	NATIONAL BANK HLDGS CORP CL A	7,225 shares	140,982	150,497
	NATIONAL OILWELL VARCO INC	4,505 shares	218,962	217,501
	NEVRO CORP	470 shares	25,025	25,262
	NII HOLDINGS INC CL B	20,440 shares	141,746	409
	NIMBLE STORAGE INC	2,720 shares	67,931	76,323
	NORDSTROM INC	1,518 shares	59,440	113,091
	OMNICARE INC	986 shares	46,769	92,931
	OMNICELL INC	2,857 shares	42,847	107,737
	ORBITAL ATK INC COM	1,644 shares	99,387	120,604
	PACIRA PHARMACEUTICALS INC COM	529 shares	44,176	37,410
	PPDC ENERGY INC COM	611 shares	37,419	32,774
	PENN VIRGINIA CORP	2,573 shares	39,002	11,270
	PERRIGO CO LTD	540 shares	89,745	99,808
	PHILIP MORRIS INTL INC	1,202 shares	47,344	96,364
	PNC FINL SVCS GP	40 shares	3,267	3,826
	PRA GROUP INC	1,965 shares	45,220	122,439
	PRAXAIR INC	33 shares	1,135	3,945
	PRICELINE GRP INC COM NEW	148 shares	173,133	170,402
	PROOFPOINT INC	1,645 shares	13,903	104,737
	PRUDENTIAL FINANCIAL INC	1,025 shares	48,121	89,708
	QLIK TECHNOLOGIES	1,398 shares	43,372	48,874
	QUALCOMM INC	5,713 shares	394,122	357,805

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

ASHTABULA COUNTY MEDICAL CENTER –
THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN

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June 30, 2015

(a)	(b) <i>Identity of issue, borrower, lessor or similar party</i>	(c) <i>Description of investment including maturity date, rate of interest, collateral and par or maturity value</i>	(d) <i>Cost</i>	(e) <i>Current value</i>
	Common and Preferred Stock (continued)			
	RAMBUS INC	5,016 shares	\$ 59,350	\$ 72,682
	SAGE THERAPEUTICS INC	772 shares	46,902	56,356
	SANCHEZ ENERGY	2,452 shares	61,286	24,030
	SCHLUMBERGER LTD	2,731 shares	222,487	235,387
	SEACHANGE INTL INC	2,702 shares	30,623	18,941
	SILICON LAB INC	1,439 shares	54,658	77,720
	SIRONA DENTAL SYSTEMS INC	540 shares	16,304	54,227
	SOLERA HOLDINGS INC	1,994 shares	77,051	88,853
	SONIC AUTOMOTIVE INC CL A	5,157 shares	126,214	122,891
	SPECTRANETICS CORPORATION	3,656 shares	77,970	84,125
	SPIRIT AEROSYSTEMS HLD CL A	3,780 shares	75,475	208,316
	STARBUCKS CORP WASHINGTON	87 shares	3,248	4,665
	STERICYCLE INC	870 shares	122,114	116,502
	SYNCHRONOSS TECH INC	2,103 shares	46,087	96,170
	TERADATA CORP	3,503 shares	149,022	129,611
	TEXAS ROADHOUSE INC CL A	2,355 shares	41,628	88,148
	TJX COS INC NEW	58 shares	1,276	3,838
	TRIMAS CORP COM NEW	2,344 shares	81,215	69,382
	TYSON FOODS INC CL A	6,030 shares	144,276	257,059
	UNDER ARMOUR INC CL A	51 shares	2,781	4,255
	UNION PACIFIC CORP	1,026 shares	31,213	97,850
	UNITED NATURAL FOODS INC	1,248 shares	77,738	79,473
	UNITED TECHNOLOGIES CORP	1,041 shares	57,541	115,478
	UNITEDHEALTH GP INC	33 shares	2,328	4,026
	UNUMPROVIDENT CORP	4,773 shares	104,412	170,635
	VALERO ENERGY CP DELA NEW	2,776 shares	21,945	173,778
	VARIAN MEDICAL SYS INC	1,305 shares	122,710	110,051
	VERISK ANALYTICS INC COM	2,415 shares	171,116	175,715
	VERIZON COMMUNICATIONS	4,154 shares	197,825	193,618
	VIRTUSA CORP	1,815 shares	29,079	93,291
	VISA INC CL A	2,433 shares	162,404	163,376
	VISTA OUTDOOR INC COM	3,904 shares	151,432	175,290
	W W GRAINGER INC	18 shares	4,753	4,260
	WALT DISNEY CO HLDG CO	36 shares	2,427	4,109
	WASTE CONNECTIONS	2,076 shares	42,677	97,821
	WATSCO INC	925 shares	69,042	114,460
	WELLS FARGO & CO NEW	3,077 shares	92,748	173,050
	WELL FARGO 7.5 NON-CUM CL A	41 shares	50,557	48,175

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

**ASHTABULA COUNTY MEDICAL CENTER –
THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN**

**EIN 34-0726081
PN 001**

June 30, 2015

<i>(a)</i> <i>Identity of issue, borrower, lessor or similar party</i>	<i>(b)</i> <i>Description of investment including maturity date, rate of interest, collateral and par or maturity value</i>	<i>(c)</i> <i>Cost</i>	<i>(d)</i> <i>Current value</i>
Common and Preferred Stock (continued)			
WEX INC COM	438 shares	\$ 43,473	\$ 49,919
WEYERHAEUSER CO 6.375 CV PRF A	217 shares	12,528	11,284
WHOLE FOODS MARKETS INC	73 shares	3,701	2,879
WILLIAMS CO INC	2,457 shares	46,531	141,007
WOLVERINE WORLD WIDE	2,890 shares	37,329	82,307
Total Common and Preferred Stock		14,794,551	18,686,483
Corporate Bonds and Notes			
ABBVIE INV	1.75% matures 11/6/2017 34,000 face value	34,247	34,089
ACORDA THERAPEUTICS INC	1.75% matures 6/15/2021 20,000 face value	21,461	20,250
ACTAVIS FUNDING SCS	3.0% matures 3/12/2020 30,000 face value	30,411	30,068
AFLAC INC	2.4% matures 3/16/2020 45,000 face value	45,604	45,335
AFLAC INC	3.625% matures 11/15/2024 40,000 face value	40,892	40,136
ALLERGAN PLC PFD CV SER A	5.5% matures 3/1/2018 63 face value	64,266	65,878
ALCOA INC PFD CV CLV SER 1	5.375% matures 10/1/2017 238 face value	11,152	9,408
AMAZON.COM, INC	1.20% matures 11/29/2017 34,000 face value	33,760	33,844
AMERICAN ELECTRIC POWER	1.65% matures 12/15/2017 34,000 face value	34,132	34,039
AMERICAN EXPRESS CREDIT	2.375% matures 3/24/2017 40,000 face value	41,240	40,825
AMERICAN HONDA FINANCE	2.25% matures 8/15/2019 35,000 face value	34,935	35,237
AMERICAN INTL GROUP	2.30% matures 7/16/2019 28,000 face value	27,943	27,950
AMERICAN TOWER CORP NEW PFD CV SERV	5.25% matures 5/15/2017 301 face value	32,796	30,687
AMG CAPITAL TR II 5.15 CV PFD	5.15% matures 10/15/2037 525 face value	32,890	31,599

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

ASHTABULA COUNTY MEDICAL CENTER –
THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN

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(a)	(b)	(c)	(d)	(e)
Identity of issue, borrower, lessor or similar party	Description of investment including maturity date, rate of interest, collateral and par or maturity value	Cost	Current value	
Corporate Bonds and Notes (continued)				
AMGEN INC	2.20% matures 5/22/2019 43,000 face value	\$ 42,975	\$ 42,877	
AMOT 2014-4 A2	1.34% matures 6/17/2019 45,000 face value	44,989	45,110	
ANHEUSER-BUSCH COS INC	6.45% matures 9/1/2037 24,000 face value	27,927	29,633	
AOL INC	.75% matures 9/1/2019 23,000 face value	24,269	24,524	
AOL TIME WARNER INC	7.625% matures 4/15/2031 23,000 face value	27,876	29,907	
APPLE INC	1.0% matures 5/3/2018 34,000 face value	33,191	33,656	
APPLE INC	2.4% matures 5/3/2023 43,000 face value	42,156	41,135	
ARES CAP CORP	5.75% matures 2/1/2016 24,000 face value	25,591	24,480	
ARES CAPITAL CORPORATION	4.75% matures 1/15/2018 18,000 face value	18,720	18,405	
AT&T INC	2.375% matures 11/27/2018 32,000 face value	32,017	32,280	
BACCT 2014-A1 A	.565% matures 6/15/2021 76,000 face value	76,000	75,954	
BANC OF AMERICA COMMERCIAL MORTGAGE INC 2005 6A4	5.328% matures 9/10/2047 36,000 face value	27,329	26,409	
BANK OF AMERICA CORP	5.75% matures 12/1/2017 64,000 face value	72,337	69,720	
BANK OF AMERICA CORP	2.0% matures 2/4/2024 40,000 face value	40,047	40,131	
BANK OF AMERICA CREDIT CARD TRUST 2007- A11 A11	.255% matures 12/15/2019 80,000 face value	79,147	79,725	
BANK OF NEW YORK MELLON	3.65% matures 2/4/2024 42,000 face value	43,644	43,124	
BANK OF NEW YORK MELLON	2.10% matures 1/15/2019 42,000 face value	41,937	42,123	
BANK OF NOVA SCOTIA	2.05% matures 10/30/2018 34,000 face value	34,129	34,167	
BARRICK NORTH AMERICA FINANCE LLC	4.40% matures 5/30/2021 40,000 face value	40,865	40,860	

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

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	Corporate Bonds and Notes (continued)			
	BEAR STEARNS CMBS 2005-PWR9 A-4A	4.871% matures 9/11/2042 32,000 face value	\$ 1,244	\$ 1,828
	BIOMARIN PHARMACEUTICAL	.75% matures 10/15/2018 8,000 face value	11,256	12,330
	BNP PARIBAS	2.40% matures 12/12/2018 42,000 face value	42,434	42,490
	BOARDWALK PIPELINES LP	5.875% matures 11/15/2016 30,000 face value	15,452	31,115
	BP CAPITAL MARKETS PLC	3.062% matures 3/17/2022 38,000 face value	39,203	37,901
	BURLINGTON NORTHN SANTE FE	5.65% matures 5/1/2017 28,000 face value	31,041	30,180
	CABMT 2014-1 A	.535% matures 3/16/2020 45,000 face value	45,000	45,016
	CAPITAL ONE CC TR 2015-1A A	1.39% matures 1/15/2021 60,000 face value	60,040	59,860
	CAPITAL ONE FINL CO	6.15% matures 9/1/2016 39,000 face value	42,893	41,164
	CALAMP CORP	1.62% matures 5/15/2020 8,000 face value	8,206	7,585
	CARMX 2013-1 A3	.6% matures 10/16/2017 80,000 face value	43,048	43,046
	CARMX 2013-4 A2	.7% matures 11/15/2016 830,000 face value	3,758	3,758
	CATERPILLAR FINL SVCS CORP	5.85% matures 9/1/2017 57,000 face value	65,109	62,616
	CISCO SYSTEMS INC	5.50% matures 2/22/2016 31,000 face value	35,609	31,954
	CITIGROUP INC	6.125% matures 5/15/2018 39,000 face value	42,784	43,520
	CITIGROUP INC	2.40% matures 2/1/2020 75,000 face value	74,694	74,071
	COMM 2014-CR14 A2	3.147% matures 2/10/2047 73,000 face value	75,189	76,004
	COMM MTG TR 2013-CCRE6 A-2	2.122% matures 3/10/2046 41,000 face value	42,465	41,533
	COMMONWEALTH EDISON	2.15% matures 1/15/2019 37,000 face value	36,918	37,212

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

ASHTABULA COUNTY MEDICAL CENTER –
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	Corporate Bonds and Notes (continued)			
	CONOCOPHILLPS CANADA	5.625% matures 10/15/2016 36,000 face value	\$ 41,928	\$ 38,059
	CONOCOPHILLPS COMPANY	1.05% matures 12/15/2017 34,000 face value	33,391	33,744
	CROWN CASTLE INTL CORP NEW CNV	4.5% matures 11/1/2016 199 face value	20,344	20,491
	CVS CAREMARK CORP	2.25% matures 8/12/2019 34,000 face value	34,082	33,846
	DEPOMED INC	2.5% matures 9/1/2021 10,000 face value	13,150	12,812
	DIRECTV HODLINGS / FING	3.125% matures 2/15/2016 31,000 face value	32,106	31,367
	ECHO GLOBAL LOGISTICS	2.50% matures 5/1/2020 11,000 face value	11,361	11,811
	EMERGENT BIOSLUTI	2.87% matures 1/15/2021 10,000 face value	11,442	12,387
	ENBRIDGE ENERGY PARTNERS L.P.	6.5% matures 4/15/2018 28,000 face value	33,368	30,899
	ENERGY TRANSFER PARTNERS	4.65% matures 6/1/2021 40,000 face value	42,704	41,053
	ENTERPRISE PRODUCTS OPER	2.55% matures 10/15/2019 38,000 face value	38,925	37,989
	ERP OPERATING LP	5.125% matures 3/15/2016 39,000 face value	42,650	40,116
	EXELON CORP CV UNIT	6.5% matures 6/1/2017 675 face value	35,293	30,618
	EXPRESS SCRIPTS HOLDING	2.25% matures 6/15/2019 35,000 face value	34,827	34,716
	FIAT CHRYSLER AUTOMOBILES N V MANDATORY CONVERTIBLE	7.875% matures 12/15/2016 157 face value	21,675	19,804
	FIREEYE INC SERIES A NOTES	1.0% matures 6/1/2035 11,000 face value	11,562	11,742
	FIREEYE INCE SERIES B NOTES	1.625% matures 6/1/2035 12,000 face value	12,560	12,795
	FIRST HORIZON NATIONAL CORPORATION	5.375% matures 12/15/2015 28,000 face value	29,539	28,429
	FITAT 2014-2 A3	.89% matures 11/15/2018 53,000 face value	52,991	52,941

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

**ASHTABULA COUNTY MEDICAL CENTER –
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PN 001**

June 30, 2015

<i>(a)</i> <i>Identity of issue, borrower, lessor or similar party</i>	<i>(b)</i> <i>Description of investment including maturity date, rate of interest, collateral and par or maturity value</i>	<i>(d)</i> <i>Cost</i>	<i>(e)</i> <i>Current value</i>
Corporate Bonds and Notes (continued)			
FNMNT 2013-2 A	.715% matures 10/15/2019 65,000 face value	\$ 65,043	\$ 65,103
FORDF 2014-1 A1	1.2% matures 2/15/2019 64,000 face value	63,945	64,004
FORDF 2015-1 A1	1.42% matures 1/15/2020 45,000 face value	45,051	44,994
FORDO 2014-A A2	.48% matures 11/15/2016 57,000 face value	4,321	4,321
FORDO 2015-A A2	.435% matures 1/15/2018 30,000 face value	30,004	30,004
GE COML MTG 2006-C1 A-M	5.449% matures 3/10/2044 34,000 face value	36,801	34,669
GEDFT 2014-1 A	.566% matures 7/20/2019 53,000 face value	53,000	52,715
GENERAL ELECTRIC CAPITAL CORP	2.20% matures 1/9/2020 65,000 face value	65,365	64,982
GENERAL ELECTRIC CAP CORP	5.625% matures 9/15/2017 42,000 face value	46,265	45,734
GILEAD SCIENCES, INC.	1.625% matures 5/1/2016 5,000 face value	6,441	25,781
GOLDMAN SACHS GROUP INC	5.95% matures 1/18/2018 65,000 face value	71,845	71,452
HAROT 2014-2 A3	.77% matures 3/19/2018 88,000 face value	87,949	87,858
HART 2015-A A3	1.44% matures 4/15/2019 57,000 face value	56,991	57,007
HEALTH CARE PPTY	5.625% matures 5/1/2017 27,000 face value	30,275	28,856
HEALTH CARE REIT, INC.	6.125% matures 4/15/2020 41,000 face value	47,658	46,841
HEALTHSOUTH CORP	2.0% matures 12/1/2043 20,000 face value	23,019	25,437
HEWLETT-PACKARD CO	2.6% matures 9/15/2017 32,000 face value	33,148	32,577
HOLOGIC INC	2.0% matures 3/1/2042 18,000 face value	20,381	23,736
HYUNDAI CAPITAL AMERICA INC	2.875% matures 9/15/2017 31,000 face value	31,532	31,733

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

**ASHTABULA COUNTY MEDICAL CENTER –
THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN**

**EIN 34-0726081
PN 001**

June 30, 2015

<i>(a)</i>	<i>(b)</i> <i>Identity of issue, borrower, lessor or similar party</i>	<i>(c)</i> <i>Description of investment including maturity date, rate of interest, collateral and par or maturity value</i>	<i>(d)</i> <i>Cost</i>	<i>(e)</i> <i>Current value</i>
	Corporate Bonds and Notes (continued)			
	ILLUMINA INC	.50% matures 6/15/2021 10,000 face value	\$ 12,506	\$ 12,318
	ILLUMINA INC	zero coupon matures 6/15/2019 13,000 face value	15,364	15,217
	ILLUMINA INC PFD SRB	.25% matures 3/15/2016 5,000 face value	9,675	13,036
	INCYTE CORP LTD	.375% matures 11/15/2018 6,000 face value	10,664	12,270
	INTEL CORPORATION	3.25% matures 8/1/2039 29,000 face value	47,778	44,115
	INTEL CORPORATION	1.35% matures 12/15/2017 49,000 face value	49,060	48,981
	IRONWOOD PHARMACEUTICALS	2.25% matures 6/15/2022 4,000 face value	4,055	3,916
	ISIS PHARMACEUTICALS INC	1.0% matures 11/15/2021 9,000 face value	9,434	9,713
	JARDEN CORP	1.125% matures 3/15/2034 12,000 face value	14,228	13,971
	JEFFERIES GROUP INC	5.125% matures 4/13/2018 30,000 face value	32,560	31,856
	JOHN DEERE CAPITAL CORP	1.2% matures 10/10/2017 47,000 face value	47,286	46,936
	JOHNSON & JOHNSON	1.875% matures 1/25/2018 49,000 face value	48,871	49,110
	JP MORGAN CHASE & CO	1.70% matures 3/1/2018 38,000 face value	38,237	37,866
	JP MORGAN CHASE & CO	5.15% matures 10/1/2015 40,000 face value	43,218	40,370
	JP MORGAN CHASE & CO	1.80% matures 1/25/2018 98,000 face value	98,311	98,301
	JPMBB COML MTG SEC TR 2013-C14 A-2	3.019% matures 8/15/2046 40,000 face value	41,663	41,460
	KINDER MORGAN ENER PART	3.50% matures 3/1/2016 30,000 face value	31,982	30,431
	KINDER MORGAN INC DELAWA	3.05% matures 12/01/2019 38,000 face value	38,795	37,957
	KOREA DEVELOPMENT BANK	3.50% matures 8/22/2017 103,000 face value	108,156	107,150

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

**ASHTABULA COUNTY MEDICAL CENTER –
THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN**

**EIN 34-0726081
PN 001**

June 30, 2015

(a)	(b)	(c)	(d)	(e)
<i>Identity of issue, borrower, lessor or similar party</i>	<i>Description of investment including maturity date, rate of interest, collateral and par or maturity value</i>	<i>Cost</i>	<i>Current value</i>	
Corporate Bonds and Notes (continued)				
LAM RESEARCH CORPORATION	.50% matures 5/15/2016 37,000 face value	\$ 46,984	\$ 49,070	
LB-UBS CMBS 2006-C7 A-3	5.347% matures 11/15/2038 30,000 face value	32,579	31,321	
LIBERTY INTERACTIVE LLC	.75% matures 3/30/2043 15,000 face value	18,338	23,877	
LIBERTY MEDIA CORP DELAWARE	1.375% matures 10/15/2023 22,000 face value	22,032	20,900	
LINKED CORP	.50% matures 11/01/2019 24,000 face value	24,665	24,074	
MARATHON OIL CORP	6.6% matures 10/1/2037 38,000 face value	43,653	42,854	
MCDONALD'S CORP	5.0% matures 2/1/2019 38,000 face value	42,806	41,783	
MEDIDATA SOLUTIONS INC	1.0% matures 8/1/2018 17,000 face value	18,534	20,080	
MICROCHIP TECHNOLOGY INC	1.625% matures 2/15/2025 25,000 face value	25,072	25,218	
MICRON TECHNOLOGY INC	3.0% matures 11/15/2043 42,000 face value	49,098	37,930	
MIDAMERICAN ENERGY HLDS	5.75% matures 4/1/2018 28,000 face value	32,070	30,981	
MOLINA HEALTHCARE INC	1.625% matures 8/15/2044 34,000 face value	37,106	44,985	
NEWELL RUBBERMAID INC	2.875% matures 12/1/2019 30,000 face value	29,966	30,320	
NEWMONT MINING CORP	3.5% matures 3/15/2022 48,000 face value	40,767	45,807	
NEXTERA ENERGY INC CORP UNIT	5.799% matures 9/1/201600 417 face value	23,413	22,308	
NOMURA HOLDINGS INC	2.0% matures 9/13/2016 40,000 face value	40,007	40,291	
NORTHROP GRUMMAN CORP	1.75% matures 6/1/2018 34,000 face value	33,519	33,917	
NRG YIELD INC	3.25% matures 6/1/2020 11,000 face value	11,219	10,965	
NUVASIVE INC	2.75% matures 7/1/2017 8,000 face value	9,955	10,160	

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

**ASHTABULA COUNTY MEDICAL CENTER –
THE GREATER CLEVELAND HOSPITAL ASSOCIATION RETIREMENT PLAN**

**EIN 34-0726081
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June 30, 2015

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	Corporate Bonds and Notes (continued)			
	NVIDIA CORP	1.0% matures 12/1/2018 46,000 face value	\$ 53,270	\$ 52,698
	ONEOK PARTNERS	6.15% matures 10/1/2016 42,000 face value	48,413	44,365
	ON SEMICONDUCTOR	2.625% matures 12/15/2026 16,000 face value	19,437	19,800
	ON SEMICONDUCTOR CORP	1.0% matures 12/1/2020 11,000 face value	11,407	10,882
	ORACLE CORP	1.2% matures 10/15/2017 49,000 face value	48,631	49,000
	PALO ALTO NETWORKS	zero coupon matures 7/1/2019 9,000 face value	9,145	14,652
	PEMEX PROJ FGS MASTER TR	5.75% matures 3/1/2018 47,000 face value	52,352	51,127
	PERTROBRAS GLOBAL FINANCE	3.0% matures 1/15/2019 30,000 face value	28,655	27,686
	PHILIP MORRIS INTL INC	1.875% matures 1/15/2019 49,000 face value	48,212	48,921
	PHILIPS 66	2.95% matures 5/1/2017 32,000 face value	33,230	32,891
	POTASH CORPORATION OF SAKSATCHEWAN INC.	3.25% matures 12/1/2017 46,000 face value	49,996	47,916
	PFD CEPHEID SER B	1.25% matures 2/1/2021 11,000 face value	12,237	12,725
	PROOFPOINT INC	.75% matures 6/15/2020 11,000 face value	11,374	11,817
	PRUDENTIAL FINANCIAL INC	5.375% matures 6/21/2020 25,000 face value	28,426	28,204
	PRUDENTIAL FINANCIAL INC	3.5% matures 5/15/2024 44,000 face value	44,528	43,497
	RED HAT INC	.25% matures 10/1/2019 12,000 face value	12,090	14,684
	RIO TINTO FIN USA PLC	1.375% matures 6/17/2016 31,000 face value	31,057	31,101
	ROVI CORP	.50% matures 3/1/2020 22,000 face value	22,518	20,101
	ROYAL BANK OF CANADA	1.2% matures 1/23/2017 49,000 face value	49,176	49,198

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

**ASHTABULA COUNTY MEDICAL CENTER –
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Corporate Bonds and Notes (continued)			
ROYAL BANK OF CANADA	2.15% matures 3/6/2020 38,000 face value	\$ 38,376	\$ 37,937
RYDER SYSTEMS INC	2.55% matures 6/1/20109 34,000 face value	34,203	34,058
SALESFORCE.COM INC	.25% matures 4/1/2018 46,000 face value	52,996	55,918
SCANDISK CORP	.50% matures 10/15/2020 31,000 face value	31,000	30,050
SANTANDER HOLDINGS USA	3.45% matures 8/27/2018 35,000 face value	35,351	36,115
SEACOR HOLDINGS INC	2.50% matures 12/15/2027 27,000 face value	30,348	27,640
SERVICENOW INC	zero coupon matures 11/1/2018 13,000 face value	14,162	15,290
SEQUOIA MTF TRUST 2012-1 2A-1	3.4745% matures 1/28/2042 142,000 face value	38,134	37,707
SOUTHWESTERN ENERGY CO DEP SHS	6.25% matures 1/15/2018 392 face value	20,932	19,352
SPIRIT REALTY CAPITAL IN	2.875% matures 5/15/2019 22,000 face value	22,241	20,734
STANDARD PACIFIC CORP	1.25% matures 8/1/2032 27,000 face value	30,297	32,838
STANLEY BLACK & DECKER INC CONVERTIBLE PDF UNITS	4.75% matures 11/17/2018 259 face value	32,512	37,554
STARBUCKS CORP	6.25% matures 8/15/2017 28,000 face value	33,368	31,012
STARWOOD PROPERTY TRUST	4.55% matures 3/1/2018 19,000 face value	21,138	19,795
STATOIL ASA NT	1.15% matures 5/15/2018 42,000 face value	41,827	41,600
STRUCTURED ASSET SECS 2005-WF4 A4	.547% matures 11/25/2035 325,000 face value	1,232	1,236
SUNEDISON INC	.25% matures 1/15/2020 23,000 face value	25,544	27,944
SUNEDISON INC	2.625% matures 6/1/2023 11,000 face value	11,035	11,136
SUNPOWER COPR	.75% matures 6/1/2018 20,000 face value	25,341	25,600

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

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Corporate Bonds and Notes (continued)				
	SYNCHRONOSS TECHNOLOGIES	.75% matures 8/15/2019 19,000 face value	\$ 19,945	\$ 21,208
	TAKE-TWO INTERACTIVE SOFTWARE	1.75% matures 12/1/2016 15,000 face value	20,612	22,293
	TAOT 2013-B A3	.89% matures 7/17/2017 45,000 face value	36,123	36,188
	TESLA MOTORS INC	1.25% matures 3/1/2021 44,000 face value	43,941	43,037
	TEVA PHARMACEUTICAL FINANCE LLC	.25% matures 3/1/2021 29,000 face value	32,129	40,526
	THE KROGER CO	2.20% matures 1/15/2017 34,000 face value	34,000	34,473
	THE PRICELINE GROUP INC.	.35% matures 6/15/2020 45,000 face value	53,439	49,893
	T-MOBILE US INC MANDATORY CV PFD	5.5% matures 11/17/2018 259 face value	15,469	17,481
	TOTAL CAPITAL CANADA LTD	1.45% matures 1/15/2018 34,000 face value	33,950	34,034
	TOYOTA MOTOR CREDIT CORP	1.45% matures 1/12/2012 34,000 face value	33,953	34,032
	TWITTER INC.	.25% matures 9/15/2019 8,000 face value	7,900	7,150
	TWITTER INC.	1.0% matures 9/15/2021 26,000 face value	25,531	22,765
	TYSON FOODS INC	4.75% matures 7/15/207 643 face value	32,375	33,120
	UNITEDHEALTH GROUP INC	1.4% matures 10/15/2017 34,000 face value	33,980	34,037
	UNITEDHEALTH GROUP INC	5.8% matures 3/15/2036 34,000 face value	34,716	39,537
	VERINT SYSTEMS INC	1.5% matures 6/1/2021 22,000 face value	22,405	24,886
	VERIZON COMMUNICATIONS	3.65% matures 9/14/2018 31,000 face value	32,959	32,604
	VERIZON COMMUNICATIONS	3.0% matures 11/01/2021 45,000 face value	44,650	44,394
	VIACOM INC	6.875% matures 4/30/2036 38,000 face value	43,560	42,288

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

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Corporate Bonds and Notes (continued)				
	VODAFONE GROUP PLC	1.5% matures 2/19/2018 34,000 face value	\$ 33,724	\$ 33,425
	VODAFONE GROUP PLC	6.15% matures 2/27/2037 25,000 face value	27,197	26,526
	WACHOVIA CORP	5.75% matures 6/15/2017 32,000 face value	36,494	34,756
	WACHOVIA CMBS 2005-C20 AMFX	5.179% matures 7/15/2042 40,000 face value	8,741	1,377
	WALLGREENS BOOTS ALLIANCE	2.7% matures 11/18/2019 32,000 face value	32,135	32,041
	WBCMT 2006-C29 A4	5.308% matures 11/15/2048 33,000 face value	33,690	32,737
	WELLS FARGO & COMPANY	1.25% matures 7/20/2016 34,000 face value	34,060	34,143
	WELLS FARGO & COMPANY	4.60% matures 4/1/2021 36,000 face value	39,639	39,436
	WFNMT 2015-A A	.665% matures 2/15/2022 50,000 face value	50,072	49,975
	WHITING PETROLEUM CORP	1.25% matures 4/1/2020 31,000 face value	33,207	33,866
	WORKDAY INC	.75% matures 7/15/2018 20,000 face value	23,998	22,537
	WORLD OMNI AUTO RECEIVABLES TRUST 2012-A A3	.64% matures 2/15/2017 75,000 face value	6,970	6,970
	XEROX CORP	6.35% matures 5/15/2018 41,000 face value	47,430	45,691
	YAHOO INC	zero coupon matures 12/1/2018 20,000 face value	21,902	20,512
Total Corporate Bonds and Notes				6,814,705

SCHEDULE H, LINE 4i – SCHEDULE OF ASSETS (HELD AT END OF YEAR) (CONTINUED)

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Government securities			
CALIFORNIA ST GENL OBLIG BUILD	5.95% matures 4/1/2016		
AMERICA BONDS	45,000 face value	\$ 48,235	\$ 46,768
FHLMC REMIC SERIES K-012 A-2	4.186% matures 12/25/2020		
	53,000 face value	25,314	58,263
FHLMC REMIC SERIES K-AIV A-2	3.989% matures 6/25/2021		
	55,000 face value	25,537	59,728
GSMS 2013-GC16 A2	3.033% matures 11/10/2046		
	68,000 face value	70,186	70,473
Total Government Securities		169,272	235,232
Total Investments		<u>\$ 21,064,120</u>	<u>\$ 31,836,717</u>

* Party-in-interest to the Plan