

Form 5500 Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Annual Return/Report of Employee Benefit Plan This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), 6057(b), and 6058(a) of the Internal Revenue Code (the Code). ▶ Complete all entries in accordance with the instructions to the Form 5500.	OMB Nos. 1210-0110 1210-0089 2015 This Form is Open to Public Inspection
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Part I	Annual Report Identification Information		
For calendar plan year 2015 or fiscal plan year beginning <u>01/01/2015</u> and ending <u>12/31/2015</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	<u>DEACONESS HOSPITAL RETIREMENT PLAN</u>	1b Three-digit plan number (PN) ▶	<u>001</u>
		1c Effective date of plan	<u>06/01/1966</u>
2a Plan sponsor's name (employer, if for a single-employer plan) Mailing address (include room, apt., suite no. and street, or P.O. Box) City or town, state or province, country, and ZIP or foreign postal code (if foreign, see instructions)	2b Employer Identification Number (EIN) <u>31-0537109</u> 2c Plan Sponsor's telephone number <u>513-559-2190</u> 2d Business code (see instructions) <u>622000</u>		
<u>DEACONESS HOSPITAL</u> <u>311 STRAIGHT STREET</u> <u>CINCINNATI, OH 45219-1018</u>			

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

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

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2016	JENNIFER SIMON
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE
Preparer's name (including firm name, if applicable) and address (include room or suite number)			Preparer's telephone number

3a Plan administrator's name and address ☐ Same as Plan Sponsor DEACONESS HOSPITAL 311 STRAIGHT STREET CINCINNATI, OH 45219-1018	3b Administrator's EIN 31-0537109
	3c Administrator's telephone number 513-559-2656
4 If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report: a Sponsor's name	4b EIN 4c PN
5 Total number of participants at the beginning of the plan year	5 815
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) 7
a(2) Total number of active participants at the end of the plan year	6a(2) 7
b Retired or separated participants receiving benefits.....	6b 424
c Other retired or separated participants entitled to future benefits.....	6c 329
d Subtotal. Add lines 6a(2) , 6b , and 6c	6d 760
e Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....	6e 42
f Total. Add lines 6d and 6e	6f 802
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 11	
b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristics Codes in the instructions:	
9a Plan funding arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor	9b Plan benefit arrangement (check all that apply) (1) ☐ Insurance (2) ☐ Code section 412(e)(3) insurance contracts (3) ☒ Trust (4) ☐ General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)	
a Pension Schedules (1) ☒ R (Retirement Plan Information) (2) ☐ MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary (3) ☒ SB (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary	b General Schedules (1) ☒ H (Financial Information) (2) ☐ I (Financial Information – Small Plan) (3) ☐ A (Insurance Information) (4) ☒ C (Service Provider Information) (5) ☒ D (DFE/Participating Plan Information) (6) ☐ G (Financial Transaction Schedules)

Part III	Form M-1 Compliance Information (to be completed by welfare benefit plans)
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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 2015 Form M-1 annual report. If the plan was not required to file the 2015 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 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015	
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 DEACONESS HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) 001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DEACONESS HOSPITAL	D Employer Identification Number (EIN) 31-0537109
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B	F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500

Part I	Basic Information			
1	Enter the valuation date: Month 01 Day 01 Year 2015			
2	Assets:			
	a Market value	2a	42981488	
	b Actuarial value	2b	40222957	
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	452	28358550	28358550
	b For terminated vested participants	356	12254759	12254759
	c For active participants	7	579878	582279
	d Total	815	41193187	41195588
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	6.23%	
6	Target normal cost	6	547025	

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		09/12/2016
Signature of actuary		Date
AUDREY CERVAS		14-06430
Type or print name of actuary		Most recent enrollment number
BUCK CONSULTANTS, LLC		216-642-2799
Firm name		Telephone number (including area code)
6000 FREEDOM SQUARE, SUITE 100 INDEPENDENCE, OH 44131		
Address of the firm		

Part II Beginning of Year Carryover and Prefunding Balances		
	(a) Carryover balance	(b) Prefunding balance
7 Balance at beginning of prior year after applicable adjustments (line 13 from prior year)	0	193186
8 Portion elected for use to offset prior year's funding requirement (line 35 from prior year)	0	0
9 Amount remaining (line 7 minus line 8)	0	193186
10 Interest on line 9 using prior year's actual return of <u>8.00</u> %	0	15455
11 Prior year's excess contributions to be added to prefunding balance:		
a Present value of excess contributions (line 38a from prior year)		230
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>6.50</u> %		15
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.....		245
d Portion of (c) to be added to prefunding balance		0
12 Other reductions in balances due to elections or deemed elections	0	0
13 Balance at beginning of current year (line 9 + line 10 + line 11d – line 12).....	0	208641

Part III Funding Percentages		
14 Funding target attainment percentage.....	14	97.13 %
15 Adjusted funding target attainment percentage	15	97.13 %
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	97.14 %
17 If the current value of the assets of the plan is less than 70 percent of the funding target, enter such percentage.....	17	%

Part IV Contributions and Liquidity Shortfalls					
18 Contributions made to the plan for the plan year by employer(s) and employees:					
(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees	(a) Date (MM-DD-YYYY)	(b) Amount paid by employer(s)	(c) Amount paid by employees
04/15/2015	335018	0			
07/15/2015	335018	0			
10/15/2015	335018	0			
01/15/2016	335018	0			
04/14/2016	382274	0			
09/01/2016	267536	0			
			Totals ►	18(b)	1989882
				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	1883367
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: 4.72 %	2nd segment: 6.11 %	3rd segment: 6.81 %	☐ N/A, full yield curve used
b Applicable month (enter code).....				21b 4
22 Weighted average retirement age				22 65
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	547025	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	1181272	982071	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)...	34	1529096	
	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	1529096	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1883367	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	354271	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years.....	40	0	

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

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

SCHEDULE C (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Service Provider Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA). ▶ File as an attachment to Form 5500.	OMB No. 1210-0110
		2015
		This Form is Open to Public Inspection.

For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan DEACONESS HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ▶	001
C Plan sponsor's name as shown on line 2a of Form 5500 DEACONESS HOSPITAL	D Employer Identification Number (EIN) 31-0537109	

Part I Service Provider Information (see instructions)

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

1 Information on Persons Receiving Only Eligible Indirect Compensation

- a Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☒ Yes ☐ No
- b If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation
BLACKROCK FINANCIAL MANAGEMENT
13-3806691

(b) Enter name and EIN or address of person who provided you disclosure 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)

BUCK CONSULTANTS

13-3954297

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
11 70 14 50	NONE	91419	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

PNC BANK, NATIONAL ASSOCIATION

25-1211909

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
21 50 52 56 62 68	NONE	80269	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

WELLINGTON TRUST

04-2755549

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
51	NONE	61200	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

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

SIT INVESTMENT ASSOCIATES, INC.

41-1404829

(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0-.	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0-.	(h) Did the service provider give you a formula instead of an amount or estimated amount?
28 50 68	NONE	21622	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☒ No ☐

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

DINSMORE

31-0263070

(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 50	NONE	17500	Yes ☐ No ☒	Yes ☐ No ☐		Yes ☐ No ☐

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

JP MORGAN INVESTMENT MANAGEMENT INC

13-3200244

(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?
27 28 50 51	NONE	15499	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)

WESTFIELD CAPITAL MANAGEMENT COMPAN

80-0175963

(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?
27 28 50 51 52	NONE	7657	Yes ☒ No ☐	Yes ☒ No ☐	0	Yes ☐ No ☒

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

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

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

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

Part I Service Provider Information (continued)

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

(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(c) Enter amount of indirect compensation
(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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration	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 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan <u>DEACONESS HOSPITAL RETIREMENT PLAN</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>DEACONESS HOSPITAL</u>	D Employer Identification Number (EIN) <u>31-0537109</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)
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a Name of MTIA, CCT, PSA, or 103-12 IE: S&P 500 FLAGSHIP NL CM13

b Name of sponsor of entity listed in (a): STATE STREET BANK AND TRUST COMPANY

c EIN-PN <u>04-0025081-004</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9460278</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: WELLINGTON CIF RESEARCH EQUITY FUND

b Name of sponsor of entity listed in (a): WELLINGTON CAPITAL MANAGEMENT

c EIN-PN <u>04-2767481-054</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>9520869</u>
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a Name of MTIA, CCT, PSA, or 103-12 IE: JPMCB CORE BOND FUND

b Name of sponsor of entity listed in (a): JP MORGAN CHASE BANK

c EIN-PN <u>20-3847783-001</u>	d Entity code <u>C</u>	e Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions) <u>5333748</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)
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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)
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a Name of MTIA, CCT, PSA, or 103-12 IE:

b Name of sponsor of entity listed in (a):

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) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Financial Information This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection
For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015		
A Name of plan DEACONESS HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 DEACONESS HOSPITAL	D Employer Identification Number (EIN) 31-0537109	

	Part I Asset and Liability Statement		(a) Beginning of Year	(b) End of Year
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	Total noninterest-bearing cash	1a	0	0
b	Receivables (less allowance for doubtful accounts):			
	(1) Employer contributions	1b(1)	391840	984828
	(2) Participant contributions	1b(2)		
	(3) Other.....	1b(3)	63224	17459
c	General investments:			
	(1) Interest-bearing cash (include money market accounts & certificates of deposit)	1c(1)	1100216	1397489
	(2) U.S. Government securities.....	1c(2)	0	20585
	(3) Corporate debt instruments (other than employer securities):			
	(A) Preferred	1c(3)(A)		
	(B) All other.....	1c(3)(B)		
	(4) Corporate stocks (other than employer securities):			
	(A) Preferred	1c(4)(A)		
	(B) Common	1c(4)(B)	38085	1840917
	(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)	23574585	24314895
	(10) Value of interest in pooled separate accounts.....	1c(10)		
	(11) Value of interest in master trust investment accounts	1c(11)		
	(12) Value of interest in 103-12 investment entities	1c(12)		
	(13) Value of interest in registered investment companies (e.g., mutual funds).....	1c(13)	17817626	13167868
	(14) Value of funds held in insurance company general account (unallocated contracts).....	1c(14)		
	(15) Other	1c(15)		

1d Employer-related investments:

		(a) Beginning of Year	(b) End of Year
(1) Employer securities	1d(1)		
(2) Employer real property	1d(2)		
e Buildings and other property used in plan operation	1e		
f Total assets (add all amounts in lines 1a through 1e)	1f	42985576	41744041

Liabilities

g Benefit claims payable	1g		
h Operating payables	1h		
i Acquisition indebtedness	1i		
j Other liabilities	1j	137405	72633
k Total liabilities (add all amounts in lines 1g through 1j)	1k	137405	72633

Net Assets

l Net assets (subtract line 1k from line 1f)	1l	42848171	41671408
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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)	1989882	
(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)		1989882
b Earnings on investments:			
(1) Interest:			
(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	423	
(B) U.S. Government securities	2b(1)(B)	3	
(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)		426
(2) Dividends: (A) Preferred stock	2b(2)(A)		
(B) Common stock	2b(2)(B)	10582	
(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)	898341	
(D) Total dividends. Add lines 2b(2)(A) , (B) , and (C)	2b(2)(D)		908923
(3) Rents	2b(3)		
(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)	655926	
(B) Aggregate carrying amount (see instructions)	2b(4)(B)	738332	
(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		-82406
(5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)	-119680	
(C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B)	2b(5)(C)		-119680

		(a) Amount	(b) Total
(6) Net investment gain (loss) from common/collective trusts	2b(6)		829714
(7) Net investment gain (loss) from pooled separate accounts	2b(7)		
(8) Net investment gain (loss) from master trust investment accounts	2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		-1311383
c Other income	2c		
d Total income. Add all income amounts in column (b) and enter total	2d		2215476

Expenses**e** Benefit payment and payments to provide benefits:

(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	2829280	
(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)		2829280
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)	108920	
(2) Contract administrator fees	2i(2)		
(3) Investment advisory and management fees	2i(3)	190576	
(4) Other	2i(4)	263463	
(5) Total administrative expenses. Add lines 2i(1) through (4)	2i(5)		562959
j Total expenses. Add all expense amounts in column (b) and enter total	2j		3392239

Net Income and Reconciliation

k Net income (loss). Subtract line 2j from line 2d	2k		-1176763
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: PRICEWATERHOUSECOOPERS, L.L.P.

(2) EIN: 13-4008324

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:

	Yes	No	N/A	Amount
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	N/A	Amount
c Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)		X		
d Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)		X		
e Was this plan covered by a fidelity bond?	X			1000000
f Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?		X		
g Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
h Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?		X		
i Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	X			
j Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	X			
k Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?		X		
l Has the plan failed to provide any benefit when due under the plan?		X		
m If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)				
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.				
o Did the plan trust incur unrelated business taxable income?				
p Were in-service distributions made during the plan year?				

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

6a Name of trust	6b Trust's EIN
6c Name of trustee or custodian	6d Trustee's or custodian's telephone number

SCHEDULE R (Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Retirement Plan Information This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). ► File as an attachment to Form 5500.	OMB No. 1210-0110 2015 This Form is Open to Public Inspection.
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

A Name of plan DEACONESS HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ► 001
C Plan sponsor's name as shown on line 2a of Form 5500 DEACONESS HOSPITAL	D Employer Identification Number (EIN) 31-0537109

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

1	Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....	1	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): 31-1072449		
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	1

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

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

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

Schedule R (Form 5500) 2015
v. 150123

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
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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: <u>81.0</u> % Investment-Grade Debt: <u>18.0</u> % High-Yield Debt: <u>1.0</u> % Real Estate: <u>0.0</u> % Other: <u>0.0</u> %
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):

Part VII	IRS Compliance Questions
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20a Is the plan a 401(k) plan?	☐ Yes	☐ No
20b If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?	☐ Design-based safe harbor method	☐ ADP/ACP test
20c If the ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "current year testing method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.401(m)-2(a)(2)(ii))?	☐ Yes	☐ No
21a Check the box to indicate the method used by the plan to satisfy the coverage requirements under section 410(b):	☐ Ratio percentage test	☐ Average benefit test
21b Does the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by combining this plan with any other plans under the permissive aggregation rules?	☐ Yes	☐ No
22a Has the plan been timely amended for all required tax law changes?	☐ Yes	☐ No ☐ N/A
22b Date the last plan amendment/restatement for the required tax law changes was adopted ____/____/____. Enter the applicable code _____. (See instructions for tax law changes and codes).		
22c If the plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter plan that is subject to a favorable IRS opinion or advisory letter, enter the date of that favorable letter ____/____/____ and the letter's serial number _____.		
22d If the plan is an individually-designed plan and received a favorable determination letter from the IRS, enter the date of the plan's last favorable determination letter ____/____/____.		
23 Is the Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2) has been made), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgin Islands)?	☐ Yes	☐ No

The Deaconess Hospital Retirement Plan

**Financial Statements
December 31, 2015 and 2014, and
Supplemental Schedules as of and
for the year ended December 31, 2015**

The Deaconess Hospital Retirement Plan

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Note: All other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 have been omitted because they are not applicable.	



Report of Independent Auditors

To the Administrator of
the Deaconess Hospital Retirement Plan

Report on the Financial Statements

We were engaged to audit the accompanying financial statements of The Deaconess Hospital Retirement Plan (the "Plan"), which comprise the statements of net assets available for benefits as of December 31, 2015 and 2014, and the related statements of changes in net assets available for benefits for the years then ended, and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

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

Auditors' Responsibility

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

Basis for Disclaimer of Opinion

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 6, which was certified by PNC Bank, the trustee of the Plan, except for comparing such information with the related information included in the financial statements. We have been informed by the plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained certifications from the trustee as of December 31, 2015 and 2014 and for the years then ended, that the information provided to the plan administrator by the trustee is complete and accurate.



Disclaimer of Opinion

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

Other Matter

The supplemental schedules of Schedule of Assets (Held at End of Year) at December 31, 2015 and Schedule of Reportable Transactions for the year ended December 31, 2015 are required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 and are presented for the purpose of additional analysis and are not a required part of the financial statements. Because of the significance of the matter described in the Basis for Disclaimer of Opinion paragraph, we do not express an opinion on these supplemental schedules.

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

The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

PricewaterhouseCoopers LLP

October 4, 2016

The Deaconess Hospital Retirement Plan
Statements of Net Assets Available for Benefits
December 31, 2015 and 2014

	2015	2014
Assets		
Investments, at fair value		
Money market funds	\$ 1,397,489	\$ 1,100,216
Common stocks	1,840,917	38,085
Registered investment companies	13,167,867	17,817,625
Common collective trusts	24,314,895	23,574,586
US government securities	20,586	-
Total investments	<u>40,741,754</u>	<u>42,530,512</u>
Receivables		
Employer's contribution receivable	984,828	391,840
Accrued interest and dividends	17,459	63,224
Total receivables	<u>1,002,287</u>	<u>455,064</u>
Total assets	<u>41,744,041</u>	<u>42,985,576</u>
Liabilities		
Accrued administrative expenses	<u>72,633</u>	<u>137,405</u>
Net assets available for benefits	<u>\$ 41,671,408</u>	<u>\$ 42,848,171</u>

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

The Deaconess Hospital Retirement Plan
Statements of Changes in Net Assets Available for Benefits
Years Ended December 31, 2015 and 2014

	2015	2014
Additions		
Investment income		
Net (depreciation) appreciation in fair value of investments	\$ (683,755)	\$ 2,659,062
Interest and dividends	909,349	1,937,355
Total investment income	225,594	4,596,417
Employer's contribution	1,989,882	1,402,897
Total additions	2,215,476	5,999,314
Deductions		
Benefit payments	2,829,280	21,177,069
Administrative expenses	562,959	567,796
Total deductions	3,392,239	21,744,865
Net decrease	(1,176,763)	(15,745,551)
Net assets available for benefits		
Beginning of year	42,848,171	58,593,722
End of year	\$ 41,671,408	\$ 42,848,171

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

The Deaconess Hospital Retirement Plan

Notes to Financial Statements

December 31, 2015 and 2014

1. Description of the Plan

The following description of The Deaconess Hospital Retirement Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan document for more complete information.

General

The Plan was adopted by The Deaconess Hospital of Cincinnati, Ohio (the "Hospital"), the sponsor of the Plan, effective June 1, 1966 and as amended. The Plan is a noncontributory defined benefit retirement plan with PNC Bank, Ohio, N.A. as the Trustee. All employees of the Hospital and eligible Participating Employers who meet eligibility requirements become a participant in the Plan. Participating Employers are: The Deaconess Health Associations Fund, Inc., The Deaconess Health Care Services Company, and Tri-State Health Systems Inc. (non-physician employees). In addition, eligible employees include employees of Deaconess Long Term Care, Inc. and Deaconess Enterprises, Inc. (d.b.a. Select Health Services) prior to December 31, 1998 and eligible employees of Deaconess Home Health Care hired prior to April 1, 2001. Tristate Primary Care, LLC became a Participating Employer under the Plan, effective August 31, 2002, for non-physician employees only. The Deaconess Health Care Services Company ceased to be a Participating Employer under the Plan effective January 1, 2003. An eligible employee means any Hospital or Participating Employer employee except for leased employees, physicians (hired after December 31, 1998), and most employees covered by a collective bargaining agreement.

Effective October 1, 2014, the Plan was amended to offer a lump sum payment option to deferred vested participants during a specified Temporary Lump Sum Payout Election Period. For purposes hereof, "Temporary Lump Sum Payout Election Period" shall mean the period from November 1, 2014 through December 31, 2014. The participant's lump sum payment shall be an amount equal to the actuarial present value of the participant's accrued benefit. The effect of the amendment was an increase in benefits paid to participants of \$18,521,286, decreasing net assets available for benefits as of December 31, 2014.

Eligibility and Pension Benefits

Effective December 31, 2009, the Plan was frozen and no eligible employees can become a participant in the Plan if the entry is after December 31, 2009 nor can any reemployed former participant again become a participant if reemployment is after December 31, 2009. In addition, all participants no longer will accrue any additional benefits under the Plan after December 31, 2009.

Prior to December 31, 2009, an eligible participant was defined as an eligible full-time employee who attained the age of 21 years and completed at least 1,000 hours of continuous service, with full accrued benefits upon retirement from age 65 or with reduced benefits upon retirement from age 55 to 64, with the normal retirement age being 65. Employees who worked beyond age 65 accrued benefits until retirement, subject to the maximum limit of years of credited service. Employees who terminated with less than five years of service have no rights to future benefits from the Plan.

Upon termination of service or death, disability, or retirement, a participant will have the option to receive payments of their vested account balance as a lump sum or monthly payments. Benefits are payable to designated beneficiaries in the event of a participant's death.

Final average earnings were frozen as of December 31, 2009. The monthly benefit for participants is determined by multiplying years of credited service (maximum 25 years) times 2% of the participant's final average earnings, plus 0.5% of the participant's final average earnings times years of credited services in excess of 25 years (maximum of an additional 15 years), minus 2% of the participant's primary social security benefit times years of credited service (maximum 25 years).

The Deaconess Hospital Retirement Plan

Notes to Financial Statements

December 31, 2015 and 2014

These results are then collectively multiplied by the following fraction: participant years of credited service as of the date of determination is made divided by the years of credited service they would have earned had they remained employed by the Hospital, or for a participant in an affiliated Participating Employer, until their normal retirement date.

2. Summary of Significant Accounting Policies

Basis of Accounting

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

Investment Valuation and Income Recognition

Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 5 for a discussion of fair value measurements.

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

Payment of Benefits

Benefit payments to participants are recorded upon distribution.

Use of Estimates

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

Expenses

Administration of the Plan is performed by the Hospital with PNC Bank, Ohio, N.A. as the Trustee (both of which are parties in interest). Actuarial services are provided by Buck Consultants, LLC. All reasonable expenses incurred in the administration of the Plan and actuarial services provided by the Plan, may be paid by the Plan. To the extent that such expenses are not paid by the Plan, they will be paid by the Hospital.

Recently Adopted Accounting Pronouncements

In July 2015, the Financial Accounting Standards Board issued Accounting Standards Update ("ASU") 2015-12, *Plan Accounting*, which simplifies reporting and disclosure requirements for employee benefit plan financial statements. ASU 2015-12 is comprised of three parts: (1) fully benefit-responsive investment contracts, (2) plan investment disclosures and (3) measurement date practical expedient. Part 1 of ASU 2015-12 designates contract value as the only required measure for fully benefit-responsive investment contracts. Part 2 of ASU 2015-12 simplifies and reduces duplicative investment-related disclosures, eliminating the requirement to disclose individual investments that represent 5 percent or more of net assets available for benefits and the net appreciation or depreciation for investments by general type. It also simplifies the level of disaggregation of investments that are measured using fair value. Plans will continue to disaggregate investments that are measured using fair value by general type; however, plans are no longer required to also disaggregate investments by nature, characteristics and risks. Further, the disclosure of information about fair value measurements shall be provided by general type of plan asset. Part 3 of ASU 2015-12 provides a practical expedient to permit employee benefit plans to measure investments and investment-related accounts as of a month-end date that is closest to

The Deaconess Hospital Retirement Plan

Notes to Financial Statements

December 31, 2015 and 2014

the employee benefit plan's fiscal year-end when the fiscal period does not coincide with a month-end. Parts 1 and 3 are not applicable to the Plan. The Plan has adopted Part 2 of the new guidance retrospectively, which impacted Note 5 – Fair Value Measurements. There was no impact to the Statements of Net Assets Available for Benefits or the Statements of Changes in Net Assets Available for Benefits.

In May 2015, the Financial Accounting Standards Board issued ASU 2015-07, Fair Value Measurement (Topic 820) Disclosures for Investments in Certain Entities that Calculate New Asset Value per Share (Unites Equivalent), which removes the requirement to categorize within the fair value hierarchy all investments for which fair value is measured using the net asset value per share practical expedient. The new guidance requires the Plan to continue to disclose information on investments for which fair value is measured at net asset value (or its equivalent) as a practical expedient to help understand the nature and risk of the investments and whether the investments, if sold, are probable of being sold at amounts different from net asset value. The Plan has not early adopted this guidance.

3. Actuarial Present Value of Accumulated Plan Benefits

Accumulated plan benefits are those future periodic payments, including lump-sum distributions that are attributable under the Plan's provisions to the service employees have rendered. Accumulated plan benefits include benefits expected to be paid to (a) retired or terminated employees or their beneficiaries, (b) beneficiaries of employees who have died, and (c) present employees or their beneficiaries. Benefits under the Plan are based on the average of the highest five consecutive calendar years of compensation paid during the ten calendar years preceding the date the Plan was frozen. 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. The Plan's actuary performed an actuarial valuation of the Plan as of January 1, 2015 and 2014 and has determined the actuarial present value of all vested and nonvested benefits.

The significant actuarial assumptions used in the actuarial valuations were: (a) life expectancy of participants based on the RP – 2015 mortality table protected with Mortality improvement scale MP - 2015; (b) retirement age assumed to occur at any age from 62 to 68 for both January 1, 2015 and 2014; and (c) the assumed investment rate of return of 7.5% for January 1, 2015 and 2014. The foregoing actuarial assumptions are based on the presumption that the Plan will continue. If the Plan were to terminate, different actuarial assumptions and other factors might be applicable in determining the actuarial present values of accumulated plan benefits.

Vested benefits	
Participants currently receiving benefits	\$ 26,659,226
Vested benefits for other participants	<u>11,583,122</u>
Total vested benefits	38,242,348
Nonvested benefits	<u>2,003</u>
Total actuarial present value of accumulated plan benefits	<u>\$ 38,244,351</u>

The Deaconess Hospital Retirement Plan

Notes to Financial Statements

December 31, 2015 and 2014

The actuarial present value of accumulated plan benefits as of January 1, 2015 is as follows:

Actuarial present value of accumulated plan benefits as of January 1, 2014	\$ 51,638,614
Increase (decrease) during the year attributable to	
Interest accumulation	3,093,113
Benefits paid	(21,177,069)
Changes in actuarial assumptions	(561,481)
Benefits accumulated and other	5,251,174
Actuarial present value of accumulated plan benefits as of January 1, 2015	<u>\$ 38,244,351</u>

The mortality assumption used at January 1, 2015 was updated from the 2014 Static Mortality Tables for annuitants and nonannuitants to the RP-2015 Mortality Tables projected with Mortality Improvement Scale MP-2015, resulting in a loss of \$561,481. The discount rate will be changed to 7.00% effective January 1, 2016, which will increase the actuarial present value of accumulated plan benefits as of January 1, 2016. This change will be reflected in the notes to the financial statements in the subsequent plan year.

4. Funding Policy

The Hospital funds pension plan benefits as accrued. The minimum funding requirements of the Employee Retirement Income Security Act of 1974 ("ERISA") have been met for the Plan years beginning January 1, 2015 and 2014.

5. Fair Value Measurements

Fair value is the amount that would be received from the sale of an asset or paid for transfer of a liability in an orderly transaction between market participants, i.e., an exit price. To estimate an exit price, a three-level hierarchy is used. The fair value hierarchy prioritizes the inputs, which refer broadly to assumptions market participants would use in pricing an asset or a liability, into three levels:

- 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:
 - 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.

The Deaconess Hospital Retirement Plan

Notes to Financial Statements

December 31, 2015 and 2014

If the asset or liability has a specific (contractual) term, the Level 2 input must be observable for substantially the full term of the asset or liability.

Level 3 Significant unobservable inputs that reflect the Plan's own assumptions about the assumptions that market participants would use in pricing an asset or a liability.

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

The following is a description of the valuation methodologies used for assets measured at fair value:

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

Common stocks: Valued at the closing price reported on the active market on which the individual securities are traded.

Common collective trusts: The Plan's interests in collective trusts are valued based on information reported by the investment advisor using audited financial statements of the collective trusts at year end. The NAV, as provided by the trustee, is used as a practical expedient to estimate fair value. The NAV is based on the fair value of the underlying investments held by the fund less its liabilities. This practical expedient is not used when it is determined to be probable that the fund will sell the investment for an amount different than the reported NAV.

The Plan holds common collective trusts with a fair value of \$24,314,895 and \$23,574,586 at December 31, 2015 and 2014, respectively. There are no unfunded commitments with respect to these investments; however, they may be subject to redemption restrictions, at the Trustee's discretion, to the extent that it is determined such actions would disrupt management of the fund. The funds have a daily redemption frequency. The redemption notice period for the Wellington CIF Research Equity Fund is 30 days. The redemption notice period for the JPMCB Core Bond Fund is 1 day. The redemption notice period for the S&P 500 Flagship Fund is 3 days.

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

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

The Deaconess Hospital Retirement Plan

Notes to Financial Statements

December 31, 2015 and 2014

The following tables set forth by level, within the fair value hierarchy, the Plan's assets at fair value as of December 31, 2015 and 2014.

	Assets at Fair Value as of December 31, 2015			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 1,397,489	\$ -	\$ -	\$ 1,397,489
Government securities	20,586	-	-	20,586
Registered investment companies	13,167,867	-	-	13,167,867
Common stocks	1,840,917	-	-	1,840,917
Common collective trusts	-	24,314,895	-	24,314,895
Total assets at fair value	<u>\$ 16,426,859</u>	<u>\$ 24,314,895</u>	<u>\$ -</u>	<u>\$ 40,741,754</u>

	Assets at Fair Value as of December 31, 2014			
	Level 1	Level 2	Level 3	Total
Money market funds	\$ 1,100,216	\$ -	\$ -	\$ 1,100,216
Registered investment companies	17,817,625	-	-	17,817,625
Common stocks	38,085	-	-	38,085
Common collective trusts	-	23,574,586	-	23,574,586
Total assets at fair value	<u>\$ 18,955,926</u>	<u>\$ 23,574,586</u>	<u>\$ -</u>	<u>\$ 42,530,512</u>

6. Financial Data Certified by the Trustee

The following is a summary of the Plan's financial information and data included in the Plan's financial statements and supplemental schedules which were certified by the Trustee as of December 31, 2015 and 2014 and for the years then ended as complete and accurate, in accordance with Section 2520.103-5 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

	2015	2014
Statements of Net Assets Available for Benefits		
Investments, at fair value	\$ 40,741,754	\$ 42,530,512
Accrued interest and dividends	17,459	53,224
Statements of Changes in Net Assets Available for Benefits		
Interest and dividends	909,349	1,937,355
Net (depreciation) appreciation in fair value of investments	(683,755)	2,659,062

7. Plan Termination

Although the Hospital has not expressed an intent to terminate the Plan, it may do so at any time. In the event the Plan terminates, and net assets are not sufficient to provide benefits to participants, pensioners and beneficiaries, the net assets of the Plan will be allocated as prescribed by ERISA and its related regulations.

If the assets available for allocation under any category are insufficient to fully satisfy the benefits of all individuals, the assets will be distributed proportionately. If any assets remain after all the liabilities for accrued benefits have been satisfied, such assets will be distributed to the Hospital.

The Deaconess Hospital Retirement Plan

Notes to Financial Statements

December 31, 2015 and 2014

Certain benefits under the Plan are insured by the Pension Benefit Guaranty Corporation ("PBGC") if the Plan terminates. Generally, the PBGC guarantees most vested normal retirement age benefits, early retirement benefits and certain disability and survivor 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.

8. Related Party Transactions

The Hospital provides certain accounting, recordkeeping, and administrative services to the Plan, for which it receives no compensation. Certain Plan investments are shares of a money market fund managed by PNC Bank, which as trustee of the Plan, is a party in interest.

9. Tax Status of the Plan

The Plan obtained its latest determination letter dated December 2, 2015, in which the Internal Revenue Service (IRS) stated the Plan was in compliance with the applicable requirements of the Internal Revenue Code. The Plan has not been amended since receiving the determination letter. The plan administrator believes that the Plan is currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. Therefore, no provision for income taxes has been included in the Plan's financial statements.

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 by the IRS. The Plan administrator has analyzed the tax positions by the Plan, and has concluded that as of December 31, 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.

10. Risks and Uncertainties

Investments are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes in the values of investments 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 and the statements of changes in net assets available for benefits.

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

11. Subsequent Events Evaluation

The Plan has evaluated subsequent events through October 4, 2016 as this was the date financial statements were made available to be issued. No matters were identified that would materially impact the financial statements or require disclosure.

The Deaconess Hospital Retirement Plan
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2015

(a) Identity of issue, borrower, lessor or similar party	(b) Description of Investment	(c) Cost**	(d) Current Value**
Money Market Funds / Interest Bearing Cash			
Blackrock Liquidity Funds Treasury Trust Fund	Money Market Funds	\$ 181,483	\$ 62,125
* PNC Govt. Money Market Fund	Money Market Funds	549,959	1,335,364
		731,442	1,397,489
US Government Securities			
USA Treasury Bond Strip	US Government Security	20,340	20,586
		20,340	20,586
Common Stocks / Corporate Stock			
Avinci Media Corp	Common Stocks	1	-
Brookfield Total Return Fund Inc	Common Stocks	37,861	34,371
Genpact LTD	Common Stocks	9,559	10,741
Jazz Pharmaceuticasls PLC	Common Stocks	67,054	50,320
Nord Anglia Education INC	Common Stocks	24,452	20,077
Signet Jewelers LTD	Common Stocks	24,286	24,738
Wright Medical Group N V ORD	Common Stocks	22,886	21,980
Acadia Pharmaceuticals INC	Common Stocks	14,735	15,330
Affiliated Managers Group	Common Stocks	19,781	15,177
Alaska Air Group INC (ALK)	Common Stocks	10,603	10,466
Align Technology INC	Common Stocks	33,228	35,230
Allegiant Travel Co	Common Stocks	28,132	22,489
Allscripts Healthcare	Common Stocks	26,258	27,992
Anacor Pharmaceuticals INC	Common Stocks	13,761	13,556
Aramark	Common Stocks	9,323	9,353
Ariad Pharmaceuticals INC	Common Stocks	28,082	22,938
Absbury Automotive Group	Common Stocks	29,041	22,255
Assurant INC	Common Stocks	35,058	37,854
Builders Firstsource INC	Common Stocks	21,476	16,177
Ciena Corp	Common Stocks	11,622	12,207
Commscope Holding Co INC	Common Stocks	17,481	15,793
Consol Energy INC	Common Stocks	20,929	9,954
Costar Group INC	Common Stocks	35,003	36,171
Dentsply International INC	Common Stocks	24,994	26,774
Extra Space Storage INC	Common Stocks	10,738	11,467
First Republic Bank/Fran	Common Stocks	31,063	32,039
Fortinet INC	Common Stocks	40,971	28,988
Grace WR&CO Del New	Common Stocks	28,186	27,885
HD Supply Holdings INC	Common Stocks	18,425	18,619
Harman International Industries	Common Stocks	18,851	16,487
IHS INC Class A	Common Stocks	32,284	30,555
Ingram Micro INC	Common Stocks	18,169	20,355
Interpublic Group Companies	Common Stocks	9,272	9,545
Jack In The Box INC	Common Stocks	37,143	29,917
Jarden Corp	Common Stocks	45,526	47,124

Note: This schedule reports those assets required to be reported under ERISA section 2520.103-11 and Form 5500, Schedule H, Line 4(i).

* PNC Bank is a party in interest.

** Information certified as to completeness and accuracy by PNC Bank.

The Deaconess Hospital Retirement Plan
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2015

(a) Identity of issue, borrower, lessor or similar party	(b) Description of Investment	(c) Cost**	(d) Current Value**
Jones Lang Lasalle INC	Common Stocks	28,907	25,897
Knoll INC	Common Stocks	30,688	23,876
Lennox International INC	Common Stocks	34,256	36,221
Medivation INC	Common Stocks	43,914	42,056
Merrimack Pharmaceuticals INC	Common Stocks	19,454	15,168
Mettler Toledo INTL INC	Common Stocks	41,388	41,713
Middleby Corp	Common Stocks	33,488	29,449
Neurocrine Biosciences INC	Common Stocks	19,204	22,062
Nexstar Broadcasting Group INC	Common Stocks	32,502	33,459
On Semiconductor Corporation	Common Stocks	31,621	28,910
PTC Therapeutics INC	Common Stocks	22,326	17,172
Pacira Pharmaceuticals INC	Common Stocks	15,172	17,662
Palo Alto Networks INC	Common Stocks	44,297	41,745
Polaris Inds INC	Common Stocks	9,249	6,446
Polyone Corporation	Common Stocks	15,110	13,974
Qlik Technologies INC	Common Stocks	26,448	20,579
Quest Diagnostics INC	Common Stocks	28,134	28,456
Raymond James Financial INC	Common Stocks	36,630	35,941
Restoration Hardware	Common Stocks	41,001	32,416
Robert Half International INC	Common Stocks	19,891	16,970
Sabre Corp	Common Stocks	18,600	19,579
Service Corp International	Common Stocks	30,317	25,760
Service Now INC	Common Stocks	40,244	43,280
Smith A O Corp	Common Stocks	9,103	9,193
Snap On INC	Common Stocks	38,265	39,772
Sonic Corp	Common Stocks	20,603	24,556
Splunk INC	Common Stocks	25,263	22,348
Starwood Property Trust INC	Common Stocks	34,967	33,513
Strategic Global Income FD INC	Common Stocks	12,334	12,264
Team Health Holdings INC	Common Stocks	27,909	20,189
Tempur Sealy International INC	Common Stocks	31,178	28,889
Tesoro Corp	Common Stocks	29,220	31,611
Total Systems Services INC	Common Stocks	23,054	24,900
Transdigm Group INC	Common Stocks	26,510	26,729
Ulta Salon Cosmetics & Fragr	Common Stocks	31,699	35,150
United Therapeutics Corp Del	Common Stocks	31,234	28,973
Vail Resorts INC	Common Stocks	32,449	38,397
Verifone Systems INC	Common Stocks	20,429	17,933
Wabco Holdings INC	Common Stocks	28,918	24,031
		<u>1,960,618</u>	<u>1,840,917</u>

Note: This schedule reports those assets required to be reported under ERISA section 2520.103-11 and Form 5500, Schedule H, Line 4(i).

* PNC Bank is a party in interest.

** Information certified as to completeness and accuracy by PNC Bank.

The Deaconess Hospital Retirement Plan
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2015

(a) Identity of issue, borrower, lessor or similar party	(b) Description of Investment	(c) Cost**	(d) Current Value**
Blackrock Enhanced Government Fund	Registered Investment Companies	198,562	186,773
Cutwater Select Income Fund	Registered Investment Companies	83,740	82,830
Eaton Vance Short Duration Diversified Income Fd	Registered Investment Companies	240,183	208,686
Montgomery Street Income Securities Inc	Registered Investment Companies	26,383	30,124
Western Asset Premier Bond	Registered Investment Companies	24,023	21,888
Alliancebernstein Income Fund Inc	Registered Investment Companies	194,695	188,682
Blackrock Income Trust Inc	Registered Investment Companies	199,064	185,109
Blackrock Core Bond Trust	Registered Investment Companies	187,458	179,488
Blackrock Credit Allocation Income Trust	Registered Investment Companies	63,527	63,329
Duff & Phelps Util & Corporate Bd Tr Inc	Registered Investment Companies	71,319	64,330
Eaton Vance Limited Duration Income Fund	Registered Investment Companies	65,823	56,144
Federated Enhanced Treas Income Fd	Registered Investment Companies	121,473	124,996
First Trust Mortgage Income Fund	Registered Investment Companies	151,419	126,934
Franklin Limited Duration Income Trust	Registered Investment Companies	62,649	52,528
Hancock John Income Securities Trust	Registered Investment Companies	141,533	132,554
Invesco Van Kampen Bond Fund	Registered Investment Companies	14,551	14,056
Invesco Quality Municipal Income Trust	Registered Investment Companies	3	3
Mfs Charter Income Trust Sh Ben Int	Registered Investment Companies	15,267	12,954
Mfs Intermediate Income Trust Sh Ben Interest	Registered Investment Companies	157,921	140,555
Mfs Government Markets Income Trust Sh Ben Interest	Registered Investment Companies	70,756	60,971
Morgan Stanley Income Securities Inc	Registered Investment Companies	16,302	15,183
Nuveen Mortgage Opportunity Term Fund	Registered Investment Companies	11,730	11,355
Nuveen Mortgage Opportunity Term Fund 2	Registered Investment Companies	9,067	8,916
Nuveen Multi-Market income Fund	Registered Investment Companies	119,997	113,174
Nuveen Build America Bond Opportunity Fund	Registered Investment Companies	153,181	152,175
Nuveen Build American Bond Fund	Registered Investment Companies	93,164	90,405
Putnam Premier Income Trust Sh Ben Int	Registered Investment Companies	175,456	155,742
Putnam Master Intermediate Income Trust Sh Ben Int	Registered Investment Companies	184,311	167,440
Wells Fargo Advantage Multi Sector Income Fund	Registered Investment Companies	16,338	12,203
Western Asset Income Fund	Registered Investment Companies	14,753	14,322
Western Asset Variable Rate Strategic Fund	Registered Investment Companies	25,425	25,154
Ashmore Emerging Markets Small-Cap Equity Fund Cl I	Registered Investment Companies	153,910	129,001
American Europacific Growth Fund Class-R6	Registered Investment Companies	2,243,562	2,448,708
Harbor International Fund Class Ins Fd # 2011	Registered Investment Companies	2,070,726	2,398,033
Oppenheimer Developing Markets Fund Class Y Fd # 788	Registered Investment Companies	148,291	127,997
Crn Small Cap Value Fund-Ins Fund #31	Registered Investment Companies	2,448,694	1,983,989
Fpa Crescent Fund Cl I Fund #134	Registered Investment Companies	1,460,218	1,593,822
Pimco Income Strategy Fund II	Registered Investment Companies	25,098	24,556
Westwood Income Opportunity Fund Instl Class FD	Registered Investment Companies	1,289,072	1,562,201
Blackrock Taxable Municipal	Registered Investment Companies	105,369	106,557
Brookfield Mortgage Opportun	Registered Investment Companies	5,775	5,900
Fort Dearborn Income Secs INC	Registered Investment Companies	7,331	7,255
Global High Income Fund INC	Registered Investment Companies	2,647	2,550

Note: This schedule reports those assets required to be reported under ERISA section 2520.103-11 and Form 5500, Schedule H, Line 4(i).

* PNC Bank is a party in interest.

** Information certified as to completeness and accuracy by PNC Bank.

The Deaconess Hospital Retirement Plan
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2015

(a) Identity of issue, borrower, lessor or similar party	(b) Description of Investment	(c) Cost**	(d) Current Value**
Mfs Multimarket Income Trust SH Ben Interest	Registered Investment Companies	9,850	9,367
Managed High Yield Plus FD INC	Registered Investment Companies	2,662	2,464
Nuveen Quality PFD Income FD	Registered Investment Companies	6,406	6,475
Nuveen Quality Preferred III	Registered Investment Companies	22,183	22,074
Pimco Income Strategy Fund	Registered Investment Companies	25,030	24,350
Pimco Corporate & income Strategy FD	Registered Investment Companies	6,526	6,700
Western Asset Emerging Markets Debt			
Floating Rate Fund INC	Registered Investment Companies	6,717	6,865
		12,950,140	13,167,867
Common Collective Trusts			
Wellington CIF Research Equity Fund	Common Collective Trusts	7,257,542	9,520,869
JPMCB Core Bond Fund	Common Collective Trusts	5,286,419	5,333,748
S&P 500 Flagship NL (CM 13)	Common Collective Trusts	7,803,869	9,460,278
		20,347,830	24,314,895
		<u>\$ 36,010,370</u>	<u>\$ 40,741,754</u>

Note: This schedule reports those assets required to be reported under ERISA section 2520.103-11 and Form 5500, Schedule H, Line 4(i).

* PNC Bank is a party in interest.

** Information certified as to completeness and accuracy by PNC Bank.

The Deaconess Hospital Retirement Plan
Schedule H, Line 4(j) - Schedule of Reportable Transactions
For the Year Ended December 31, 2015***

(a)	(b)		(c)	(d)	(g)	(h)	(i)
						Current Value of Asset on Transaction Date	
Identity of Party Involved	Description of Asset	Type	Purchase Price	Selling Price	Cost of Asset		Net Gain
Series Transactions:							
PNC Bank	William Blair Small Cap Growth FD CLI	Sale (2)	\$ -	\$ 2,231,889	\$ 1,649,952	\$ 2,217,846	\$ 581,937
	Blackrock Liquidity Funds TreasuryTrust Fund	Purchase (14)	\$ 2,264,912	\$ -	\$ 2,264,912	\$ 2,264,912	\$ -
		Sale (15)	\$ -	\$ 2,218,811	\$ 2,218,811	\$ 2,218,811	\$ -
	Temporary Asset For Invested	Sale	\$ -	\$ 2,750,000	\$ 2,750,000	\$ 2,750,000	\$ -
	Wellington CIF Research Equity Fund	Purchase (12)	\$ 172,814	\$ -	\$ 172,814	\$ 172,814	\$ -
		Sale (7)	\$ -	\$ 5,278,063	\$ 2,545,217	\$ 5,199,505	\$ 2,732,846
	S&P 500 FLAGSHIP NL (CM13)	Purchase (6)	\$ 10,420,000	\$ -	\$ 10,420,000	\$ 10,420,000	\$ -
		Sale (6)	\$ -	\$ 2,464,443	\$ 2,161,355	\$ 5,241,492	\$ 303,088
	PNC GOVT Money Market Fund	Purchase (18)	\$ 2,615,743	\$ -	\$ 2,615,743	\$ 2,615,743	\$ -
		Sale (6)	\$ -	\$ 1,280,307	\$ 1,280,307	\$ 1,280,307	\$ -
Single Transaction:							
PNC Bank, Ohio, N.A.	Temporary Asset for Invested Fund	Sale	\$ -	\$ 2,750,000	\$ 2,750,000	\$ 2,750,000	\$ -
	Wellington Cif Research Equity Fund	Sale	\$ -	\$ 2,750,000	\$ 1,303,089	\$ 2,656,915	\$ 1,446,911
	S&P 500 FLAGSHIP NL (CM13)	Purchase	\$ 2,750,000	\$ -	\$ 2,750,000	\$ 2,750,000	\$ -
	S&P 500 FLAGSHIP NL (CM13)	Purchase	\$ 2,750,000	\$ -	\$ 2,750,000	\$ 2,750,000	\$ -

Note: This schedule includes those assets purchased and/or sold during the current year that are in excess of 5% of the fair market value of the Plan asset as required by ERISA Section 2520.103-6 and Form 5500 Schedule H, Line 4j.

Information certified as to completeness and accuracy by PNC Bank.

Columns (e) and (f) have been omitted as they were not applicable.

Deaconess Hospital Retirement Plan

EIN/PN: 31-0537109 / 001

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

Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA.

Funding interest rates

For 2015 Plan Year:

Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.15%	4.72%
Second Segment Rate	4.06%	6.11%
Third Segment Rate	5.15%	6.81%

Effective Interest Rate

Based on constrained rates

6.23%

For 2014 Plan Year:

Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.37%	4.99%
Second Segment Rate	4.05%	6.32%
Third Segment Rate	5.06%	6.99%

Effective Interest Rate

Based on constrained rates

6.50%

* Used for maximum tax-deduction purposes

** Used for minimum funding and benefit restriction purposes

Mortality

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants.

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan related expenses to be paid from plan assets during the year.

Deaconess Hospital Retirement Plan

EIN/PN: 31-0537109 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under PPA.

Salary increase assumption

None. Salary increases after January 5, 2004, are not recognized for determining plan benefits.

Expenses

Expected plan related expenses of \$547,025 were added to the Target Normal Cost. The expense load of \$547,025 equals the sum of the prior year's expenses (without PBGC Premium) adjusted with an inflation rate of 2.50% and the current year's expected PBGC Premium.

Frequency of optional payment forms

100% of participants are assumed to take a life annuity.

Marital percentage

80% of males and 50% of females are assumed to have an eligible spouse and that spouses are of the same age.

Retirement rates

Retirements from active status:

Age	Assumption
62	15%
63	5%
64	10%
65	50%
66	75%
67	75%
68+	100%

Retirements from deferred vested status: 100% are assumed to commence benefits at age 65.

Deaconess Hospital Retirement Plan

EIN/PN: 31-0537109 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Withdrawal rates

Based on experience. Sample rates as follows:

Age	Years of Service		
	0 Years	1 Year	2 Years and later
15	40.0000%	25.0000%	17.9384%
20	40.0000%	25.0000%	17.9384%
25	40.0000%	25.0000%	17.2242%
30	40.0000%	25.0000%	15.8305%
35	40.0000%	25.0000%	13.6986%
40	40.0000%	25.0000%	11.2500%
45	40.0000%	25.0000%	8.4319%
50	40.0000%	25.0000%	5.0645%
55	40.0000%	25.0000%	1.7264%
60	40.0000%	25.0000%	0.1614%
62+	0.0000%	0.0000%	0.0000%

Disability rates

None assumed.

Asset valuation method

The Actuarial Value of Assets is Market Value as of the valuation date, including discounted receivable contributions, reduced by 2/3 and 1/3 of the gain/(loss) in each of the prior two years, respectively. The gain/(loss) for each period is determined as the actual return on Market Value during the period less the expected return on Market Value based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of Market Value, including discounted receivable contributions. The actuary's expected rate of return is based on the plan's asset allocation and forward-looking expected rates of return by asset category provided by the plan's investment consultant.

	Actuary's Assumption	Third Segment Rate	Reflecting PPA Limit
2015 Expected Return	7.50%	6.81%	6.81%
2014 Expected Return	7.50%	6.99%	6.99%
2013 Expected Return	7.50%	7.16%	7.16%

Deaconess Hospital Retirement Plan

EIN/PN: 31-0537109 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

Summary of Changes from the January 1, 2014 Valuation

- The interest rate basis was updated to the current rates as specified in IRS Regulation 1.430 (h)(2)–1 and as constrained by HATFA.
- The mortality assumption was updated according to the projection specified in IRS Regulation 1.430 (h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants.
- Expected plan related expenses added to the Target Normal Cost were updated from \$442,210 to \$547,025 primarily due to an increase in expected PBGC Premium.

The assumption changes listed above increased the Funding Target by approximately \$1,500,000.

The Deaconess Hospital Retirement Plan
Schedule H, Line 4(j) - Schedule of Reportable Transactions
For the Year Ended December 31, 2015***

(a)	(b)	(c)	(d)	(g)	(h)	(i)	
Identity of Party Involved	Description of Asset	Type	Purchase Price	Selling Price	Cost of Asset	Current Value of Asset on Transaction Date	Net Gain
Series Transactions: PNC Bank	William Blair Small Cap Growth FD CLI	Sale (2)	\$ -	\$ 2,231,889	\$ 1,649,952	\$ 2,217,846	\$ 581,937
	Blackrock Liquidity Funds TreasuryTrust Fund	Purchase (14)	\$ 2,264,912	\$ -	\$ 2,264,912	\$ 2,264,912	\$ -
		Sale (15)	\$ -	\$ 2,218,811	\$ 2,218,811	\$ 2,218,811	\$ -
	Temporary Asset For Invested	Sale	\$ -	\$ 2,750,000	\$ 2,750,000	\$ 2,750,000	\$ -
	Wellington CIF Research Equity Fund	Purchase (12)	\$ 172,814	\$ -	\$ 172,814	\$ 172,814	\$ -
		Sale (7)	\$ -	\$ 5,278,063	\$ 2,545,217	\$ 5,199,505	\$ 2,732,846
	S&P 500 FLAGSHIP NL (CM13)	Purchase (6)	\$ 10,420,000	\$ -	\$ 10,420,000	\$ 10,420,000	\$ -
		Sale (6)	\$ -	\$ 2,464,443	\$ 2,161,355	\$ 5,241,492	\$ 303,088
	PNC GOVT Money Market Fund	Purchase (18)	\$ 2,615,743	\$ -	\$ 2,615,743	\$ 2,615,743	\$ -
		Sale (6)	\$ -	\$ 1,280,307	\$ 1,280,307	\$ 1,280,307	\$ -
Single Transaction: PNC Bank, Ohio, N.A.	Temporary Asset for Invested Fund	Sale	\$ -	\$ 2,750,000	\$ 2,750,000	\$ 2,750,000	\$ -
	Wellington Cif Research Equity Fund	Sale	\$ -	\$ 2,750,000	\$ 1,303,089	\$ 2,656,915	\$ 1,446,911
	S&P 500 FLAGSHIP NL (CM13)	Purchase	\$ 2,750,000	\$ -	\$ 2,750,000	\$ 2,750,000	\$ -
	S&P 500 FLAGSHIP NL (CM13)	Purchase	\$ 2,750,000	\$ -	\$ 2,750,000	\$ 2,750,000	\$ -

Single Transaction:

PNC Bank, Ohio, N.A.

Note: This schedule includes those assets purchased and/or sold during the current year that are in excess of 5% of the fair market value of the Plan asset as required by ERISA Section 2520.103-6 and Form 5500 Schedule H, Line 4j. Information certified as to completeness and accuracy by PNC Bank. Columns (e) and (f) have been omitted as they were not applicable.

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 2015 This Form is Open to Public Inspection
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For calendar plan year 2015 or fiscal plan year beginning 01/01/2015 and ending 12/31/2015

- **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 DEACONESS HOSPITAL RETIREMENT PLAN	B Three-digit plan number (PN) ►	001
C Plan sponsor's name as shown on line 2a of Form 5500 or 5500-SF DEACONESS HOSPITAL	D Employer Identification Number (EIN) 31-0537109	
E Type of plan: ☒ Single ☐ Multiple-A ☐ Multiple-B		
F Prior year plan size: ☐ 100 or fewer ☐ 101-500 ☒ More than 500		

Part I Basic Information			
1	Enter the valuation date: Month <u>01</u> Day <u>01</u> Year <u>2015</u>		
2	Assets:		
	a Market value	2a	42,981,488
	b Actuarial value	2b	40,222,957
3	Funding target/participant count breakdown	(1) Number of participants	(2) Vested Funding Target
	a For retired participants and beneficiaries receiving payment.....	452	28,358,550
	b For terminated vested participants.....	356	12,254,759
	c For active participants.....	7	579,878
	d Total.....	815	41,193,187
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	6.23%
6	Target normal cost.....	6	547,025

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		09/12/2016
	Signature of actuary	Date
	AUDREY CERVAS	1406430
	Type or print name of actuary	Most recent enrollment number
	BUCK CONSULTANTS, LLC	216-642-2799
	Firm name	Telephone number (including area code)
	6000 FREEDOM SQUARE, SUITE 100	
	INDEPENDENCE OH 44131	
	Address of the firm	

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

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

21 Discount rate:				
a Segment rates:	1st segment: 4.72%	2nd segment: 6.11%	3rd segment: 6.81%	☐ N/A, full yield curve used
b Applicable month (enter code)				21b 4
22 Weighted average retirement age				22 65
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	547,025	
b Excess assets, if applicable, but not greater than line 31a	31b	0	
32 Amortization installments:	Outstanding Balance	Installment	
a Net shortfall amortization installment	1,181,272	982,071	
b Waiver amortization installment	0	0	
33 If a waiver has been approved for this plan year, enter the date of the ruling letter granting the approval (Month _____ Day _____ Year _____) and the waived amount	33		
34 Total funding requirement before reflecting carryover/prefunding balances (lines 31a - 31b + 32a + 32b - 33)	34	1,529,096	
	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	1,529,096	
37 Contributions allocated toward minimum required contribution for current year adjusted to valuation date (line 19c)	37	1,883,367	
38 Present value of excess contributions for current year (see instructions)			
a Total (excess, if any, of line 37 over line 36)	38a	354,271	
b Portion included in line 38a attributable to use of prefunding and funding standard carryover balances	38b	0	
39 Unpaid minimum required contribution for current year (excess, if any, of line 36 over line 37)	39	0	
40 Unpaid minimum required contributions for all years	40	0	

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

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

Deaconess Hospital Retirement Plan
EIN/PN: 31-0537109 / 001

Schedule SB, Line 26 - Schedule of Active Participant Data

[illegible]

Deaconess Hospital Retirement Plan
EIN/PN: 31-0537109 / 001

Schedule SB, Line 24 - Change in Actuarial Assumptions

- Expected plan related expenses added to the Target Normal Cost were updated from \$442,210 to \$547,025 primarily due to an increase in expected PBGC Premium.

Deaconess Hospital Retirement Plan

EIN/PN: 31-0537109 / 001

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

This table calculates the weighted average retirement age for all active persons in the plan

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
62	3.8317	0.1500	0.5748	35.6349
63	3.2418	0.0500	0.1621	10.2118
64	3.0658	0.1000	0.3066	19.6209
65	3.7449	0.5000	1.8725	121.7100
66	1.8537	0.7500	1.3903	91.7601
67	0.4535	0.7500	0.3401	22.7880
68	0.1108	1.0000	<u>0.1108</u>	<u>7.5339</u>
Total			4.7571	309.2596
Weighted Average Retirement Age = 309.2596 / 4.7571				65.01
Rounded Weighted Average Retirement Age				65

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.

Deaconess Hospital Retirement Plan
EIN/PN: 31-0537109 / 001

Schedule SB, Line 32 - Schedule of Amortization Bases

Type of Base	Present Value of Remaining Installments as of January 1, 2015	Date Established	Remaining Installments	Shortfall Amortization Installment
Shortfall	\$506,363	1/1/2015	7	\$84,210
Shortfall	(\$819,011)	1/1/2014	6	(\$154,166)
Shortfall	\$503,747	1/1/2013	5	\$110,250
Shortfall	(\$3,995,206)	1/1/2012	4	(\$1,068,923)
Shortfall	\$3,406,847	1/1/2011	3	\$1,188,374
Shortfall	\$1,548,105	1/1/2010	2	\$791,899
Shortfall	\$30,427	1/1/2009	1	\$30,427

Deaconess Hospital Retirement Plan

EIN/PN: 31-0537109 / 001

Schedule SB, Part V - Summary of Plan Provisions

General Information

Original Effective Date:	June 1, 1966
Effective Date of Last Amendment:	December 2014
Plan Year:	January 1st to December 31st
Employer Fiscal Year:	January 1st to December 31st
Employer ID Number:	31-0537109
Plan Administrator's ID Number:	31-0537109
Plan Number:	001
Plan Administrator:	Deaconess Hospital

Eligibility

All eligible employees of the employer who work 1,000 hours a year or more are eligible to participate in the plan upon the January 1 or July 1 coinciding with or next following the attainment of age 21 or the completion of one year of service, whichever is later. Physician employees and flexible schedule employees are not eligible to participate. No new participants may enter the plan after December 31, 2009.

Service

Service shall equal total years of service with the employer. A year of service is credited for each plan year in which an employee works 1,000 hours.

A break in service occurs at the start of any plan year in which the employee works 500 hours or less for the employer in such year, if his employment has terminated. Service will not be interrupted by:

- 1) A leave of absence granted by the employer, including maternity or paternity leave;
- 2) A period of service in the Armed Forces of the United States under which employment rights are granted;
- 3) A period of disability during which the participant is being paid directly or indirectly by the employer.

An employee will be given credit for his pre break service if either of the following occurs:

- 1) The employee had a vested interest in his accrued benefit at the time of his break in service, or
- 2) The employee's period of absence was less than his pre break service, or less than five years.

Creditable service shall be credited if an employee works more than 1,000 hours in a plan year. If fewer than 1,000 hours are worked, the employee receives no credited service. Under certain conditions, military service will be considered credited service.

Service was frozen as of December 31, 2009.

Normal Retirement Pension

Normal Retirement Date

Normal Retirement Date is the first day of the month coincident with or next following attainment of age 65.

Deaconess Hospital Retirement Plan

EIN/PN: 31-0537109 / 001

Schedule SB, Part V - Summary of Plan Provisions (continued)

Amount of Pension

The amount of annual benefit paid in monthly installments for life, based on service to normal retirement date, is:

- 1) 2% of final average earnings multiplied by years of credited service (up to maximum of 25 years); plus
- 2) 0.5% of final average earnings multiplied by years of credited service in excess of 25 (up to a maximum of 15 years);
- 3) Less the minimum of
 - a. 2% of the Primary Insurance provided by Social Security multiplied by the years of credited service (up to a maximum of 25 years).
 - b. 50% of the sum of 1) and 2) above.
 - c. 0.75% of a three-year average annual compensation multiplied by years of credited service (up to a maximum of 35 years). For purposes of this average annual compensation, wages in excess of the Social Security wage base are not considered.

Delayed Retirement Pension

A participant may continue in the employment of the employer after his normal retirement date. In such event he will receive at actual retirement the benefit he would have received on his normal retirement date, actuarially increased to reflect delayed payment. However, the benefit will not be less than the benefit accrued at delayed retirement reflecting service and final average earnings to such date.

Final Average Earnings

The average of the highest five consecutive calendar years of compensation paid during the ten calendar years preceding the date of severance. Compensation shall include elective deferrals under a plan maintained by the employer including deferrals to a code Section 125 plan. Final average earnings are frozen as of December 31, 2009.

Accrued Benefit

The accrued benefit at any time prior to a participant's normal retirement date shall be the benefit described in normal retirement pension definition, multiplied by a fraction with the numerator being years of credited service at termination and the denominator being years of credited service if he had continued to work until his normal retirement date.

Early Retirement Pension

Upon the completion of 15 years of service and the attainment of age 55, a participant may elect to retire. He may receive a monthly benefit for life beginning at his normal retirement date equal to the accrued benefit at early retirement date. Payments may begin immediately, with the benefit being reduced one fifteenth for each of the first five years and one thirtieth for each of the next five years by which the payment date precedes the normal retirement date.

Deaconess Hospital Retirement Plan

EIN/PN: 31-0537109 / 001

Schedule SB, Part V - Summary of Plan Provisions (continued)

Death Benefit

In the event of a vested married participant's death after the completion of five years of service, but prior to meeting the requirements for early retirement, it will be assumed the participant had terminated employment the day prior to death, survived to his early retirement date, elected a joint and one half survivor benefit, and died the following day.

In the event of a vested married participant's death after meeting the requirements for early retirement, his surviving spouse will receive one-half of the joint and one-half survivor benefit calculated on the day of his death.

For a vested terminated participant, death benefits are calculated as for active participants, but based on the participant's accrued benefit at his termination date.

Severance Benefit

Upon the termination of employment after five or more years of service, a participant shall have a vested interest in his accrued benefit which will be payable at normal retirement date. A vested terminated participant may elect to receive his vested interest at age 55 if the service condition for early retirement is met. Such benefit will be reduced as described in the early retirement pension definition. Participants who terminated in 2009 and 2010 during a period referred to as a partial plan termination period were automatically vested whether or not they had five years of service.

Optional Methods of Settlements

All optional methods of settlement are actuarially equivalent to the normal form of annuity. If a married participant does not elect the normal form of annuity or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option (1) below. The options are:

- 1) A reduced benefit to be paid during the participant's lifetime with one half the reduced benefit to be continued to his spouse for her lifetime after his death.
- 2) A reduced benefit to be paid during the participant's lifetime with 66-2/3% of the reduced benefit, 75% of the reduced benefit, or 100% of the reduced benefit to be continued to his spouse for her lifetime after his death.
- 3) A reduced benefit to be paid for 60 or 120 months certain and thereafter for life.
- 4) A lump sum settlement under \$5,000.

All optional methods of settlement are actuarially equivalent to the normal form of annuity based on the 1971 Group Annuity Mortality Table for Males, projected to 1990 by Scale D, with an age setback of four years for the participant and one year for the beneficiary, and 7% interest. For lump sum benefits, assumptions are based on the applicable mortality table and the applicable interest rates as of the December preceding the beginning of the plan year containing the date of distribution.

Amendment or Termination of Plan

The employer reserves the right to amend or terminate the plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the plan if the employer fails to meet the minimum funding standards, or is unable to pay benefits when due.

Deaconess Hospital Retirement Plan

EIN/PN: 31-0537109 / 001

Schedule SB, Part V - Summary of Plan Provisions (continued)

If the plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the employer shall be liable for any unfunded vested benefits to the extent required by law.

The plan was amended effective December 2014 to offer deferred vested participants a lump sum of their plan benefits during a lump sum window period.

The above description is a summary only; for additional details, reference should be made to the formal plan document.

Summary of Changes from the January 1, 2014 Valuation

The plan was amended effective December 2014 to offer deferred vested participants a lump sum window. Otherwise, there were no changes from the January 1, 2014 Valuation.

Deaconess Hospital Retirement Plan

EIN/PN: 31-0537109 / 001

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

Prescribed Funding Assumptions and Methods

The following assumptions and methods are prescribed by ERISA.

Funding interest rates

For 2015 Plan Year:

Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.15%	4.72%
Second Segment Rate	4.06%	6.11%
Third Segment Rate	5.15%	6.81%

Effective Interest Rate

Based on constrained rates

6.23%

For 2014 Plan Year:

Segment Rates with four-month lookback, constrained in accordance with relevant legislation as follows:

	Unconstrained Rates*	Rates Reflecting Corridor**
First Segment Rate	1.37%	4.99%
Second Segment Rate	4.05%	6.32%
Third Segment Rate	5.06%	6.99%

Effective Interest Rate

Based on constrained rates

6.50%

* Used for maximum tax-deduction purposes

** Used for minimum funding and benefit restriction purposes

Mortality

Mortality tables mandated by PPA as specified in IRS Regulation 1.430(h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants.

Actuarial cost method

The Funding Target is the present value of accrued benefits based on compensation and service to date. The Target Normal Cost is the present value of benefits expected to be accrued during the current plan year, reflecting the effect of expected compensation increases during the year and including expected plan related expenses to be paid from plan assets during the year.

Deaconess Hospital Retirement Plan

EIN/PN: 31-0537109 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods

The following assumptions were selected by the plan's enrolled actuary. The asset valuation method was selected by the plan sponsor with the actuary's advice and is an acceptable method under PPA.

Salary increase assumption

None. Salary increases after January 5, 2004, are not recognized for determining plan benefits.

Expenses

Expected plan related expenses of \$547,025 were added to the Target Normal Cost. The expense load of \$547,025 equals the sum of the prior year's expenses (without PBGC Premium) adjusted with an inflation rate of 2.50% and the current year's expected PBGC Premium.

Frequency of optional payment forms

100% of participants are assumed to take a life annuity.

Marital percentage

80% of males and 50% of females are assumed to have an eligible spouse and that spouses are of the same age.

Retirement rates

Retirements from active status:

Age	Assumption
62	15%
63	5%
64	10%
65	50%
66	75%
67	75%
68+	100%

Retirements from deferred vested status: 100% are assumed to commence benefits at age 65.

Deaconess Hospital Retirement Plan

EIN/PN: 31-0537109 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Withdrawal rates

Based on experience. Sample rates as follows:

Age	Years of Service		
	0 Years	1 Year	2 Years and later
15	40.0000%	25.0000%	17.9384%
20	40.0000%	25.0000%	17.9384%
25	40.0000%	25.0000%	17.2242%
30	40.0000%	25.0000%	15.8305%
35	40.0000%	25.0000%	13.6986%
40	40.0000%	25.0000%	11.2500%
45	40.0000%	25.0000%	8.4319%
50	40.0000%	25.0000%	5.0645%
55	40.0000%	25.0000%	1.7264%
60	40.0000%	25.0000%	0.1614%
62+	0.0000%	0.0000%	0.0000%

Disability rates

None assumed.

Asset valuation method

The Actuarial Value of Assets is Market Value as of the valuation date, including discounted receivable contributions, reduced by 2/3 and 1/3 of the gain/(loss) in each of the prior two years, respectively. The gain/(loss) for each period is determined as the actual return on Market Value during the period less the expected return on Market Value based on an assumed earnings rate chosen by the actuary but required by PPA to be not greater than the applicable third segment rate. The resulting value is constrained to be within a corridor of 90% to 110% of Market Value, including discounted receivable contributions. The actuary's expected rate of return is based on the plan's asset allocation and forward-looking expected rates of return by asset category provided by the plan's investment consultant.

	Actuary's Assumption	Third Segment Rate	Reflecting PPA Limit
2015 Expected Return	7.50%	6.81%	6.81%
2014 Expected Return	7.50%	6.99%	6.99%
2013 Expected Return	7.50%	7.16%	7.16%

Deaconess Hospital Retirement Plan

EIN/PN: 31-0537109 / 001

Schedule SB, Part V - Statement of Actuarial Assumptions/Methods (continued)

Non-Prescribed Funding Assumptions and Methods (continued)

Future actuarial measurements

Future actuarial measurements may differ significantly from current measurements due to plan experience differing from that anticipated by the economic and demographic assumptions, changes expected as part of the natural operation of the methodology used for these measurements, and changes in plan provisions, applicable law or regulations. An analysis of the potential range of such future differences is beyond the scope of this report.

Summary of Changes from the January 1, 2014 Valuation

- The interest rate basis was updated to the current rates as specified in IRS Regulation 1.430 (h)(2)–1 and as constrained by HATFA.
- The mortality assumption was updated according to the projection specified in IRS Regulation 1.430 (h)(3)-1, applied on a static basis, projected 7 years from the valuation date for annuitants and 15 years for non-annuitants.
- Expected plan related expenses added to the Target Normal Cost were updated from \$442,210 to \$547,025 primarily due to an increase in expected PBGC Premium.

The assumption changes listed above increased the Funding Target by approximately \$1,500,000.

Deaconess Hospital Retirement Plan

EIN/PN: 31-0537109 / 001

Schedule SB – Statement by Enrolled Actuary

In preparing the Schedule SB, I relied on other parties for, and applied reasonability tests to, information on assets, contributions, plan provisions and data on people covered by the plan.

Future actuarial measurements may differ significantly from current measurement due to such factors as: plan experience different from that anticipated by the economic and demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for these measurements; and changes in plan provisions or applicable law. Because of limited scope, I performed no analysis of the potential range of such future measurements.

Deaconess Hospital Retirement Plan

EIN/PN: 31-0537109 / 001

Schedule SB, Line 22 - Description of Weighted Average Retirement Age

This table calculates the weighted average retirement age for all active persons in the plan

(1) Age	(2) Expected Active Headcount	(3) Retirement Rate	(4) Expected Retirements (2)*(3)	(5) Weighted Age (1)*(4)
62	3.8317	0.1500	0.5748	35.6349
63	3.2418	0.0500	0.1621	10.2118
64	3.0658	0.1000	0.3066	19.6209
65	3.7449	0.5000	1.8725	121.7100
66	1.8537	0.7500	1.3903	91.7601
67	0.4535	0.7500	0.3401	22.7880
68	0.1108	1.0000	<u>0.1108</u>	<u>7.5339</u>
Total			4.7571	309.2596
Weighted Average Retirement Age = 309.2596 / 4.7571				65.01
Rounded Weighted Average Retirement Age				65

Note to Column 2: The Expected Active Headcount for each age includes persons who are eligible to retire and persons who are not eligible to retire at each age.

Note to Column 3: At each age, these retirement rates are a weighted average of the rates shown in Attachment to Part V for active participants eligible to retire at the age and zero for all other active participants.

General note: The table presents values rounded to fewer significant digits than used in the calculation.

Deaconess Hospital Retirement Plan

EIN/PN: 31-0537109 / 001

Schedule SB – Statement by Enrolled Actuary

In preparing the Schedule SB, I relied on other parties for, and applied reasonability tests to, information on assets, contributions, plan provisions and data on people covered by the plan.

Future actuarial measurements may differ significantly from current measurement due to such factors as: plan experience different from that anticipated by the economic and demographic assumptions; increases or decreases expected as part of the natural operation of the methodology used for these measurements; and changes in plan provisions or applicable law. Because of limited scope, I performed no analysis of the potential range of such future measurements.

Deaconess Hospital Retirement Plan

EIN/PN: 31-0537109 / 001

Schedule SB, Part V - Summary of Plan Provisions

General Information

Original Effective Date:	June 1, 1966
Effective Date of Last Amendment:	December 2014
Plan Year:	January 1st to December 31st
Employer Fiscal Year:	January 1st to December 31st
Employer ID Number:	31-0537109
Plan Administrator's ID Number:	31-0537109
Plan Number:	001
Plan Administrator:	Deaconess Hospital

Eligibility

All eligible employees of the employer who work 1,000 hours a year or more are eligible to participate in the plan upon the January 1 or July 1 coinciding with or next following the attainment of age 21 or the completion of one year of service, whichever is later. Physician employees and flexible schedule employees are not eligible to participate. No new participants may enter the plan after December 31, 2009.

Service

Service shall equal total years of service with the employer. A year of service is credited for each plan year in which an employee works 1,000 hours.

A break in service occurs at the start of any plan year in which the employee works 500 hours or less for the employer in such year, if his employment has terminated. Service will not be interrupted by:

- 1) A leave of absence granted by the employer, including maternity or paternity leave;
- 2) A period of service in the Armed Forces of the United States under which employment rights are granted;
- 3) A period of disability during which the participant is being paid directly or indirectly by the employer.

An employee will be given credit for his pre break service if either of the following occurs:

- 1) The employee had a vested interest in his accrued benefit at the time of his break in service, or
- 2) The employee's period of absence was less than his pre break service, or less than five years.

Creditable service shall be credited if an employee works more than 1,000 hours in a plan year. If fewer than 1,000 hours are worked, the employee receives no credited service. Under certain conditions, military service will be considered credited service.

Service was frozen as of December 31, 2009.

Normal Retirement Pension

Normal Retirement Date

Normal Retirement Date is the first day of the month coincident with or next following attainment of age 65.

Deaconess Hospital Retirement Plan

EIN/PN: 31-0537109 / 001

Schedule SB, Part V - Summary of Plan Provisions (continued)

Amount of Pension

The amount of annual benefit paid in monthly installments for life, based on service to normal retirement date, is:

- 1) 2% of final average earnings multiplied by years of credited service (up to maximum of 25 years); plus
- 2) 0.5% of final average earnings multiplied by years of credited service in excess of 25 (up to a maximum of 15 years);
- 3) Less the minimum of
 - a. 2% of the Primary Insurance provided by Social Security multiplied by the years of credited service (up to a maximum of 25 years).
 - b. 50% of the sum of 1) and 2) above.
 - c. 0.75% of a three-year average annual compensation multiplied by years of credited service (up to a maximum of 35 years). For purposes of this average annual compensation, wages in excess of the Social Security wage base are not considered.

Delayed Retirement Pension

A participant may continue in the employment of the employer after his normal retirement date. In such event he will receive at actual retirement the benefit he would have received on his normal retirement date, actuarially increased to reflect delayed payment. However, the benefit will not be less than the benefit accrued at delayed retirement reflecting service and final average earnings to such date.

Final Average Earnings

The average of the highest five consecutive calendar years of compensation paid during the ten calendar years preceding the date of severance. Compensation shall include elective deferrals under a plan maintained by the employer including deferrals to a code Section 125 plan. Final average earnings are frozen as of December 31, 2009.

Accrued Benefit

The accrued benefit at any time prior to a participant's normal retirement date shall be the benefit described in normal retirement pension definition, multiplied by a fraction with the numerator being years of credited service at termination and the denominator being years of credited service if he had continued to work until his normal retirement date.

Early Retirement Pension

Upon the completion of 15 years of service and the attainment of age 55, a participant may elect to retire. He may receive a monthly benefit for life beginning at his normal retirement date equal to the accrued benefit at early retirement date. Payments may begin immediately, with the benefit being reduced one fifteenth for each of the first five years and one thirtieth for each of the next five years by which the payment date precedes the normal retirement date.

Deaconess Hospital Retirement Plan

EIN/PN: 31-0537109 / 001

Schedule SB, Part V - Summary of Plan Provisions (continued)

Death Benefit

In the event of a vested married participant's death after the completion of five years of service, but prior to meeting the requirements for early retirement, it will be assumed the participant had terminated employment the day prior to death, survived to his early retirement date, elected a joint and one half survivor benefit, and died the following day.

In the event of a vested married participant's death after meeting the requirements for early retirement, his surviving spouse will receive one-half of the joint and one-half survivor benefit calculated on the day of his death.

For a vested terminated participant, death benefits are calculated as for active participants, but based on the participant's accrued benefit at his termination date.

Severance Benefit

Upon the termination of employment after five or more years of service, a participant shall have a vested interest in his accrued benefit which will be payable at normal retirement date. A vested terminated participant may elect to receive his vested interest at age 55 if the service condition for early retirement is met. Such benefit will be reduced as described in the early retirement pension definition. Participants who terminated in 2009 and 2010 during a period referred to as a partial plan termination period were automatically vested whether or not they had five years of service.

Optional Methods of Settlements

All optional methods of settlement are actuarially equivalent to the normal form of annuity. If a married participant does not elect the normal form of annuity or does not elect one of the optional methods of settlement described below, then the participant's retirement benefit shall automatically be paid under option (1) below. The options are:

- 1) A reduced benefit to be paid during the participant's lifetime with one half the reduced benefit to be continued to his spouse for her lifetime after his death.
- 2) A reduced benefit to be paid during the participant's lifetime with 66-2/3% of the reduced benefit, 75% of the reduced benefit, or 100% of the reduced benefit to be continued to his spouse for her lifetime after his death.
- 3) A reduced benefit to be paid for 60 or 120 months certain and thereafter for life.
- 4) A lump sum settlement under \$5,000.

All optional methods of settlement are actuarially equivalent to the normal form of annuity based on the 1971 Group Annuity Mortality Table for Males, projected to 1990 by Scale D, with an age setback of four years for the participant and one year for the beneficiary, and 7% interest. For lump sum benefits, assumptions are based on the applicable mortality table and the applicable interest rates as of the December preceding the beginning of the plan year containing the date of distribution.

Amendment or Termination of Plan

The employer reserves the right to amend or terminate the plan at any time. Generally, the Pension Benefit Guaranty Corporation reserves the right to terminate the plan if the employer fails to meet the minimum funding standards, or is unable to pay benefits when due.

Deaconess Hospital Retirement Plan

EIN/PN: 31-0537109 / 001

Schedule SB, Part V - Summary of Plan Provisions (continued)

If the plan is terminated, the plan assets will be distributed among the plan participants based upon a priority allocation procedure and the employer shall be liable for any unfunded vested benefits to the extent required by law.

The plan was amended effective December 2014 to offer deferred vested participants a lump sum of their plan benefits during a lump sum window period.

The above description is a summary only; for additional details, reference should be made to the formal plan document.

Summary of Changes from the January 1, 2014 Valuation

The plan was amended effective December 2014 to offer deferred vested participants a lump sum window. Otherwise, there were no changes from the January 1, 2014 Valuation.

The Deaconess Hospital Retirement Plan
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2015

(a) Identity of issue, borrower, lessor or similar party	(b) Description of Investment	(c) Cost**	(d) Current Value**
Money Market Funds / Interest Bearing Cash			
Blackrock Liquidity Funds Treasury Trust Fund	Money Market Funds	\$ 181,483	\$ 62,125
* PNC Govt. Money Market Fund	Money Market Funds	549,959	1,335,364
		731,442	1,397,489
US Government Securities			
USA Treasury Bond Strip	US Government Security	20,340	20,586
		20,340	20,586
Common Stocks / Corporate Stock			
Avinci Media Corp	Common Stocks	1	-
Brookfield Total Return Fund Inc	Common Stocks	37,861	34,371
Genpact LTD	Common Stocks	9,559	10,741
Jazz Pharmaceuticasls PLC	Common Stocks	67,054	50,320
Nord Anglia Education INC	Common Stocks	24,452	20,077
Signet Jewelers LTD	Common Stocks	24,286	24,738
Wright Medical Group N V ORD	Common Stocks	22,886	21,980
Acadia Pharmaceuticals INC	Common Stocks	14,735	15,330
Affiliated Managers Group	Common Stocks	19,781	15,177
Alaska Air Group INC (ALK)	Common Stocks	10,603	10,466
Align Technology INC	Common Stocks	33,228	35,230
Allegiant Travel Co	Common Stocks	28,132	22,489
Allscripts Healthcare	Common Stocks	26,258	27,992
Anacor Pharmaceuticals INC	Common Stocks	13,761	13,556
Aramark	Common Stocks	9,323	9,353
Ariad Pharmaceuticals INC	Common Stocks	28,082	22,938
Absbury Automotive Group	Common Stocks	29,041	22,255
Assurant INC	Common Stocks	35,058	37,854
Builders Firstsource INC	Common Stocks	21,476	16,177
Ciena Corp	Common Stocks	11,622	12,207
Commscope Holding Co INC	Common Stocks	17,481	15,793
Consol Energy INC	Common Stocks	20,929	9,954
Costar Group INC	Common Stocks	35,003	36,171
Dentsply International INC	Common Stocks	24,994	26,774
Extra Space Storage INC	Common Stocks	10,738	11,467
First Republic Bank/Fran	Common Stocks	31,063	32,039
Fortinet INC	Common Stocks	40,971	28,988
Grace WR&CO Del New	Common Stocks	28,186	27,885
HD Supply Holdings INC	Common Stocks	18,425	18,619
Harman International Industries	Common Stocks	18,851	16,487
IHS INC Class A	Common Stocks	32,284	30,555
Ingram Micro INC	Common Stocks	18,169	20,355
Interpublic Group Companies	Common Stocks	9,272	9,545
Jack In The Box INC	Common Stocks	37,143	29,917
Jarden Corp	Common Stocks	45,526	47,124

Note: This schedule reports those assets required to be reported under ERISA section 2520.103-11 and Form 5500, Schedule H, Line 4(i).

* PNC Bank is a party in interest.

** Information certified as to completeness and accuracy by PNC Bank.

The Deaconess Hospital Retirement Plan
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2015

(a) Identity of issue, borrower, lessor or similar party	(b) Description of Investment	(c) Cost**	(d) Current Value**
Jones Lang Lasalle INC	Common Stocks	28,907	25,897
Knoll INC	Common Stocks	30,688	23,876
Lennox International INC	Common Stocks	34,256	36,221
Medivation INC	Common Stocks	43,914	42,056
Merrimack Pharmaceuticals INC	Common Stocks	19,454	15,168
Mettler Toledo INTL INC	Common Stocks	41,388	41,713
Middleby Corp	Common Stocks	33,488	29,449
Neurocrine Biosciences INC	Common Stocks	19,204	22,062
Nexstar Broadcasting Group INC	Common Stocks	32,502	33,459
On Semiconductor Corporation	Common Stocks	31,621	28,910
PTC Therapeutics INC	Common Stocks	22,326	17,172
Pacira Pharmaceuticals INC	Common Stocks	15,172	17,662
Palo Alto Networks INC	Common Stocks	44,297	41,745
Polaris Inds INC	Common Stocks	9,249	6,446
Polyone Corporation	Common Stocks	15,110	13,974
Qlik Technologies INC	Common Stocks	26,448	20,579
Quest Diagnostics INC	Common Stocks	28,134	28,456
Raymond James Financial INC	Common Stocks	36,630	35,941
Restoration Hardware	Common Stocks	41,001	32,416
Robert Half International INC	Common Stocks	19,891	16,970
Sabre Corp	Common Stocks	18,600	19,579
Service Corp International	Common Stocks	30,317	25,760
Service Now INC	Common Stocks	40,244	43,280
Smith A O Corp	Common Stocks	9,103	9,193
Snap On INC	Common Stocks	38,265	39,772
Sonic Corp	Common Stocks	20,603	24,556
Splunk INC	Common Stocks	25,263	22,348
Starwood Property Trust INC	Common Stocks	34,967	33,513
Strategic Global Income FD INC	Common Stocks	12,334	12,264
Team Health Holdings INC	Common Stocks	27,909	20,189
Tempur Sealy International INC	Common Stocks	31,178	28,889
Tesoro Corp	Common Stocks	29,220	31,611
Total Systems Services INC	Common Stocks	23,054	24,900
Transdigm Group INC	Common Stocks	26,510	26,729
Ulta Salon Cosmetics & Fragr	Common Stocks	31,699	35,150
United Therapeutics Corp Del	Common Stocks	31,234	28,973
Vail Resorts INC	Common Stocks	32,449	38,397
Verifone Systems INC	Common Stocks	20,429	17,933
Wabco Holdings INC	Common Stocks	28,918	24,031
		<u>1,960,618</u>	<u>1,840,917</u>

Note: This schedule reports those assets required to be reported under ERISA section 2520.103-11 and Form 5500, Schedule H, Line 4(i).

* PNC Bank is a party in interest.

** Information certified as to completeness and accuracy by PNC Bank.

The Deaconess Hospital Retirement Plan
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2015

(a) Identity of issue, borrower, lessor or similar party	(b) Description of Investment	(c) Cost**	(d) Current Value**
Blackrock Enhanced Government Fund	Registered Investment Companies	198,562	186,773
Cutwater Select Income Fund	Registered Investment Companies	83,740	82,830
Eaton Vance Short Duration Diversified Income Fd	Registered Investment Companies	240,183	208,686
Montgomery Street Income Securities Inc	Registered Investment Companies	26,383	30,124
Western Asset Premier Bond	Registered Investment Companies	24,023	21,888
Alliancebernstein Income Fund Inc	Registered Investment Companies	194,695	188,682
Blackrock Income Trust Inc	Registered Investment Companies	199,064	185,109
Blackrock Core Bond Trust	Registered Investment Companies	187,458	179,488
Blackrock Credit Allocation Income Trust	Registered Investment Companies	63,527	63,329
Duff & Phelps Util & Corporate Bd Tr Inc	Registered Investment Companies	71,319	64,330
Eaton Vance Limited Duration Income Fund	Registered Investment Companies	65,823	56,144
Federated Enhanced Treas Income Fd	Registered Investment Companies	121,473	124,996
First Trust Mortgage Income Fund	Registered Investment Companies	151,419	126,934
Franklin Limited Duration Income Trust	Registered Investment Companies	62,649	52,528
Hancock John Income Securities Trust	Registered Investment Companies	141,533	132,554
Invesco Van Kampen Bond Fund	Registered Investment Companies	14,551	14,056
Invesco Quality Municipal Income Trust	Registered Investment Companies	3	3
Mfs Charter Income Trust Sh Ben Int	Registered Investment Companies	15,267	12,954
Mfs Intermediate Income Trust Sh Ben Interest	Registered Investment Companies	157,921	140,555
Mfs Government Markets Income Trust Sh Ben Interest	Registered Investment Companies	70,756	60,971
Morgan Stanley Income Securities Inc	Registered Investment Companies	16,302	15,183
Nuveen Mortgage Opportunity Term Fund	Registered Investment Companies	11,730	11,355
Nuveen Mortgage Opportunity Term Fund 2	Registered Investment Companies	9,067	8,916
Nuveen Multi-Market income Fund	Registered Investment Companies	119,997	113,174
Nuveen Build America Bond Opportunity Fund	Registered Investment Companies	153,181	152,175
Nuveen Build American Bond Fund	Registered Investment Companies	93,164	90,405
Putnam Premier Income Trust Sh Ben Int	Registered Investment Companies	175,456	155,742
Putnam Master Intermediate Income Trust Sh Ben Int	Registered Investment Companies	184,311	167,440
Wells Fargo Advantage Multi Sector Income Fund	Registered Investment Companies	16,338	12,203
Western Asset Income Fund	Registered Investment Companies	14,753	14,322
Western Asset Variable Rate Strategic Fund	Registered Investment Companies	25,425	25,154
Ashmore Emerging Markets Small-Cap Equity Fund Cl I	Registered Investment Companies	153,910	129,001
American Europacific Growth Fund Class-R6	Registered Investment Companies	2,243,562	2,448,708
Harbor International Fund Class Ins Fd # 2011	Registered Investment Companies	2,070,726	2,398,033
Oppenheimer Developing Markets Fund Class Y Fd # 788	Registered Investment Companies	148,291	127,997
Crm Small Cap Value Fund-Ins Fund #31	Registered Investment Companies	2,448,694	1,983,989
Fpa Crescent Fund Cl I Fund #134	Registered Investment Companies	1,460,218	1,593,822
Pimco Income Strategy Fund II	Registered Investment Companies	25,098	24,556
Westwood Income Opportunity Fund Instl Class FD	Registered Investment Companies	1,289,072	1,562,201
Blackrock Taxable Municipal	Registered Investment Companies	105,369	106,557
Brookfield Mortgage Opportun	Registered Investment Companies	5,775	5,900
Fort Dearborn Income Secs INC	Registered Investment Companies	7,331	7,255
Global High Income Fund INC	Registered Investment Companies	2,647	2,550

Note: This schedule reports those assets required to be reported under ERISA section 2520.103-11 and Form 5500, Schedule H, Line 4(i).

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The Deaconess Hospital Retirement Plan
Schedule H, Line 4(i) - Schedule of Assets (Held at End of Year)
December 31, 2015

(a) Identity of issue, borrower, lessor or similar party	(b) Description of Investment	(c) Cost**	(d) Current Value**
Mfs Multimarket Income Trust SH Ben Interest	Registered Investment Companies	9,850	9,367
Managed High Yield Plus FD INC	Registered Investment Companies	2,662	2,464
Nuveen Quality PFD Income FD	Registered Investment Companies	6,406	6,475
Nuveen Quality Preferred III	Registered Investment Companies	22,183	22,074
Pimco Income Strategy Fund	Registered Investment Companies	25,030	24,350
Pimco Corporate & income Strategy FD	Registered Investment Companies	6,526	6,700
Western Asset Emerging Markets Debt			
Floating Rate Fund INC	Registered Investment Companies	6,717	6,865
		12,950,140	13,167,867
Common Collective Trusts			
Wellington CIF Research Equity Fund	Common Collective Trusts	7,257,542	9,520,869
JPMCB Core Bond Fund	Common Collective Trusts	5,286,419	5,333,748
S&P 500 Flagship NL (CM 13)	Common Collective Trusts	7,803,869	9,460,278
		20,347,830	24,314,895
		<u>\$ 36,010,370</u>	<u>\$ 40,741,754</u>

Note: This schedule reports those assets required to be reported under ERISA section 2520.103-11 and Form 5500, Schedule H, Line 4(i).

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** Information certified as to completeness and accuracy by PNC Bank.

Deaconess Hospital Retirement Plan
EIN/PN: 31-0537109 / 001

Schedule SB, Line 32 - Schedule of Amortization Bases

Type of Base	Present Value of Remaining Installments as of January 1, 2015	Date Established	Remaining Installments	Shortfall Amortization Installment
Shortfall	\$506,363	1/1/2015	7	\$84,210
Shortfall	(\$819,011)	1/1/2014	6	(\$154,166)
Shortfall	\$503,747	1/1/2013	5	\$110,250
Shortfall	(\$3,995,206)	1/1/2012	4	(\$1,068,923)
Shortfall	\$3,406,847	1/1/2011	3	\$1,188,374
Shortfall	\$1,548,105	1/1/2010	2	\$791,899
Shortfall	\$30,427	1/1/2009	1	\$30,427

Deaconess Hospital Retirement Plan
EIN/PN: 31-0537109 / 001

Schedule SB, Line 24 - Change in Actuarial Assumptions

- Expected plan related expenses added to the Target Normal Cost were updated from \$442,210 to \$547,025 primarily due to an increase in expected PBGC Premium.